
Report of the Seventeenth Meeting of Ministers of Health of Countries of SEAR

Yangon, Myanmar, 12-14 October 1999



World Health Organization
Regional Office for South-East Asia
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The Report

1. INTRODUCTION

The Seventeenth Meeting of Ministers of Health of the Countries of the WHO South-East Asia Region (SEAR) was held in Yangon, Myanmar, from 12 to 14 October 1999, at the invitation of the Minister of Health, Government of the Union of Myanmar.

The substantive agenda items of the meeting related to action at country level on WHO Global Health Initiatives, including Roll Back Malaria, STOP TB Initiative and Tobacco Free Initiative. Also included in the agenda were the Use of Traditional Medicine in Health Care System and Review of Actions Taken on the Recommendations of the Sixteenth Meeting of Ministers of Health.

The Ministers of Health of Bangladesh, Bhutan, Democratic People's Republic of Korea, Maldives, Myanmar, Nepal, Sri Lanka and Thailand participated in the meeting. India and Indonesia were represented by observers.

H.E. Major General Ket Sein, Minister of Health of the Government of the Union of Myanmar, was unanimously elected as Chairman, and H.E. Dr Ram Baran Yadav, Minister of Health, His Majesty's Government of Nepal, as Vice-Chairman of the meeting.

The agenda, as adopted by the Ministers, and the List of Participants are given in Annex 1 and 2 respectively.

2. INAUGURAL SESSION

2.1 Inaugural address by Secretary I

H.E. Lt. General Khin Nyunt, Chairman of the National Health Committee and Secretary (I) of the State Peace and Development Council, inaugurated the meeting. He extended a cordial welcome to the Honourable Ministers

and other participants. He lauded the vision of the Director-General of WHO, which places health at the centre of development. He also appreciated the reforms and the global health projects launched by her. Highlighting the double burden of communicable and noncommunicable diseases faced by SEAR countries, he underlined the need for provision of quality health care in an equitable manner. Although the countries face many daunting health challenges and severe financial constraints, he felt that these challenges could be met through solidarity and partnerships.

Lt. General Khin Nyunt apprised the Ministers of the determined efforts of the State Peace and Development Council to raise the health status of the people of Myanmar. Since the establishment of the National Health Committee in 1989, a national health policy has been formulated, and national health plans based on the primary health care approach have been developed. Consequently, remarkable progress has been achieved in raising the health status of the people, especially in the border areas. Medical facilities in the urban areas have also been strengthened through partnerships with the private sector and NGOs. Nevertheless, Myanmar is battling with the health problems of malaria, tuberculosis, HIV/AIDS, acute respiratory tract infections, etc. Declaring that tobacco is a killer, he noted that increasing use of tobacco is another important health issue affecting the Region. He emphasized the important role of traditional medicine in Myanmar, and expressed his happiness that traditional medicine along with Roll Back Malaria, STOP TB Initiative and tobacco free initiative have been included in the agenda of the meeting.

2.2 Opening Remarks by the Regional Director

The Regional Director, **Dr Uton Muchtar Rafei**, expressed his gratitude to Lt. General Khin Nyunt. He recalled that as only 80 days are left for the next century to begin, this was an opportune time to take stock of what has been achieved so far and what remains to be done. After eradicating smallpox, the Region is now on the verge of eradicating polio and eliminating leprosy, and on the threshold of getting rid of neonatal tetanus and some micronutrient deficiencies. The Region should soon be certified free of guineaworm. However, the unfinished agenda is still formidable. In the wake of globalization and increasing privatization, there was a need for public health

interests to be protected and safeguarded against exploitation. The Regional Director expressed confidence that the meeting would be highly productive in promoting regional solidarity and intercountry cooperation. He also hoped that enhanced political commitment to effectively combat ill-health, poverty and inequity should now be translated into action.

2.3 Welcome by Minister of Health

Welcoming the delegates, **H.E. Major General Ket Sein**, Minister of Health, Government of the Union of Myanmar, presented some of the salient features of health development activities in Myanmar. He observed that the principles of equity and social justice in providing primary health care services have been applied throughout the country. Multi-sectoral coordinated efforts and new partnerships have been developed with various national, international and local NGOs in implementing health development activities. As a result, life expectancy has increased and infant and maternal mortality reduced. Healthy life-styles have been promoted in order to check the increasing trend of noncommunicable diseases such as cardiovascular diseases, cancer and diabetes.

Myanmar is committed to the fight against HIV/AIDS. To control malaria, the country has adopted the Global Malaria Control Strategies and will implement the Roll Back Malaria Initiative. To combat TB, Directly Observed Treatment, Short course (DOTS) has been introduced in 168 townships covering 65% of the population. An anti-tobacco campaign has also been launched. He looked forward to increased collaboration and solidarity among countries to combat health problems included under the WHO flagship projects.

3. INTRODUCTORY SESSION

3.1 Introductory Statement by the Regional Director

In the absence of the current Chairman of the Health Ministers' Forum, the Regional Director moderated the Introductory Session till the election of the Chairman of the Meeting. He formally introduced the Ministers of Health

attending the meeting, and said that he would share with them some of the health challenges confronting the Region.

Malaria, he pointed out, disproportionately affected the impoverished and the disadvantaged. The Regional Committee at its 52nd session had urged SEAR countries to Roll Back Malaria by mainstreaming malaria activities as a part of health sector development. Currently, 3.5 million deaths occur annually due to tobacco and tobacco-related products worldwide. Out of this, 1 million were in the developing world; this figure could reach 7 million by 2030 if effective action is not taken now.

The Regional Director also called for accelerated efforts to eradicate polio and combat tuberculosis. In view of its association with HIV, TB control has now assumed added urgency. WHO considered TB as a global emergency and in 1998 launched the STOP TB Initiative. In view of the vast and rich repository of traditional medicine in the Region, this subject had been included in the agenda. Intensification of intercountry cooperation in this area would benefit all countries.

3.2 Statement by the Chairman

H.E. Major General Ket Sein, after assuming the chairmanship of the meeting, thanked the ministers for the confidence they reposed in him and for electing him as Chairman. He stated that significant health gains have been made by Myanmar. Life expectancy of men has exceeded 60 years and of women 62 years. Infant mortality rate has also declined. Over 60 percent of the population has access to safe drinking water and sanitation. About 7 per cent of the total government's budget is allocated for health and 40% of the national expenditure to rural health care. Despite the health gains, there still remained many health challenges, including the need to further reduce infant mortality and to combat the double burden of communicable and noncommunicable diseases.

He welcomed the Roll Back Malaria Initiative as an entry point for strengthening existing national and intercountry collaborative programmes. In collaboration with NGOs and communities, the DOTS strategy for TB control is being expanded and accelerated in Myanmar. Heart and respiratory

diseases are the most common among the noncommunicable diseases. The Government is in the process of developing a Tobacco Control Law which aims to reduce the consumption of tobacco and tobacco products. In addition, a Traditional Medicine Law and a Traditional Medicine Practitioner Act have been enacted.

The Chairman noted that as the world enters the new century, the need to meet the unfinished agenda of the 20th century and also to respond to the challenges of the 21st century cannot be overemphasized. Human resource development and strengthening of partnerships among various sectors, including local and international NGOs, would be crucial for the Region's response to these challenges. In this context, WHO has a pivotal role to play. He commended the Regional Director for his effective leadership and support for health development in the Region.

3.3 General Statements by Ministers

Bangladesh

The Honourable Minister informed the meeting that Bangladesh had been pursuing consistently a policy of health development that would ensure provision of a package of essential services to the entire population. Special emphasis was being placed on addressing the needs of women, children and the poor. The reforms being introduced in the health sector are expected to bring quality health services to the people. These reforms include reorganization of the existing health and family planning services into a single management structure, extending the health infrastructure to the remote areas, improving the hospital services through effective decentralized management, and reviewing and updating health legislation and regulations. While acknowledging the assistance from various development partners, multilateral agencies and WHO, the Minister felt that regional thinking and initiatives would lead to the achievement of substantial benefits.

Bhutan

The Honourable Minister in his statement stressed the need to develop more effective approaches and mechanisms for strengthening health development

in the Region, particularly in the area of human resource development and intercountry collaboration. Highlighting the importance of sustainable and innovative measures in health care financing, he observed that Bhutan, with support from WHO, has launched a Health Trust Fund to raise US\$24 million for essential drugs and vaccines. Stressing regional collaboration, he urged WHO to further strengthen WHO Collaborating Centres and networking among institutions.

DPR Korea

The Honourable Minister stated that as the next millennium is only a few months away, the meeting provides an important forum for Health Ministers to discuss major health challenges facing the Region. He recognized that major strides have been made towards the implementation of the recommendation of the last meeting of Health Ministers. The common values and visions for health development which exist between the countries should enable them, in the spirit of friendship and solidarity, to maximize the use of existing resources to benefit all countries.

Maldives

The Honourable Minister, noting that the twenty-first century was only a couple of months away, expressed concern over the rising costs and a deteriorating health situation. It was necessary, therefore, to seriously reflect about sustaining a healthier and more prosperous population, as poverty was the root cause of all the problems. To achieve health, prosperity and a dignified life, he emphasized that every human being had the right to be born a wanted child and to have the basic facilities of food, shelter, education and occupation. Population control, education, empowerment of women and provision of health care with the involvement of the community, the private sector and nongovernmental organizations could help achieve this goal. He stressed the importance of health education to promote a healthier lifestyle and well-being.

Nepal

The support extended by India and Bangladesh to Nepal in the development of human resources was appreciated by the Honourable Minister. He stressed

the need for concerted national action supplemented by international support in order to protect the health of the people. There was also a need for effective collaboration between Nepal, Bangladesh Sri Lanka, Thailand and India in tackling border health problems. He felt that WHO should advise countries with common borders on the use of insecticides for the control of malaria and kala-azar and assist them in overcoming the problem of drug-resistant malaria. The good resources of medicinal herbs existing in the countries needed to be identified and preserved, and their cultivation extended. The use of these herbs in the health system should also be encouraged. The need for WHO to maintain support for the Member Countries was also highlighted. The Minister extended an invitation to host the 18th meeting of Ministers of Health in the year 2000 in Nepal.

Sri Lanka

The Honourable Minister stated that in spite of great progress made by his country in the field of health development, there were several challenges in the years ahead. It was not easy, he said, to implement the components of health reform, particularly regarding utilization of the health manpower. It was important to improve the free health care system to make it more productive. Since the people were using traditional medicine increasingly, it was necessary to make it more cost-effective. While the people in the country demanded a high quality of care, there was a need for shifting emphasis from curative to promotive health.

Thailand

The Honourable Deputy Prime Minister and Minister of Public Health stated that the meeting of Ministers of Health was a special occasion to discuss and share wisdom, knowledge and views on vital issues of mutual interest. He indicated the willingness of the Royal Thai Government to share their experiences in supporting the global health initiatives. Since 1992, the Government has taken various positive actions to control tobacco consumption, including the enactment and enforcement of several laws. Despite the success achieved in reducing the morbidity and mortality caused by malaria, there is a resurgence of the disease. The experience of Thailand in

the areas of HIV/AIDS prevention and control, through the use of “social vaccines”, could be shared with other countries. Calling for intercountry cooperation to effectively deal with trans-border health problems, he offered to host a meeting to discuss the establishment of policy-level mechanisms for such collaboration with the support of WHO.

India

Mr. G.R. Patwardhan, Additional Secretary to the Government of India, stated that due to the recent elections and the process of government formation, ministerial- level participation from India was not possible. He, however, explained that health for all was among the fundamental principles enshrined in the Constitution of India and the provision of basic health care, including preventive and promotive services for the entire population, was the goal. While acknowledging the support provided by WHO, he stated that WHO’s priorities have been incorporated in the national health plan and adequate emphasis has been placed on combating health problems such as malaria, tuberculosis, HIV/AIDS and leprosy.

Indonesia

The message of H.E. Dr Farid A. Moeloek, Minister of Health, Republic of Indonesia, was delivered by Professor Dr. Azrul Azwar, Director-General of Community Health, Government of the Republic of Indonesia. In his message, Dr. Moeloek stated that the People’s Consultative Assembly is in session to elect the new President and expressed his regret at not being able to participate in the meeting. He spoke about changing the old approach to a new health paradigm: Healthy Indonesia 2010. This paradigm promotes healthy lifestyles, healthy cities and healthy environments and not just addressing the health needs of the unfortunate sick. He stressed the need for partnerships among countries in Asia and welcomed guidance, practical support and experiences from other countries in accomplishing the goal of Healthy Indonesia 2010.

4. BUSINESS SESSIONS

4.1 Review of Actions Taken on the Recommendations of the Sixteenth Meeting of Ministers of Health

Introducing the subject, the Regional Director stated that the implementation of the Ministers' recommendations is reviewed on a bi-annual basis at the Meetings of the Ministers of Health and of the Health Secretaries. Guidance was solicited from the ministers on how to accelerate the integration of the principles and policy guidance of the Regional Health Declaration in national health policies and plans, and how to intensify intercountry cooperation. The health sector must accept its prime responsibility for building sustainable national health systems. He underlined the increasing importance of school health and noted that the concept of school health had been extended in some countries to cover out-of-school children. Dr Uton, referring to the working paper on the subject, welcomed the guidance of the Ministers for further follow-up action.

Conclusions

Implementation of the recommendations of the Meetings of the Ministers of Health has improved in the past few years. However, this may be further enhanced.

Intercountry cooperation in drugs and pharmaceuticals needs to be promoted, especially because of the potential of increase in the prices of drugs in the wake of Trade Related Intellectual Property Rights (TRIPS). Although intercountry cooperation in health is essentially a bilateral arrangement between countries, it needs to be promoted and facilitated by WHO. Trans-border health problems would also be more effectively tackled through cooperation between the countries concerned.

Country experiences on measures taken on the Regional Health Declaration and on the strengthening of national capacities for primary health care were also exchanged.

On the strengthening of school health programmes, it was noted that the school setting offers an excellent entry point not only to improve the health and lifestyle of adolescents, but also make them effective health advocates. It was, therefore, urged that the actions already initiated for improving the health of school children should be intensified and sustained.

Recommendations

For Member Countries

- (1) Implementation of the recommendations of the Meetings of the Health Ministers should be further improved by appropriately integrating the same into national health plans and developing time-bound action plans for their implementation. To the extent possible, measurable targets for monitoring should be worked out, and their achievements properly assessed.
- (2) Regulatory arrangements, including enactment of suitable laws, should be developed and strengthened to ensure quality assurance, including good manufacturing practices (GMP), in the area of drugs and pharmaceuticals.
- (3) Urgent actions should be taken for implementing the Regional Health Declaration, strengthening national capacities for Primary Health Care and Strengthening School Health Programmes through partnership among all concerned.
- (4) Intercountry cooperation should be further strengthened to ensure effective response to trans-border health problems, training of PHC personnel, as well as in traditional medicine, and drugs and pharmaceuticals.

For WHO

- (1) WHO should continue supporting Member Countries in further implementation of the primary health care approach, particularly in building national capacity and enhancing quality assurance.

- (2) WHO should facilitate collaboration among countries in combating transborder health problems, as also in the area of traditional medicine, and drugs and pharmaceuticals.
- (3) WHO should further improve the follow up of the successful integration of recommendations of the Health Ministers Forum into the respective national health development programmes of Member Countries by developing evidence-based information on the progress of the implementation using a comprehensive set of measurable indicators as well as to ensure the continuation of such implementations

4.2 Global Health Projects: Action at Country Level

Roll Back Malaria

The Regional Director introduced the subject and referred to the working paper (document No. SEA/HMM/Meet17/4.1) which deals with Roll Back Malaria (RBM) as a WHO global initiative for malaria control. He stressed the urgent need to translate commitment into action among Member Countries, importantly at community level where the people suffered most.

Although Roll Back Malaria uses the existing global malaria strategy as its technical basis, it has many additional facets. These include human resource development, strengthening of the health sector, and fostering partnerships and coordination among development agencies. It is essential to link malaria control efforts with other disease control programmes to ensure universal access to health care. The role of malaria control programmes would change from a sole implementer and delivery agency to that of regulation, direction and coordination.

Implementation of Roll Back Malaria, through broad-based support to achieve sustainable reduction of malaria, is the responsibility of individual Member Countries. However, the problem of malaria goes beyond national borders. Hence, intercountry collaboration should emphasize the following priority areas:

- sharing of expertise to maintain malaria control capacity at all levels of the health sector.

- development of appropriate technology in the area of production and marketing of antimalaria drugs and insecticide-treated bednets and of health education materials for community mobilization.
- creation of a regional technical support network to address priority issues such as drug policy, surveillance, epidemic preparedness, monitoring of drug and insecticide resistance, and advocacy.

Conclusions

The countries welcomed RBM as a new WHO initiative to improve equity in health for the poor and vulnerable groups living in malarious areas. Some elements identified as essential to ensure the technical quality of the implementation process were:

- (1) existing global malaria control strategy as technical guidance
- (2) mechanism for broad-based support from:
 - partnerships in the prevention of man-made malaria
 - community actions in the area of primary prevention

In spite of efforts made to strengthen intercountry collaboration in malaria control, concern was expressed over the inadequate coordination and gaps in communication in the area of drug and insecticide policy as well as in the synchronization of control measures between countries sharing common borders.

Recommendations

For Member Countries

- (1) In view of the importance of risk factors in the disease transmission, the countries should lay emphasis on environmental and ecological-based approaches for vector control, including the use of insecticide-treated bednets.
- (2) The countries should make efforts to strengthen health infrastructures and capacity building, including that of private practitioners that would

facilitate integration of RBM in the prevention and control of communicable diseases within the PHC setting and district health system.

For WHO

- (1) WHO should assist Member Countries with regard to technical collaboration in priority area through bilateral or multilateral arrangements, including periodic review of progress.
- (2) WHO should assist Member Countries in resource mobilization for the extension of universal access to health care for the poor and vulnerable groups and provide technical support through resource networking.
- (3) WHO should assist Member Countries in the development and promotion of advocacy materials on the selective use of insecticides for vector control.

STOP TB Initiative

As regards tuberculosis, the Regional Director stated that the South-East Asia Region carries a heavy burden of this disease. TB kills more adults in the Region than any other infectious disease. Moreover, the close association between HIV and TB is a matter of great concern. However, TB can be cured and prevented through the use of the WHO-recommended strategy called DOTS – Directly Observed Treatment, Short-course. The Regional Director expressed satisfaction that all the countries of the Region were making excellent progress in implementing DOTS, and more and more cases were being correctly diagnosed and cured. The priority now is to accelerate DOTS implementation and to achieve nation-wide coverage with DOTS in all countries by the year 2005. To do so, continued advocacy for enhanced commitment of financial and human resources is needed. Partnerships for expanding DOTS coverage while maintaining the quality of its implementation are equally important. Failure to do so could lead to the emergence of multi-drug resistant TB and continued transmission of the disease during the next millenium.

Conclusions

Tuberculosis continues to remain a serious public health problem requiring urgent action in the Member Countries. While considerable progress has been made in implementing the DOTS strategy in all countries, further expansion of DOTS is needed. However, the quality of implementation must always be ensured.

Accelerating and sustaining implementation of DOTS strategy requires resource mobilization, integrated approach and partnerships with various sectors, both within and outside ministries of health. Involvement of private practitioners is particularly important, since they treat a substantial number of patients with TB. There is a need for evolving additional strategies such as IEC (information, education and communication) for patient education regarding TB and active case- finding, where appropriate, to enhance TB control measures while maintaining the quality of DOTS. Many excellent examples of successful approaches being implemented in the Member Countries and the lessons learnt, were identified during the discussion. These should be documented and widely disseminated among the countries.

Intercountry collaboration in strengthening the management of TB among patients crossing borders and in the production and procurement of anti-TB drugs was also highlighted as a priority area.

Recommendations

For Member Countries

- (1) High-level government commitment is essential for accelerating DOTS implementation in the South-East Asia Region, in order to achieve nation-wide coverage with DOTS in all countries by the year 2005. Adequate resources, both in human and financial terms, should be mobilized by each Member Country.
- (2) To enhance the impact of TB control and to reduce TB-associated mortality, various sectors within and outside the health ministry should be actively involved. These include private practitioners, medical schools

and NGOs, as well as relevant departments within the government sector.

- (3) While expansion of the DOTS strategy remains a top priority, the Member Countries, before embarking on DOTS implementation in a new area, must first ensure an uninterrupted supply of anti-TB drugs; training of health personnel; capacity building for laboratory diagnosis; and supervisory mechanism for monitoring patient compliance and treatment outcome.

For WHO

- (1) WHO should assist Member Countries in resource mobilization and in facilitating intercountry collaboration in areas such as procurement and indigenous production of anti-TB drugs, exchange of country experiences and success stories, and strengthening of TB control initiatives across borders.
- (2) To promote the teaching of DOTS in medical schools, WHO should organize a meeting of medical college deans, professors as well as the representatives of medical associations and councils.

Tobacco Free Initiative

The Regional Director stated that despite the successes that have been recorded in some countries in the area of tobacco control, the danger signs for a possible tobacco scourge in the Region are evident. In adopting the Regional Policy Framework and First Action Plan 2000-2004, as well as resolution SEA/RC 52/R7, the 52nd session of the Regional Committee has underscored the need for collective and urgent action for tobacco control by Member States. The subject was being discussed again as a follow up to the Regional Committee decisions. He also stressed the fact that there is a huge economic loss due to tobacco despite the perceived economic gains from tobacco. Coupled with this is the massive public health impact of tobacco use. He hoped that the Ministers would be able to provide the required leadership on tobacco control within their respective countries. The challenge was to ensure that tobacco use and related ill-health do not erode the health gains achieved by the Region during the last decade.

Conclusions

There was a consensus that increased tobacco use in various forms is emerging as a major public health problem in the Region. Consumption is increasing across all sections of society. As a result, tobacco-related diseases are contributing significantly to the emerging noncommunicable disease burden. Therefore, demand reduction through legislation and fiscal policies such as ban on all advertisement and promotion, sale to minors, expansion of non-smoking areas, prominent health warnings on tobacco products, as well as increases in taxes and the real price of tobacco products should be the focus of both WHO and ministries of health.

Intensive public education on the hazards of tobacco and mobilization of communities and civil society for tobacco control were also emphasized. Innovative approaches such as smoke-free houses, islands and tobacco-free districts were noted in order to reduce tobacco consumption considerably. The use of religion as a means of reducing tobacco consumption has been shown to be useful in some countries and could be explored by others.

Behavioural change approaches, including peer education, were noted as critical tobacco control interventions and, as such, should be strongly promoted. To maximize the success of demand-reduction interventions, however, it is important for health workers and decision-makers to set good examples as role models. To contain the supply of tobacco, interventions including cessation of importation of tobacco and tobacco products, prevention of the establishment of new tobacco factories and crop substitution were emphasized. Intersectoral and intercountry collaboration was also identified as a priority area to ensure a collective and broad-based approach to tobacco control interventions. The urgent need for epidemiological and economic data on tobacco for the purposes of advocacy and planning of interventions was also highlighted.

Recommendations

For Member Countries

- (1) Urgent attention should be given to the development and implementation of time-bound national plans of action on tobacco

control, in coherence with the Regional Action Plan, emphasizing the legislative and fiscal aspects.

- (2) Countries should, in collaboration with WHO, collect and analyse data on the economic implications of tobacco and use such data for the purposes of advocacy and planning.
- (3) Innovative strategies should be implemented to bring about behavioural change through IEC activities, as part of public health interventions for tobacco control.
- (4) Urgent steps must be taken to constitute multisectoral national councils on tobacco control.
- (5) To reduce tobacco cultivation and supply, national strategy, including crop substitution, should be developed and implemented.

For WHO

- (1) WHO should continue to provide technical support to Member Countries to develop and implement national policies, strategies and plans of action on tobacco control.
- (2) WHO should intensify and sustain its advocacy efforts to mobilize political commitment for tobacco control.
- (3) WHO should collaborate with various multilateral and bilateral agencies to assist Member Countries in developing programmes on crop substitution.

4.3 The Use of Traditional Medicine in Health Care System

In his introductory remarks, the Regional Director stated that the World Health Assembly and the Regional Committee for South-East Asia have adopted a number of resolutions drawing attention to the fact that a majority of the population in developing countries depend on traditional medicine. He stressed that the proper use of traditional medicine and traditional practitioners can play a vital role in countries' efforts to achieve Health-for-All. A number of countries in the Region have introduced measures to make better use of traditional medicine and traditional practitioners in the health

programmes. This information can be exchanged with other Member Countries so that inclusion of traditional medicine in the National Health System can take place as deemed appropriate. In many countries, the sale of traditional medicine products is not adequately regulated. Thus, the need for establishing regulation and registration procedures has become a major concern. He stated that Ministers' guidance would be most valuable in the proper use of traditional medicine in the health care system.

Conclusions

There was a general consensus that governments are giving significant importance to the use of traditional medicine in the health care systems of the countries. A few governments have already enunciated national policies on traditional medicine while others are in the process of doing so. There were several reasons for this: traditional medicine offers a different type of treatment, the treatment is perceived to be less costly than allopathic medicine, it has wide acceptability among the population and there exists a potential for the export of medicinal plants and products derived from them.

The participants felt the need for further technical and, if possible, financial support from WHO for developing effective traditional medicine programmes. This includes further information on how this rich biodiversity of medicinal plants could be protected from exploitation, especially after the coming into being of the TRIPS agreement. Establishment of regulation, standardization of herbal medicinal products and clinical evaluation of the plants for their efficacy and safety were identified as priority areas. Innovative programmes such as exposing allopathic doctors to the concepts of traditional medicine should be considered. An urgent need was expressed for developing strategies for the conservation of medicinal plants and for conducting research to improve the yield of their active ingredients. It was also felt that information about developments in traditional medicine should be shared among countries in the Region.

The time available to different countries for becoming fully ready for participation in multilateral trade agreements, including TRIPS, should be used effectively to safeguard the interests of the health sector.

Recommendations

For Member Countries

- (1) Countries should develop and strengthen national policies on traditional medicine.
- (2) Governments should promote the use of traditional medicine in their national health care systems.
- (3) Well-planned, controlled and appropriately designed clinical trials should be carried out on standardized products used in traditional medicine to determine their safety and efficacy.
- (4) Countries should enact appropriate legislation and draw up regulations to protect the national heritage of available medicinal plants and prevent them from exploitation.
- (5) Steps should be taken by the countries to draw up regulations for the use of systems of traditional medicine, the practitioners of these systems and the products.
- (6) In view of the existing potential for the export of certain medicinal plants, countries should draw up a strategy for such export.

For WHO

- (1) WHO should assist national governments in understanding and preparing themselves for the implications of TRIPS and other binding international treaties or agreements so that steps are taken to protect the interests of public health in developing countries.
- (2) WHO should assist national governments in the identification, cultivation and conservation of medicinal plants and in improving their yield
- (3) WHO should assist countries in carrying out research and development on the quality, safety and efficacy of herbal medicines.
- (4) WHO should assist countries by promoting intercountry collaboration in the standardization, quality control and use of medicinal plants.

5. ADOPTION OF THE CONCLUSIONS AND RECOMMENDATIONS

After due deliberations, the Ministers adopted the conclusions and recommendations of their meeting as contained in this report. They also adopted the report of the meeting.

6. SUBJECTS FOR DISCUSSIONS AT THE 18TH MEETING OF THE MINISTERS OF HEALTH

In accordance with the ideas, views and suggestions freely expressed by the Ministers and the observers, the following is the list of subjects for discussion at the 18th meeting of the Health Ministers.

- (1) Taking stock of the past meetings of the Ministers of Health
- (2) Sharing of experiences
- (3) Reviewing the status of Health System Development
- (4) HIV/AIDS Pandemic: Socio-economic implications
- (5) Comprehensive Youth Health Programme, including school health and out-of-school children, for health promotion, including changes in value system and life- style and role of teachers
- (6) Injury, including traffic accidents, prevention and treatment
- (7) Production and availability of vaccines
- (8) Control of Communicable Diseases, including intercountry cooperation, technology transfer and development of HRH
- (9) Health education encompassing HIV/AIDs and Tobacco
- (10) Sharing of experiences on health systems in SEAR countries
- (11) WTO and other similar international treaties, including in the environmental sector.

- (12) Advance circulation of concise country profiles (not country reports) focusing on some new initiatives, say in Traditional Medicine
- (13) Common health problems, e.g., malaria control
- (14) Health-for-All in the 21st century
- (15) Health Promotion and Healthy Life-styles
- (16) Health Reform
- (17) Health and Environment: health component in environmental and developmental issues/projects/programmes
- (18) Environmental health, including arsenic mitigation in drinking water

The Ministers advised that the Secretariat might appropriately club these items under the following broad areas:

- Health Sector Reform
- Control of Communicable Diseases, and
- Health and Environment

7. CLOSING SESSION

The Regional Director, Dr Uton Muchtar Rafei, in his concluding remarks, congratulated the Ministers of Health on the successful conclusion of their 17th Meeting. He expressed his appreciation for the valuable contributions of the Chairman and the ministers to the success of the meeting. He acknowledged that the Ministers had made practical recommendations on Roll Back Malaria, Stop TB Initiative, and Tobacco Free Initiative, as also on the use of traditional medicine in health care system. He affirmed that the meeting had fully achieved its objectives. He assured H.E. Major General Ket Sein of WHO's fullest cooperation during the period of his leadership of the Health Ministers Forum. He also assured the Health Ministers that WHO would immediately start taking appropriate action on their recommendations.

The Health Ministers of Bangladesh, Bhutan, DPR Korea, Maldives, Nepal and Sri Lanka expressed their views and sentiments at the Closing

Session. They placed on record their appreciation for the Government of Myanmar for hosting the meeting in a memorable manner. They also acknowledged the contribution of the Chairman, H.E. Major General Ket Sein, and the Regional Director to the success of the meeting. They were of the view that the meeting had strengthened the bonds of friendship amongst them and had enhanced regional solidarity. They stressed the need to implement their recommendations in the interest of the health of all the peoples of the Region. They also acknowledged the contribution of the advisers to the success of the meeting. In conclusion, they thanked their hosts for their generous hospitality and for the excellent arrangements made for their stay, the travel to Bagan and Mandalay, and the meeting.

H.E. Major General Ket Sein expressed satisfaction that the arrangements for the stay, travel and the meeting had been found satisfactory. He acknowledged that the success of the meeting was due to the cooperation extended by the Ministers. He placed on record his special thanks to the Regional Director for organizing the meeting. He also expressed his appreciation for the hard work put in by the Advisers and the Drafting Group. He stated that it was now the responsibility of the Ministers to ensure that their recommendations were followed up for implementation according to the conditions in their respective countries. In conclusion, he sought the cooperation of the Ministers in discharging his responsibilities as the Chairman of the Health Ministers Forum and announced the closure of the Seventeenth Meeting of the Ministers of Health of the Countries of WHO South-East Asia Region.

Annexes

Annex 1

INAUGURAL ADDRESS BY HIS EXCELLENCY LT. GENERAL KHIN NYUNT, CHAIRMAN OF THE NATIONAL HEALTH COMMITTEE AND SECRETARY (I) OF THE STATE PEACE AND DEVELOPMENT COUNCIL, UNION OF MYANMAR

It is a great privilege and honour for me to deliver the inaugural address at this 17th meeting of Health Ministers of the Countries of WHO South-East Asia Region. It is indeed a special honour as this is the very first time ever that our country is hosting a South-East Asia Region WHO Health Ministers Meeting. On behalf of the Government and the people of the Union of Myanmar, may I extend a most cordial welcome to Honourable Health Ministers, their distinguished advisors and other participants to our country.

The reforms launched and global health projects initiated by the Honourable Director-General of WHO has made the Organization more responsive to the priority health needs of Member Countries. Her vision for health as the centre of development has been exceptionally encouraging, especially for those engaged in planning and implementing health development programme.

As we approach the 21st century, we are faced with the double burden of communicable as well as noncommunicable diseases. Approximately 1.4 billion people live in the WHO South-East Asia Region. In other words, the 10 Member States comprise nearly 25% of the world's population. Unfortunately, the Region bears a very high burden of diseases. Nearly 40% of all maternal deaths, more than 40% of deaths from infectious diseases and 40% of tuberculosis cases occur in this Region. The poor in every country of the Region, in turn, bear an unusually large share of this burden. Thus, the

provision of quality health care in an equitable manner will be one of the major challenges for the Member Countries of this region.

Most of our countries face daunting health challenges and severe financial constraints. But I am confident that we can overcome these challenges by demonstrating equity, solidarity and the spirit of partnership. Regional solidarity and intercountry cooperation should aim at rolling back common communicable diseases. We are now on the verge of eliminating poliomyelitis. Leprosy is being fast reduced to the extent that it would no longer be a public health problem. With our committed action at all levels and coordinated efforts we can overcome the constraints and come up with a regional vision. We can devise a regional framework and strategy to tackle the health problems faced by the Region.

Excellencies,

Let me take advantage of this event to inform you of the determined efforts of the State Peace and Development Council to raise the health status of the people of Myanmar. With the aim to foster peace, economic, social and human development, which are prerequisites to attain the goal of a peaceful, prosperous, modern and developed nation, the Government has set 4 political, 4 economic and 4 social objectives. "Uplift of health, fitness and educational standards of the entire nation" forms one of the pillars of our social objectives. Thus, it can be seen that health, well-being and human development have been assigned high priority in our national development endeavours.

The Government has adopted a systematic programme for the enhancement of health in the nation. In order to provide guidance for health development in the country, the National Health Committee was established in 1989. Subsequently, a National Health Policy was formulated and laid down, stressing the commitment to achieving the Health for All Goals through the Primary Health Care approach. Moreover, National Health Plans have been developed to implement the objectives set out in the National Health Policy. In addition, the Government has undertaken measures to strengthen legislation concerning health matters. Consequently, health laws like the Narcotic Drug Law, National Drug Law, National Food Law and Traditional

Medicine Law, have been formulated under the guidance of the National Health Committee and promulgated by the Government.

Due to these efforts, remarkable progress has been achieved in raising the health status of the people of Myanmar, especially in the border areas. For more than four decades, the country suffered from the problem of armed insurgency. As a result, health services and health care programmes could not be extended adequately to many areas in the remoter parts of the country. However, with the success of the Government's reconsolidating endeavours, the insurgency which has plagued the country has virtually ended except for a small group operating in the Myanmar-Thai border. The return of peace has enabled the Government to embark upon development programme, including establishment, expansion and improvement of health facilities, ensuring equitable access of the population to primary health care services in the under-served regions, particularly in the border areas. In the last ten years, for improving health facilities in these border areas, the Government has spent more than 211 million Kyats on the construction of hospitals, dispensaries and village health centres alone. For the first time in Myanmar's modern history, health care is being extended to all corners of the country. At the same time, medical facilities in urban areas have also been greatly strengthened not only through the Government sector but also by the involvement of the private sector and the NGOs. As a result, life expectancy has been increased and declining trends in Crude Birth Rate, Crude Death Rate, Infant Mortality Rate and Maternal Mortality Rate are clearly evident. National Immunization Days have been conducted throughout the country during which polio vaccines were administered to over 95% of the under-five-year children, that is over 5 million children.

I am also happy to inform you that while Myanmar has been striving to advance modern medicine, it has not forgotten the important role of traditional medicine. Traditional medicines are being promoted, particularly as their efficacy has been proven over a period of time. The objective is to give equal status to traditional medicine with western medicine. Not only is traditional medicine effective, but it is also cheaper, affordable and safer than some modern drugs. I am, therefore, very pleased to learn that the use of traditional medicine in health systems is on the agenda of this meeting.

Excellencies,

While achieving considerable success in improving the coverage of primary health care and enhancing the quality of life of the people, Myanmar is still battling with the health problems of malaria, tuberculosis, acute respiratory tract infections, etc. which are also common to the other developing countries in the Region. I understand that during this meeting Health Ministers will discuss "Roll Back Malaria", "Stop TB Initiative" and "Tobacco Free Initiative". These topics, rightly included in the Flagship Projects of WHO, are very timely and important for the Region.

Malaria still remains the leading cause of morbidity and mortality in most of the countries of the Region. There are approximately 3 million cases annually. By adopting the global malaria control strategies and implementing the same through the primary health care approach, we can achieve a reduction in malaria mortality and morbidity, and lessen its socio-economic impact. Myanmar is taking an active part in combating this disease both nationally and regionally. The Ministry of Health has formed a Central Committee on the management, prevention and control of malaria with representatives from all health-related sectors and NGOs involved in this committee. I am confident that the inter-sectoral approach and developing partnerships among government sectors, NGOs, other agencies and communities themselves will be effective in combating the problem of malaria. Moreover, Myanmar has participated in many regional meetings on the subject and is cooperating actively with other neighbouring countries. We were very happy to host the Roll Back Malaria Mekong Project Meeting in September 1999.

Tuberculosis is another infectious disease of concern to our Region. The Regional Director has rightly expressed his deep concern at the magnitude of the TB problem. Our Region accounts for nearly 40% of the global tuberculosis burden. But, only 10 to 25% of the infectious cases have access to Directly Observed Treatment Short Course (DOTS). Five countries in the South-East Asia Region - Bangladesh, India, Indonesia, Myanmar and Thailand - are among the 22-high burden countries. As far as Myanmar is concerned, we are taking effective steps to counter this disease.

Increasing use of tobacco is another important health issue affecting our region. In Myanmar, since time immemorial, smoking has been highly prevalent. The traditional "cheroot" in various forms is a well-known trademark. With the modernization of the country and advances in communication technologies, cigarette commercials have bombarded the community in the developing countries of our Region although they have been banned in many developed countries. Thus, cigarette smoking has risen sharply, especially among the young population.

There is no doubt that tobacco is a killer. Due to the timely alert sounded by WHO and the launching of the Tobacco Free Initiative as one of the Flagship projects, anti-smoking activities have been carried out in Myanmar, with the involvement of the NGOs and community participation. As a result, cigarette advertisements are no longer permitted on national TV, and smoking has been banned in public transportation and cinemas and no-smoking areas have been designated in some government institutions. In addition to anti-smoking health education programme targeted at the general population, special emphasis has been accorded to health-promoting school programme in which anti-smoking messages are given priority. A national seminar on Tobacco Free Initiative was held in September and plans are underway for launching tobacco-free schools and hospitals throughout the country. Drafting of Tobacco Control Legislation is also in progress.

Excellencies,

One of the challenges in the coming 21st century will be the spread of AIDS in the world. It is a pandemic which will touch every corner of the world. Although the AIDS problem is not indigenous to our country, this pernicious disease has spread to our country from neighbouring nations. Since there have been various comments on the AIDS situation in the country, allow me to present the true picture. At the outset, allow me to state categorically that there is no rampaging AIDS epidemic in Myanmar. The number of patients tested as HIV positive remains relatively low, numbering less than twenty-five thousand in the last ten years. There are a number of reasons which inhibit the growth of HIV/AIDS in Myanmar. One of the most important factors is the cultural value and traditions, which prohibit sexual promiscuousness. This has been strengthened by administrative measures including the regulation that young girls under the age of 25 must be

accompanied by a guardian if they want to make a border crossing to a neighbouring country. This is done to prevent young women from being enticed by human traffickers. Meanwhile, a National AIDS Programme has been instituted under the guidance of the National Health Committee and the supervision of the Ministry of Health. Under the programme, 36 AIDS/STD prevention and control teams are strategically placed all over the country. Prevention and control measures taken include HIV education and public awareness activities, blood safety programme, early diagnosis and effective treatment of sexually transmitted diseases (STD), HIV sentinel surveillance, medical care and counselling, prevention of mother-to-child transmission and training programmes for medical personnel.

Due to these factors, the AIDS problem in Myanmar has not reached the magnitude of some other countries. We are also convinced that it will not reach the pandemic scale. It is therefore most regrettable that some quarters are using the AIDS scare to attack Myanmar since their allegations are false and completely groundless.

In conclusion, I would like to extend my best wishes to the Honourable Health Ministers and other distinguished delegates who are attending this meeting. I am sure that at the end of the three-day conference, the sharing of views and experience and deliberations, carried out in the spirit of mutual respect and solidarity, will result in meaningful resolutions that will guide us in the future. I wish you all every success and a most pleasant and enjoyable stay in Myanmar.

Thank you.

Annex 2

ADDRESS BY DR UTON MUCHTAR RAFEI REGIONAL DIRECTOR, WHO

I welcome you all to this 17th Meeting of the Health Ministers being so graciously hosted by the Government of the Union of Myanmar. We are deeply honoured that His Excellency Lt. General Khin Nyunt is inaugurating this meeting.

Excellency Lt. General Khin Nyunt

Your august presence on this occasion reflects the high priority that your government accords to the health and wellbeing of the people.

I extend a very warm welcome to the Hon'ble Ministers of Health, who have travelled to Yangon to participate in this important meeting. We look forward to their guidance for our joint endeavours to protect and promote the health of our peoples.

In eighty days, we shall enter the 21st century. Therefore, this is perhaps an opportune time for us to take stock. To see what has been achieved. Also, to see what remains to be done. What are the challenges and opportunities that lie ahead? How can we best meet the challenges? How shall we maximize the opportunities?

Hon'ble Ministers,

The world has seen unprecedented health gains over the past fifty years or so. Life expectancy increased dramatically from less than 47 years in 1950-1955, to over 64 years by 1990-1995. This increase has been more pronounced in the developing countries. Since 1950, twenty years or more

have been added to the life expectancy of people in six of our ten Member Countries. Others have also made good progress in this respect.

After eradicating smallpox, we are on the verge of eradicating polio and eliminating leprosy from our Region. We are also on the threshold of eliminating neonatal tetanus and micronutrient deficiencies. As for guineaworm, the Region should soon be certified free of this age-old disease.

However, the unfinished agenda is formidable. There has been a re-emergence of old communicable diseases, such as tuberculosis and malaria. We are witnessing an increase in noncommunicable diseases, such as cancer and cardiovascular diseases. These diseases are now of grave public health concern. There has also been an emergence of new diseases, such as HIV/AIDS. Thus, the countries of the Region have to bear a double burden of communicable and noncommunicable diseases. To add to this burden, infant and maternal mortality ratios in many of our countries are appallingly high.

Widespread poverty and illiteracy, malnutrition and the generally low status of women hamper health development in the Region. Ever-increasing population, rapid and unplanned urbanization and industrialization compound the situation. Environmental degradation and non-accessibility to safe drinking water and basic sanitation for millions will continue as serious challenges in the coming century.

The times ahead are indeed daunting. They call, as never before, for strong leadership and commitment to ensure the wellbeing of the people. With vision, combined with pragmatism, solidarity and partnership, we can meet the challenges and march forward. Total political commitment is the need of the hour.

Excellency, Lt. General Khin Nyunt,

The call for Health for All in 1977 generated a strong movement. Using the primary health care approach, the Health-For-All movement has contributed significantly to health development globally. We now need to use the scientific and technological advances and the increasing concern for human development to accelerate progress towards achieving Health- for-All.

Fortunately, it is now being increasingly realized that health contributes to development. It has for long been known that poverty is the root cause of ill-health. There is now evidence to show that health gains trigger economic growth and poverty alleviation.

There is evidence also to prove that social mobilization is required to prevent and control the main diseases of children. Such programmes in a developing country can result in an increase of five years in life expectancy. They do not require much money.

In the coming century, the countries of this region must reduce the burden of excess mortality, preventable disability and morbidity. It is most distressing that there are about 15 million blind persons in our Region. This is specially tragic since blindness can be prevented and cured very cost effectively. Last month, we launched the Vision 2020 Programme. This is primarily to boost efforts to eliminate avoidable blindness from our Region in the next two decades. I look forward to your continued support and guidance to ensure that we reach this target.

Next month, I am convening the Regional Conference of Parliamentarians on Health of the Vulnerable Populations in Kathmandu. I am sure the Conference will provide useful policy guidance on priority health needs of the vulnerable populations.

I would like, at this point, to urge the need for priority setting. This would mean greater attention to diseases like tuberculosis, malaria, HIV/AIDS and diseases of childhood. Reducing maternal mortality and improving maternal and childhood nutrition deserve high priority. Provision of safe drinking water and basic sanitation also needs greater attention.

We must also be prepared to meet the potential threats to health resulting from economic crisis, unhealthy environments and unhealthy lifestyles. We are fully aware of the health impact of the economic crisis in two of our countries. Fortunately, they now seem to be on the road to recovery. We must, however, remain vigilant that an economic crisis in the future does not lead to cuts in public outlays for health and other social services. We must remind our Finance Ministers that economic stabilization would not mean much if the people are destabilized in the process.

In the wake of globalization and increasing privatization, the role of the State in health development, particularly of the poor, needs to be redefined and strengthened. While partnerships with the private sector ought to be fostered, we must provide safeguards against exploitation. Public interest should be supreme. Health is not just another commodity. While it is vital and desirable in itself, it is doubly desirable because it is a public good. Development cannot be sustained without health. Hence, the need to duly regulate privatization and globalization. Unregulated globalization may cause globalization of poverty: properly regulated, it should usher in an era of global prosperity.

Hon'ble Health Ministers,

We seek your guidance and full support in shaping the vision for health in the 21st century.

Your Excellency, Lt. General Khin Nyunt,

On behalf of the Ministers of Health and on behalf of WHO, I express our sincere gratitude to you for inaugurating this meeting.

We are grateful to the Government of the Union of Myanmar, particularly to His Excellency Major General Ket Sein, for all the arrangements to ensure the success of this meeting.

I am confident that this meeting would further promote regional solidarity and intercountry cooperation for health development. I am also sure that it would help to place health at the centre of political and developmental agendas. And, above all, it would enhance political commitment for effectively combating ill-health, disease, poverty and inequity.

Your Excellency, Lt.General Khin Nyunt, Hon'ble Ministers of Health, Excellencies, representatives of the media, distinguished guests, ladies and gentlemen,

I thank you for your attention.

Annex 3

WELCOME ADDRESS BY H.E. MAJ. GENERAL KET SEIN, MINISTER FOR HEALTH, UNION OF MYANMAR

Your Excellency, Lt. General Khin Nyunt, Secretary 1 of the State Peace and Development Council, Chairman of the National Health Committee, Honourable Health Ministers, The Regional Director of WHO South-East Asia Region, Excellencies, Distinguished Guests, Ladies and Gentlemen,

It is a great honour and privilege to welcome –

- the Health Ministers of the Countries of the WHO South East Asia Region,
- Dr. Uton Rafei, Regional Director of the WHO South East Asia Region and
- all the Distinguished delegates to Myanmar.

I would like to express my appreciation to all of you for having responded to our invitation and joining this Meeting hosted in Myanmar for the first time. I hope your stay in Myanmar will be pleasant and memorable.

I would like to express my personal gratitude to H.E. Lt. General Khin Nyunt, Secretary 1 of the State Peace and Development Council, for inaugurating this important meeting. As Chairman of the National Health Committee, His Excellency has provided strong leadership and guidance for the formulation of the National Health Plan and its subsequent implementation, monitoring and supervision. As a result, health has attained a central and integral role in national development activities.

We are fortunate to have among us many experts, including the experts from the WHO Regional Office. Their contributions for tackling the Region's health problems are valuable and will be very much appreciated. This meeting gives us the opportunity to meet and discuss the priority health issues of the Region and promote regional solidarity and collaboration.

Excellencies, Distinguished Guests, Ladies and Gentlemen,

I would like to present some of the salient features of health development activities in Myanmar. The principles of equity and social justice in providing primary health care services have been applied throughout the country. Health infrastructure reform and expansion has been carried out all over the country, especially in the border areas, increasing the coverage of primary health care. A concerted effort has been made by various ministries in implementing developmental activities. In addition, multi-sectoral coordinated efforts and new partnerships have been developed with various national, international and local nongovernmental organizations in implementing health development activities. The construction of new roads and bridges has facilitated smooth and rapid communications leading to rapid social and economic development.

Progress has been made in improving the health status of the population. As His Excellency, Lt. General Khin Nyunt, Secretary 1 of the State Peace and Development Council has mentioned in his address, life expectancy has increased and infant and maternal mortality has been reduced. With the success of universal child immunization, the morbidity and mortality of six vaccine-preventable diseases have declined.

Four rounds of National Immunization Days have been conducted for administering polio vaccine to all children under the age of five years. Due to the active participation of the community, we are well on the way to achieving the goal of eliminating poliomyelitis by the year 2000. While continuing to conduct National Immunization Days, we will be carrying out mopping up operations, strengthening laboratory services for polio and enhancing surveillance activities to make certain that polio is eliminated.

There has been remarkable improvement in households with access to safe water supply and sanitary fly-proof latrines, due to the nationwide safe

water supply and sanitation campaign. However, we need to maintain our momentum to achieve our goals by the turn of the century. A national campaign was conducted this year to promote the use of iodized salt for the prevention of iodine deficiency disorders. Measures have been taken to ensure that iodized salt is available all over the country, especially in areas where the prevalence of iodine-deficiency disorders is high. Close coordination between related government sectors such as health, mining, trade, transport, and information and the private sector has ensured the production, transportation and distribution of iodized salt throughout the country.

Excellencies, Distinguished Guests, Ladies and Gentlemen,

Promotion of healthy lifestyles has been launched in the country to halt the increasing trend of noncommunicable diseases such as cardiovascular diseases, cancer and diabetes. The government has also launched an all-out campaign for the eradication of the menace of narcotic drugs. At the same time, an anti-tobacco campaign has been launched.

Among the new emerging diseases, HIV/AIDS is a national concern. There is strong political commitment to fight HIV/AIDS and a high level National AIDS Committee has been formed since 1989 with multi-sectoral involvement. AIDS committees have also been formed at the State Divisional and Township levels. Concrete objectives and strategies have been formulated and appropriate programme are being implemented with community involvement and assistance from local and international NGOs. The Ministry of Health has also ensured the safety of blood in all health facilities throughout the country. With the aim of reducing risk behaviours among the youth, extensive health education activities have been conducted in the schools. School Based Healthy Living and AIDS Prevention Education (SHAPE) Programmes have been implemented in schools as a co-curriculum for fourth to ninth graders of basic education schools. Sentinel surveillance activities have been expanded over the years to cover all States and Divisions. The sentinel surveillance system has been strengthened by the addition of the Behavioural Sentinel Surveillance component.

Malaria still remains the leading cause of morbidity and mortality in Myanmar. We have adopted the Global Malaria Control strategies and will

implement the Roll Back Malaria Initiative to potentiate our efforts on the malaria control programme. Inter-country collaboration will be crucial in planning and implementing the initiative and establishing joint surveillance activities.

Another infectious disease of great concern is Tuberculosis. We have introduced Directly Observed Treatment Short Course in 168 townships covering 65% of the population. We cannot afford to be complacent about TB. TB is also found to be one of the most common opportunistic infections among HIV/AIDS cases in developing countries. Community- based service delivery programme have been introduced to accelerate the provision of DOTS and reduce infectious cases.

As we approach the next century, health systems must be geared to respond to the challenges of the 21st century. In this regard, research can play a crucial role to meet the challenges and to develop sustainable health systems. With a view to promoting the quality of medical science, research activities have been extended to cover various fields including traditional medicine which is widely accepted by the people. To enhance the capacity of the health professionals, post-graduate courses including Doctorate courses have been opened both in Yangon and in Mandalay. The Ministry of Health has upgraded the medical facilities in Mandalay to be on par with those in Yangon. Therefore, people residing in Upper Myanmar will have equal access to specialty health care services.

The Academy of Medical Sciences has been formed recently, with the aim of enhancing the quality of medical education, delivery of health care and promoting health research.

To ensure that all citizens are assured of their basic right to health and health care, reforms have been encouraged, including the development of alternative health care financing and the augmentation of the role of cooperative and joint ventures and the private sector in the delivery of health care.

Excellencies, Distinguished Guests, Ladies and Gentlemen,

Among the flagship projects are: Roll Back Malaria, Tobacco Free Initiative, HIV/AIDS, Stop Tuberculosis and Polio Eradication. These diseases are highly prevalent in our region and therefore of great concern to us. We have the basic resources in our region to meet the challenges. Together we shall maximize the opportunities. The inspiring message of His Excellency Lt. General Khin Nyunt, shall guide our deliberations and inspire greater political commitment. I am confident that this meeting shall be a milestone in strengthening our mutual goodwill and cooperation for health development. Honourable Ministers, with your cooperation I look forward to valuable and productive deliberations in this meeting. I am sure that our bonds of fraternity and friendship will be further strengthened and Regional solidarity enhanced.

The Ministry of Health has also arranged a field visit to observe the actual implementation of health service delivery at the grassroots level. During this field trip your excellencies will also have the chance to see the archaeological treasures of Bagan and visit Mandalay, including the restored palace, the traditional handicrafts and art works.

In conclusion, I would like to express my earnest hope that this first meeting held in Myanmar will be able to generate new ideas on priority actions to be taken to alleviate health problems faced by our region. I would like to extend a warm welcome to the Honourable Ministers and distinguished delegates once again. I hope you will enjoy your stay in Myanmar.

Thank you.

Annex 4

AGENDA

1. Inaugural Session
2. Introductory Session
3. Review of Actions Taken on the Recommendations of the Sixteenth Meeting of Ministers of Health
4. Global Health Projects: Action at Country Level.
 - 4.1 Roll Back Malaria
 - 4.2 STOP TB Initiative
 - 4.3 Tobacco Free Initiative
5. The Use of Traditional Medicine in Health Care System
6. Field Visit
7. Adoption of Conclusions and Recommendations
8. Subjects for discussions at the 18th Meeting of the Ministers of Health
9. Office-bearers of the Fifty-third World Health Assembly/Membership of WHO Executive Board from SEAR Countries
10. Closing Session

Annex 5

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STD/AIDS and Tuberculosis

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