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

Kathmandu, Nepal, 23-25 August 2000

World Health Organization
Regional Office for South-East Asia
New Delhi
September 2000

SEA-HM Meet.-18

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Annexes

The Report

1. INTRODUCTION

The Eighteenth Meeting of Ministers of Health of the Countries of the WHO South-East Asia Region (SEAR) was held in Kathmandu, Nepal, from 23-25 August 2000, at the invitation of the Minister of Health, His Majesty's Government of Nepal.

The substantive agenda items of the meeting related to Rationalizing WHO Resources to strengthen Intercountry Collaboration; Health Sector Reform: Issues and Opportunities, and HIV/AIDS in South-East Asia Region: Lessons Learnt.

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

H.E. Dr Ram Baran Yadav, Minister of Health of His Majesty's Government of Nepal, was elected as Chairman, and H.E. Mr Ahmed Abdullah, Minister of Health, Republic of Maldives, 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 the Prime Minister

H.E. Mr Girija Prasad Koirala, Right Honourable Prime Minister, His Majesty's Government of Nepal, inaugurated the meeting. In his

inaugural address, the Prime Minister asserted that access to basic health services was a fundamental human right. Referring to the poor health indicators in the Region, he noted that while Nepal was engaged in producing as many doctors as possible, the challenge of sending them to serve in the rural areas remained to be met. Another area of concern related to the cost of medical care. The Prime Minister opined that although advances in science and technology had resulted in the availability of improved health services for people who could pay for them, the prohibitive cost of such services made them inaccessible to the majority of the rural population.

The Prime Minister lauded the role of WHO in health development and referred to the elimination of many diseases and reduction in the incidence of others. However, he noted that the Region was still grappling with old diseases combined with new ones such as AIDS. He added that degradation of air and water quality had caused many new health problems. In the poverty-stricken third world, it was difficult to ensure provision of the basic necessities of clean drinking water and free or affordable health services to the population.

The Prime Minister called upon the Health Ministers to consider all these issues in a comprehensive way and devise a new strategy to address the multiplicity of health problems in the countries of SEA Region.

He concluded by stating that although the world had enough resources to meet the basic needs of people, the question was whether those resources could be distributed equitably. (See Annex 3 for text of Prime Minister's speech.)

2.2 Welcome Address by the Minister of Health

Welcoming the delegates, H.E. Dr Ram Baran Yadav, Minister of Health, His Majesty's Government of Nepal, expressed gratitude to the Prime Minister for inaugurating the meeting.

He said that the process of development and improving the health of the people was a great challenge at the beginning of the 21st century. He recalled the health gains achieved by Nepal and noted the priorities assigned to strengthening district health systems, HIV/AIDS and sexually transmitted diseases, diarrhoeal and respiratory diseases, malaria, kala-azar and Japanese Encephalitis. Referring to the shifts in epidemiological profile taking place in each country, he added that while on the one hand, communicable diseases, exacerbated by poverty, continued to cause serious concern, the unprecedented increase in the incidence of noncommunicable diseases also posed a grave threat. He observed that against this backdrop, the pandemic of HIV/AIDS was looming large, affecting not only the high-risk groups, but even ordinary people – including children.

Dr Ram Baran Yadav said that access and quality were two highly complex issues that were of critical concern in the health sector. He added that the priority now was to strengthen the health delivery system for the marginalized communities. He, therefore, felt that it was necessary to reiterate the commitment of Member Countries to the vision of health for all. In conclusion, he expressed confidence that the meeting would adopt meaningful resolutions that would guide future health development in the countries of the Region. (See Annex 4 for text of Health Minister's speech.)

2.3 Address by the Chairman of the Health Ministers 'Forum

H.E. Major General Ket Sein, Chairman of the Health Ministers 'Forum (Minister of Health of the Union of Myanmar), on behalf of the Health Ministers of the countries of WHO South-East Asia Region, thanked the Right Honourable Prime Minister for inaugurating the meeting. Recounting the recommendations made on Roll Back Malaria, Stop TB Initiative and Tobacco Free Initiative at the 17th meeting of the Ministers of Health, he reflected on some of the health activities in the Region and shared his experiences during his tenure as Chairman of the Health Ministers 'Forum. In particular, he spoke about his visits to Maldives and

Sri Lanka, and recalled the meetings between Myanmar and Thailand for bilateral cooperation on the control of malaria, HIV/AIDS and tuberculosis. He mentioned the bilateral meeting on the eradication of polio in the border areas of Bangladesh and Myanmar and observed that the regional advocacy campaign for tobacco control had been a very effective tool for raising awareness among the general public and the policy makers. In conclusion, he thanked all the SEAR countries for the support given to him in fulfilling his responsibilities as Chairman of the Health Ministers 'Forum. (See Annex 5 for text of speech of Chairman.)

2.4 Address by the Regional Director

The Regional Director, Dr Uton Muchtar Rafei, welcomed the Health Ministers for their presence and thanked the Right Honourable Prime Minister of Nepal for inaugurating the meeting. He took stock of the achievements and the unfinished agenda, which was daunting in view of the reemergence of certain old communicable diseases and emergence of new communicable diseases such as HIV/AIDS, and noncommunicable diseases and several other socioeconomic and environmental factors. However, he expressed optimism in view of the opportunities that have arisen to cope with the challenges. He particularly noted the prominence given to health at the recent G-8 Summit in Okinawa, Japan, as also at several UN Conferences held in the nineties. In this context, he referred to the establishment of the Commission on Macroeconomics and Health by the Director-General of WHO. In conclusion, the Regional Director expressed his confidence that the Eighteenth Meeting of the Health Ministers would be highly productive and would reinforce the common bonds of friendship and cooperation in SEAR countries. (See Annex 6 for text of RD's speech.)

2.5 Vote of Thanks

H.E. Mr Tirtha Ram Dangol, State Minister of Health, His Majesty's Government of Nepal, proposed the vote of thanks. On behalf of all those present, he placed on record his deep gratitude to the Right

Honourable Prime Minister for his presence and the inspiring inaugural address. He also thanked the Health Ministers for having come all the way from their home countries to attend the meeting and added that their participation was symbolic of our regional solidarity.

He also thanked the Ambassadors, heads of the UN and donor agencies, NGOs, representative of the media and academia and all those present at the meeting.

3. INTRODUCTORY SESSION

3.1 Statement by the Chairman of the Health Ministers ' Forum

The Introductory Session commenced under the chairmanship of H.E. Major General Ket Sein, Chairman of the Health Ministers 'Forum for the year 1999-2000, till the election of the Chairman of the Eighteenth Meeting of the Ministers of Health. In his introductory remarks, he greeted the delegates and expressed his appreciation for the follow-up of the implementation of the recommendations of the Seventeenth Meeting of the Ministers of Health.

Among the many health activities and developments, H.E. General Ket Sein highlighted the WHO Corporate Strategy, which had been developed to meet the challenges posed by significant changes in international health. He also referred to the regional advocacy campaign for tobacco control, and noted the significant achievements made in cross-border cooperation for the control of diseases. Lastly, he noted the stir caused in most countries of the Region by the World Health Report 2000 and, inter alia, observed that WHO should have obtained data from Member Countries and not from other sources. In this context, he thanked the Regional Director for convening the meeting of the High-Level Task Force on the World Health Report 2000.

In conclusion, he expressed confidence that under the stewardship of the next Chairman of the Health Ministers 'Forum and the Regional Director of WHO, the objectives of the meeting would be achieved.

3.2 Introductory Statement by the Regional Director

The Regional Director apprised the Ministers that in response to their concern over the inequities in health, he had convened the Regional Conference of Parliamentarians on Health of the Vulnerable Population in Kathmandu, Nepal, in November 1999, which was attended by about 60 parliamentarians. The critical importance of health in development and the contribution that health could make towards poverty reduction were highlighted at this conference. The parliamentarians advocated that to achieve these ends, the priority health needs of the poor should be addressed by giving a pro-poor orientation to health policies and health systems.

As a follow-up of the Regional Health Declaration adopted by the Health Ministers at their 15th Meeting in 1997 in Bangkok, Thailand, a **Regional Conference on Public Health** was conducted in November 1999 in Calcutta, India. He urged the Ministers to bestow their personal attention to the recommendations made by these two regional conferences.

The Regional Director recalled that the Fifty-third World Health Assembly held in May, 2000 in Geneva adopted resolutions on Stop TB Initiative, Global Alliance for Vaccines and Immunization, HIV/AIDS, Tobacco Control and Noncommunicable Diseases, all of which were relevant to the SEAR countries. Referring to the Meeting of the High Level Task Force on the World Health Report 2000, he pointed out that while expressing its concern over the ranking of countries and the data used for this purpose, the task force had suggested that the methodology and data used for measuring the performance of health system should be fine-tuned in future reports.

Dr Uton explained the broad contours of the WHO Corporate Strategy and also referred to the Country Cooperation Strategy. He informed the ministers that in July 2000, he had convened a meeting of the Policy Advisory Panel in Bali, Indonesia, to find ways and means to optimally utilize WHO's limited resources. He added that in view of the critical importance of rationalizing WHO resources to strengthen intercountry collaboration, this was included in the agenda of the meeting.

He also reported on the main actions taken on the major recommendations of the Ministers at their Seventeenth meeting held in Yangon, Myanmar, in October 1999. In this context, he stressed that while the recommendations of the Ministers and those of the Health Secretaries as also the resolutions adopted by WHO governing bodies were followed up for implementation, it could not be denied that a lot more action was called for particularly in respect of communicable diseases, common health problems, intercountry cooperation and TCDC for health development.

The Regional Director elaborated that regional action in such areas was highly effective, and recalled that the Health Secretaries, in their meeting in 1997, decided that a part of the country budget, which could not be absorbed in time, would be pooled for implementation under the intercountry mechanism. He noted that the use of funds pooled for implementation under intercountry mechanism was jointly planned by national authorities and WHO staff for jointly identified priorities. He added that the intercountry mechanism of utilizing WHO regular budget, which was smaller than the extrabudgetary resources, might open up great opportunities for mobilizing extrabudgetary resources and external assistance for the health sector projects and programmes of SEAR countries.

3.3 Drafting Group

A Drafting Group consisting of the following was established:

1. Dr S.P. Agarwal (Convenor)
   Director-General of Health Services
   Government of India

2. Prof A.B.M. Ahsanullah
   Director-General of Health Services
   People's Republic of Bangladesh

3. Prof Dr Azrul Azwar
   Director-General of Community Health
   Republic of Indonesia

4. Dr Supachai Kunaratanapruk
   Deputy Permanent Secretary
   Royal Thai Government

5. Dr B.D. Chataut
   Director-General of Health Services
   His Majesty's Government of Nepal

4. BUSINESS SESSION

4.1 Rationalizing WHO Resources to strengthen Intercountry Collaboration

WHO's response to the growing complexity of health sector development included the development of a corporate strategy and related strategic programme budget focusing on the global, regional and national priorities. The WHO budget incorporated funds from both Regular budget and extrabudgetary resources. The increasing trend towards mobilization of extrabudgetary funds was highlighted and the broadening and deepening of partnership with new and existing partners emphasized. The rationalization of WHO programme budget under two key components, namely, regional office/intercountry programme (RO/ICP) and country programme, was analyzed. The budgetary trends

in the South-East Asia Region and its countries during recent years, including the increased allocation of funds to intercountry collaboration in line with the resolutions of the Regional Committee and decisions of the Health Secretaries were explained.

Ministers drew attention to the need for effective planning to ensure that scarce resources were allocated to clearly defined priorities. Successful experiences of intercountry collaboration, both bilateral and multilateral, were cited.

Prevention and control of communicable diseases such as leishmaniasis, Japanese Encephalitis, malaria, HIV/AIDS and dengue and other common health problems such as arsenic contamination of subsoil water, food safety and occupational health hazards were identified as priority areas for intercountry cooperation. Health promotion, health sector reform and development of human resources for health were also considered appropriate for intercountry cooperation, and were expected to yield very high returns on the investment involved.

The intercountry approach was welcomed, in principle, as a means of strengthening regional solidarity, and, in practice, as a response to the globalization of public health problems and issues. The role of the Regional Office of WHO in rendering technical assistance to mobilize extrabudgetary resources for both the country and intercountry levels was identified to be of crucial importance. It was emphasized that external assistance for health development was now available more than ever before, and health was recognized as an entry point for poverty alleviation. The need to enhance the absorptive capacities of the countries for external resources for health was also underlined.

Conclusions

- The ICP and Country programmes were complementary to each other in supporting national health development. All ICP activities were designed to assist Member Countries, on both collective and individual basis, but with emphasis on collaboration among the

countries concerned. Therefore, allocating more funds for ICP did not in reality mean any reduction in the budget available to Member Countries as long as resources were allocated in accordance with clearly defined priorities.

- The need to strengthen intercountry collaboration for efficient and effective implementation of previous recommendations of the Health Ministers and the resolutions of the WHO Governing Bodies on cooperation among countries in the Region was reaffirmed.
- There was a need for an appropriate mechanism to ensure greater efficiency, transparency and accountability in planning the use of ICP funds, and an enhanced role for the Member Countries in the programming and evaluation of the activities and projects implemented through these funds.
- A comprehensive review of the various intercountry programmes including related mechanisms for joint planning and evaluation was urgently needed.
- Better focus on intercountry collaborative activities might facilitate increased mobilization of extrabudgetary resources for the health sectors of the countries.
- The intercountry approach, by allowing countries to share experience and take joint action, strengthened regional solidarity and built national capacity.
- Country programmes were the backbone of WHO's collaborative activities.
- There was a pressing need to strengthen national capacity to implement funds allocated to countries in a timely and effective manner.
- Cooperation with other institutions, besides the Ministry of Health, was likely to increase in the coming years.

Recommendations

(1) An action plan to work out the operational details of an enhanced ICP, including criteria and indicators, should be prepared jointly by the Regional Office and representatives of the Member Countries, either through a high-level task force or at the Health Secretaries Meeting in early 2001.

(2) WHO-SEARO should, as a first step, through an intercountry working group representing the concerned countries of the Region, prepare a plan of action, with budgetary support including the use of ICP funds, for eradication of leishmaniasis within an agreed time-frame.

(3) Plans of action should also be developed for health promotion and education; prevention and control of Japanese encephalitis, malaria, HIV/AIDS, and dengue; and for common health problems, namely, arsenic contamination of subsoil water for human consumption, foodsafety, malnutrition and occupational health hazards.

(4) WHO-SEARO should improve the monitoring and evaluation of the WHO Programme budget and follow up support provided to countries through the WR offices to ensure the most timely and efficient expenditure of WHO country funds.

(5) WHO-SEARO and national authorities should regularly review programme plans and propose reorientation of budgetary allocations in the light of changing WHO and national priorities.

4.2 Health Sector Reform: Issues and Opportunities

The experiences of health sector reform in the Region, highlighting salient issues and opportunities, were analyzed under four major categories, viz., health care financing, health care provision, human resources for health, and governance in health. The reforms in health

care financing and decentralization in health systems represented the major actions undertaken in most countries. The contribution of the national and regional network of institutions in policy analysis and monitoring of reforms in the Region was also emphasized.

Health sector reforms in all countries were of a progressive and comprehensive nature. The countries had to deal with reforms on many fronts including responses to changes brought about by political, economic and administrative change, which were based on the principles of equity, efficiency, sustainability, accountability, transparency and responsiveness.

The Ministers expressed the need for guidance from WHO on where, when and how to start with health reforms. They noted the close collaborative work of WHO with each Member Country in implementing health reforms, and stressed the need to enhance the sphere of collaboration with selected regional institutions and their networks in strengthening the national and regional analytical capability. They also noted the existence of the regional forum for health sector reform established four years ago and expressed their concern at the inadequate involvement of national institutions in it.

A comparative analysis of reform initiatives and development of appropriate strategic frameworks for addressing common issues and problems were needed. Health sector reforms had to be seen in the perspective of the totality of health, rather than changes in health care financing or health care delivery individually.

The importance of initiating reform activities required to address the issue of health promotion with emphasis on public health was acknowledged keeping in mind that this might require reform beyond the responsibilities of the ministry of health.

Many countries in the Region were facing the challenges of expansion of health insurance. The present economic growth and development in SEAR countries might not be conducive to an expansion of health insurance systems similar to those in the western countries or even the insurance programmes in the developed nations of East Asia.

Therefore, there was a need to develop appropriate models with WHO technical assistance, as required, on how collective health care financing, based on risk pooling principle, would be suitable for the countries of the Region. Similarly, there might be a need to develop strategic frameworks that would help SEAR countries to properly understand the decentralization of health systems, and its implications for health and health services organizations.

It was understood that there was no universal prescription for health sector reform. However, the experience already accumulated in the Region was a valuable resource that could be further analyzed by the regional experts resulting in technical and policy guidelines. It was also agreed that the existing regional networks and fora for health sector reform should be strengthened. Countries should get extensively involved in the regional networks so that regional experiences and knowledge could be shared and used. There was a need for WHO to work with national and regional health development institutions to develop and refine the methodologies and framework for comparative analysis of various reform initiatives.

WHO should study the reform initiatives undertaken by the countries in response to the double burden of diseases and develop different policy options on the basis of such a study. This study should also look into various policy options that the respective Member Countries could adopt within the available resources (organizational, managerial and financial). There was no dearth of information available on health sector reforms as well as studies regarding cost-effectiveness, but the specific analysis in respect of each country situation was inadequate. To do this regional analysis, the regional forum and the network of institutions needed to work with WHO so that the respective national health authorities could review the best possible policy options.

Conclusions

- There was no definite universal prescription for health sector reforms for every country. Experiences already gained could be analyzed and

a strategic framework developed to provide guidance for comparative analysis and appropriate policy decisions.

- The existing regional network of health sector reform needed further strengthening, so that it could use its expertise in supporting the countries as required.
- The national mechanisms for capacity-building for reforms (such as a task force, or a working group, or a well-defined technical unit) could be established, and/or, strengthened in order to coordinate and monitor the various aspects of health sector reform. This task force might function as an advisory body to the Ministry of Health.
- WHO could provide support to strengthen the national mechanisms, and technical guidance on how information on health reforms could be collected, compiled, analyzed and interpreted. The methodologies for formulating policies and strategies for health reforms could be developed with full participation of national and regional experts.

Recommendations

(1) Countries should establish/strengthen national mechanisms for enhancing their capability for planning and managing health sector reforms.

(2) WHO, together with other development partners, should support the national mechanisms and also the development of these institutions as part of the regional and global networks for health sector reform, thus creating regional information resources and clearing houses.

(3) WHO should enhance its support to the "Regional Forum for Health Sector Reform" and formulate an intercountry programme with a well-defined workplan, including necessary ICP budget for the current and the next biennium (i.e. 2000-2001 and 2002-2003). The first task of the regional forum should include the

priority areas of health sector reform such as decentralization, health care financing and health promotion.

(4) WHO should review the health reform initiatives launched by the countries to address the multiplicity of health problems including the double burden of communicable and noncommunicable diseases. Consequent upon such a review, WHO should develop different policy options, which should be submitted to the next meeting of the Health Ministers.

4.3 HIV/AIDS in South-East Asia Region: Lessons Learnt

According to WHO/UNAIDS estimate, currently 34 million people worldwide were living with HIV/AIDS, of which 5 million (16%) were in the South-East Asia Region. While HIV came late to Asia, it was spreading rapidly and still evolving. AIDS affected people in the most productive age group, undermining economic progress at both family and national levels. However, the knowledge and tools to prevent HIV and to provide care for those living with HIV/AIDS were available. The experiences of the programme over the past decades in the Region clearly demonstrated that prevention indeed works. There were many success stories, particularly in Thailand, where the epidemic was now declining. Political commitment and allocation of adequate resources were the keys to success. Other lessons learnt included the need to involve the community, including those at risk, in programme planning and implementation and strengthening of public health infrastructure. Stigma and discrimination were counter-productive and undermined the success of the programme. Integrating prevention and care was important to ensure sustainability.

Acknowledging the serious implications of the HIV/AIDS epidemic, the need for intercountry collaboration in sharing of experiences and lessons learnt was highlighted. The importance of education and communication for HIV prevention and provision of care for people living with HIV/AIDS was stressed. A united front among countries of the Region was crucial for the success of control of HIV/AIDS.

While AIDS control programmes were being implemented in all Member Countries, the need to address new challenges such as ensuring access to antiretroviral (ARV) drugs, particularly to prevent mother-to-child transmission, and management of patients with HIV/AIDS, by using a combination of various ARV drugs, was identified. The need to institutionalize cross-border interventions and establish a system of monitoring the epidemic through HIV/STI and behavioural surveillance was also emphasized.

Conclusions

- HIV/AIDS was a serious health, socio-economic and developmental problem in the South-East Asia Region.
- The urgency of the problem required a rational, effective and collective response from all Member Countries.
- The knowledge and tools to prevent HIV and to provide care to people living with HIV/AIDS were available in the Region. These needed to be applied vigorously and widely to make an impact on the HIV/AIDS situation.
- There were many success stories in the Region, which could be documented and shared among countries for possible application after adaptation to suit local situations.
- While political commitment existed in the countries, it must be enhanced and sustained to ensure strengthening of national capacity to respond to HIV/AIDS.
- All sectors of society including local communities must get involved to combat HIV/AIDS.
- Creating awareness alone might not be enough and, therefore, programmes must focus on behavioural change through interpersonal education and communication, involving mass media and NGOs.

- Availability of antiretroviral drugs for prevention of mother to child transmission and for management of HIV/AIDS cases by cocktail therapy using combination of various ARV drugs, was an extremely important issue and all efforts must be made to ensure that these drugs were available and accessible in all Member Countries.
- Programmes to address HIV/AIDS prevention as a cross border issue should be institutionalized.
- HIV/AIDS and behavioural surveillance provide data that are essential for planning of interventions and evaluating their impact. Estimates on HIV/AIDS cases by WHO and UNAIDS should be reviewed and updated regularly, in consultation with Member Countries.
- Besides prevention, the provision of comprehensive care from institutions to communities and homes for those living with HIV/AIDS remained a priority.

Recommendations

For Member Countries

(1) All Member Countries should reaffirm their political commitment and build national capacities by ensuring availability of human and financial resources to combat HIV/AIDS. Strengthening of public health infrastructure was an essential prerequisite for effective response.

(2) Every effort should be made to involve all sectors of society, including various government ministries, mass media, NGOs, community-based organizations (CBOs), private sector and academia in HIV/AIDS prevention and care programmes.

(3) The interventions effective in preventing HIV infection in different countries must be applied widely, with the active involvement of

local communities and target populations. Wherever possible and appropriate, prevention and care programmes should be integrated into ongoing activities of various ministries to ensure sustainability.

(4) Member Countries should make it widely known, through the media and in other ways, that developing and least developed countries of South-East Asia Region were facing great difficulties in taking care of HIV infected people because of the high prices of drugs. Every possible effort should, therefore, be collectively made to lower the prices of the drugs to make them affordable and accessible in our countries.

For WHO

(1) WHO should continue to advocate effective and sustained response to HIV/AIDS in the Member Countries and assist in mobilizing resources and building partnerships at national, regional and global levels.

(2) WHO-SEARO should play an active role in facilitating and supporting institutionalization of HIV/AIDS prevention in the border areas by enhancing intercountry collaboration, supporting pilot projects in the local areas and developing joint plans of action between and among the concerned countries.

(3) WHO should work closely with World Trade Organization (WTO) and the multinational pharmaceutical industry in order to further reduce the prices of antiretroviral (ARV) drugs, to the extent that they become available, affordable and accessible in all developing countries.

(4) WHO should continue its lead role in the health sector's response to HIV/AIDS and provide necessary technical and financial support to Member Countries, particularly with regard to the public health aspects of the programme and also in the planning and evaluation of national control programmes.

5. FIELD VISIT

The Ministry of Health, His Majesty's Government of Nepal, arranged a field visit for the Honourable Health Ministers to the National Tuberculosis Centre (NTC) and SAARC TB Centre at Thimi and to the Dhulikhel Primary Health Care Centre for DOTS, where they were briefed about the TB control programme, particularly DOTS coverage.

During their visit to Dhulikhel Hospital, discussions were held on the involvement of the community in the promotion of health care in the spirit of partnership with health professionals. The Ministers appreciated the proposal for the development of a model health care facility by the University, local municipality and the community, supported by the government.

6. ADOPTION OF 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.

7. ELECTIVE POSTS OF 54TH SESSION OF THE WORLD HEALTH ASSEMBLY AND WHO EXECUTIVE BOARD

The Ministers agreed on the following elective posts of Fifty-fourth World Health Assembly and WHO Executive Board from SEAR countries:

Office	Countries
WHA:	
Vice President	DPR Korea
Vice-Chairman Committee B	Thailand
General Committee	Bhutan
Committee on Credentials	Bangladesh
Committee on Nominations	DPR Korea and Nepal
EB:	
Nomination for SEAR country to be made in place of Bangladesh, whose term expires in May 2001	Myanmar

8. CLOSING SESSION

The Regional Director, Dr Uton Muchtar Rafei, in his concluding remarks, congratulated the Ministers of Health on the successful conclusion of their 18th meeting. He expressed his appreciation to the Chairman and ministers for their valuable contribution and affirmed that the objectives of the meeting were fully met. He also expressed his appreciation for the arrangements made by the offices of the Ministry of Health and all other organizations of His Majesty's Government.

He assured H.E. Dr Ram Baran Yadav of WHO's full cooperation during the period of his leadership of the Health Ministers' Forum and confirmed that WHO would immediately start taking appropriate actions on their recommendations.

The Health Ministers placed on record their deep appreciation towards His Majesty's Government of Nepal for hosting the meeting in a memorable manner. They also acknowledged the personal contribution of the Chairman, H.E. Dr Ram Baran Yadav, and the Regional Director,

Dr Uton Muchtar Rafei, to the success of the meeting. The services of the outgoing Chairman of the Health Ministers 'Forum, H.E. General Ket Sein, were lauded and H.E. Dr Ram Baran Yadav was welcomed as the new Chairman. The Ministers were of the considered view that the meeting had further strengthened the bonds of friendship among them and greatly enhanced regional solidarity. The need to sustain and further strengthen intercountry cooperation and the unity of the countries of the Region and properly implement the recommendations made by them was repeatedly stressed. The Ministers acknowledged the contribution of the Advisers and members of the drafting group to the success of the meeting. The Ministers thanked their host for his generous hospitality and for the excellent arrangements made for their meeting, stay and travel for the field visit. The technical support and other assistance arranged by Dr Uton Muchtar Rafei, Regional Director, were also appreciated.

H.E. Mr Ahmed Abdullah, Health Minister of the Republic of Maldives, offered to host the 19th meeting of the Ministers of Health in his country, and the Ministers spontaneously accepted this offer.

H.E. Dr Ram Baran Yadav expressed satisfaction that the arrangements made by his ministry and other ministries of His Majesty's Government of Nepal came up to the satisfaction of his distinguished colleagues. He acknowledged that the success of the meeting was primarily due to the cooperation extended by the Ministers. He placed on record his sincere thanks to the Regional Director for organizing the meeting as also for the excellent technical support provided for it. He also expressed his appreciation for the hard work put in by the Advisers and the drafting group. In conclusion, he called upon the Ministers to ensure that the recommendations were followed up and properly implemented according to the conditions in their respective countries. He also sought the cooperation of the Ministers in discharging his responsibility as the Chairman of the Health Ministers' Forum, and announced the closure of the Eighteenth Meeting of the Ministers of Health of the Countries of WHO South-East Asia Region.

Annexes

Annex 1

AGENDA

1. Inaugural Session
2. Introductory Session
3. Rationalizing WHO Resources to strengthen Intercountry Collaboration
4. Health Sector Reform: Issues and Opportunities
5. HIV/AIDS in South-East Asia Region: Lessons Learnt
6. Field Visit
7. Adoption of Conclusions and Recommendations
8. Office-bearers of the Fifty-fourth World Health Assembly/ Membership of Executive Board from SEAR Member Countries
9. Closing Session

Annex 2

LIST OF PARTICIPANTS

1. MINISTERS

Bangladesh

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Dhaka

Bhutan

H.E. Lyonpo Sangay Ngedup
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Royal Government of Bhutan
Thimphu

Democratic People's Republic of Korea

H.E. Dr Kim Su Hak
Minister of Public Health
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Indonesia

H.E. Dr Achmad Sujudi
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H.E. Mr Ahmed Abdullah
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Myanmar

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H.E. Dr Ram Baran Yadav
Minister of Health
His Majesty's Government of Nepal
Kathmandu

H.E. Mr Tirtha Ram Dangol
State Minister of Health
His Majesty's Government of Nepal
Kathmandu

Thailand

H.E. Mr Kamron Na Lamphun
Deputy Minister of Public Health
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2. OBSERVERS

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3. ADVISERS

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Republic of Indonesia
Jakarta

Dr Setiawan Soeparan
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Jakarta

Mr Bambang Purwanto
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Maldives

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Secretary of Health
His Majesty's Government of Nepal
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4. WORLD HEALTH ORGANIZATION

Dr Uton Muchtar Rafei
Regional Director

Mrs Poonam Khetrapal Singh
Deputy Regional Director/
Director, Programme Management

Dr Klaus Wagner
WHO Representative, Nepal

Mr David Nolan
Director, Administration and Finance

Dr U Than Sein
Director, Evidence and Information for Policy

Dr Kan Tun
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Mr B.S. Lamba
Sustainable Health Policy Officer

Dr Jai P. Narain
Regional Adviser, HSI-STB

Ms Prema Ranganathan
Administrative Assistant

Mr V.J. Mathew
Senior Administrative Secretary

Annex 3

INAUGURAL ADDRESS BY
MR GIRIJA PRASAD KOIRALA
RIGHT HONOURABLE PRIME MINISTER
HIS MAJESTY S GOVERNMENT OF NEPAL

Honourable Chairman of the Health Ministers 'Forum,
Honourable Health Ministers,
Regional Director,
Excellencies,
Ladies and Gentlemen,

It is a special pleasure for me to welcome you all to Kathmandu, and say a few words on this happy occasion.

I consider the basic health services to be a fundamental human right. Accordingly, His Majesty s Government of Nepal is spending a substantial amount of its national budget on the health sector. It is well-known that all health indicators in this region are poor. The doctor-patient ratio in Nepal is still very bad. So we are engaged in producing as many doctors as possible. Recently, many medical colleges have been established in various parts of Nepal, and we are training many young doctors to improve our public health conditions. But as in many other South and South-east Asian countries, our challenge in Nepal is how to send the doctors to the rural areas where they are needed most.

Another main concern of ours is the cost of medical care. Advancement in science and technology has certainly resulted in the better health services for those who can afford to pay for them. But those services are so expensive that they are beyond the reach of many people especially in the rural areas. This is a paradox of our time. Majority of people in Nepal and other South and South-east Asian countries live in the remote rural villages where there are no basic health facilities. Our objective must, therefore, be to reach those people there.

The role of WHO is appreciable. I am pleased to note that it has played an important role in research and the assessment of global health situation. I wish WHO also devised a way to deploy the doctors in the rural areas of our countries.

Thanks to the efforts of WHO and other UN agencies, many diseases are eliminated and cases of many others have been drastically reduced. But we are still grappling with 'old' cancer, and we confront the menace of 'new' diseases such as AIDS. And, the degradation of air and water quality in general has caused many new health problems. In the poverty-stricken third world countries such as ours, we still have to deal with the very basics.

Clean drinking water, and free or cheaper health services are some of the basics that we want to provide to all our people. For their proper health we have to make good economic progress and maintain a clean environment. But we cannot achieve these goals without basic education. So we have to address the issues of public health in a holistic manner as a socio-economic proposition.

I am sure you will consider all these issues in a comprehensive way in the next two days. We have to devise a new strategy to address many questions related to our health problems. Some of those questions are:

- What are the very basic health needs of our people?
- What are the measures to meet those needs?
- What is the cost of those measures? And,
- How can we meet the cost of those measures?

I think the world has enough resources to meet the basic health and other needs of the people in it. The question is whether it is ready to distribute those resources equitably or not.

With these words I wish you all the best, and hope that your stay in Kathmandu will be pleasant and profitable.

Thank you.

Annex 4

WELCOME ADDRESS BY DR RAM BARAN YADAV,
HONOURABLE HEALTH MINISTER,
HIS MAJESTY S GOVERNMENT OF NEPAL

Right Honourable Prime Minister of Nepal
Chairman of the Health Ministers 'Forum, H.E. General Ket Sein, Union of Myanmar
Honourable Health Ministers of South-East Asia Region,
Dr Uton Muchtar Rafei, Regional Director of WHO South-East Asia Region,
Ladies and Gentlemen:

It is my proud privilege to welcome my Honourable colleagues who have come here for the Eighteenth Meeting of the Ministers of Health. I thank each one of you for responding positively to our invitation and making it convenient to travel to Kathmandu for this important meeting. I am honoured to be hosting this meeting, which is being held here again after eight years. It is indeed a memorable event for us.

I would also like to express my personal gratitude to the Right Honourable Prime Minister for having so readily agreed to inaugurate this function. His gracious presence here today is a source of inspiration to all of us. May I, on behalf of all of you present here, place on record our grateful thanks to the Right Honourable Prime Minister of Nepal.

Right Honourable Prime Minister

Honourable Ministers of Health

At the beginning of the 21st century, health will continue to be of dominant concern for the countries of our Region. About 1.5 billion people, representing one-fourth of humanity, live in the WHO South-East Asia Region. The incomes of our people are low. About 40% of world's poor live in our Region. The process of development and improving the health of our people is a great challenge to us.

We, in Nepal, have made impressive strides in reducing the disease burden, particularly in respect of leprosy, tuberculosis, vaccine-preventable diseases, particularly polio, and expanded the health delivery infrastructure to cover remote corners of our country.

We have accorded high priority to strengthen district health system to support safe motherhood and nutrition programmes. HIV/AIDS and sexually transmitted diseases, diarrhoeal and respiratory diseases, malaria, kala-azar and Japanese Encephalitis have also been assigned priority specially to reduce infant mortality and increase life expectancy. To further strengthen these efforts, we hope to continue to receive support from WHO and other development partners.

The demographic transition the Region is undergoing has brought about a host of associated problems. An aging population makes an increasing demand for health care services for the geriatric group.

Accidents, injuries and environmental pollution and degradation, are some of the emerging areas of concern.

We are also witnessing significant shifts in the epidemiological profile within each country. Communicable diseases, exacerbated by poverty, malnutrition, rapid urbanization and ecological changes continue to be a cause for serious concern. At the same time, most countries are now confronted with the growth of non-communicable diseases such as cardiovascular diseases, cancer, respiratory and chronic infections, mental and neurological disorders, accidents and trauma.

Amidst all these, the pandemic of HIV/AIDS is looming large, affecting not only those thought to be the ones at risk, but even ordinary people –and even children.

In the health sector, access and quality are two issues that remain highly complex and of critical concern. Access to health care services continues to elude rural and other remote communities. The priority now is to strengthen the health delivery system for these marginalized communities. Alongside improving the access to physical facilities, is the need to package the basic health services in a manner that people do not continue to suffer ill-health on account of their inability to pay.

Therefore, it is necessary that we once again reiterate our commitment to the vision of Health for All and design our policies to ensure the removal of social, economic and physical barriers to accessing health care services.

Of equal importance is the quality of health care. Modern technology has undoubtedly enabled us to reduce unnecessary suffering and mortality but, we all know, modern medicine is expensive and highly dependent upon technological devices necessitating substantial investments. The problems of over-diagnosis, expensive hospitalization and absence of regulations have to be addressed by our governments very quickly now. The provision of health care, in a manner that is equitable, will continue to be our biggest challenge.

Finding solutions for such situations is complex, requiring a deep understanding of the pulls and pressures that are at work. In Nepal, with a view to finding an alternative, sustainable and more affordable system of health care, we are making a conscious effort to boost the Ayurvedic system of medicines.

It is a recognized fact that enhancement of the quality of life and achievement of health goals is dependent upon the prevailing social and economic conditions. It is, therefore, not possible to brush away the fact that poverty is the key contributor to disease and human degradation.

As in the case of collaboration and partnerships between sectors, there is an equal need for increasing collaboration and partnerships among countries. It is increasingly being realized that no single country can achieve the goal of Health for All by itself. Poor countries cannot afford the investment required for fundamental research for developing drugs and medicines.

We, the countries of the South-East Asia Region, must also recognize our strengths and limitations, particularly in the areas of preventing and controlling the spread of disease at our borders and evolving common strategies to prevent outbreaks and epidemics through constant surveillance and intercountry cooperation. Efforts made in the past need to be nurtured and fostered. And, every opportunity to strengthen the process of cooperation must be availed of.

I have no doubt in mind that during this meeting the opportunity for sharing our experiences and views will lead to meaningful resolutions that will guide future health development.

I, once again, warmly welcome my distinguished colleagues to Nepal. I hope that you will find your stay in Kathmandu fruitful and comfortable.

Before concluding, I reiterate our gratefulness to the Right Honourable Prime Minister for being with us. We are all eagerly awaiting his sage advice and inspiring address.

I thank all of you for your kind attention.

Annex 5

ADDRESS BY H.E. MAJOR GENERAL KET SEIN,
MINISTER FOR HEALTH, UNION OF MYANMAR
CHAIRMAN OF THE HEALTH MINISTERS' FORUM

His Excellency, the Prime Minister of His Majesty's Government of Nepal, Mr. Girija Prasad Koirala
Honourable Ministers,
Honourable Regional Director of WHO South East Asia Region,
Dr. Uton Muchtar Rafei,
Distinguished Guests
Ladies and Gentlemen,

It is an honour and privilege to address you at this Inaugural session of the 18th Meeting of the Health Ministers of the South East Asia Region. On behalf of the Health Ministers of the countries of the WHO South East Asia Region, I would like to express our thanks to His Excellency, the Prime Minister of His Majesty's Government of Nepal, Mr. Girija Prasad Koirala, for inaugurating this auspicious meeting. Your Excellency's presence here today, is indeed an inspiration to all of us and reflects the high priority that His Majesty's Government accords to the health and well being of the people.

At the 17th Health Ministers Meeting, last year in Yangon, the Cabinet Projects consisting of Roll Back Malaria, Stop TB Initiative and Tobacco Free Initiative were extensively discussed. The use of traditional medicine in the health care system was also reviewed as a majority of the population in developing countries depend on traditional medicine. Recommendations on malaria emphasized on environmental and ecological-based approaches for vector control, promoting the use of insecticide-treated bed nets and to strengthen health infrastructure and capacity building of the health staff including private practitioners.

For Stop TB initiative it was recommended to accelerate implementation of DOTS so as to achieve nationwide coverage in all countries by the year 2005, to ensure an uninterrupted supply of anti-TB drugs and to strengthen TB control initiatives across borders.

For Tobacco Free Initiative it was recommended to develop time-bound national plans of action on tobacco control emphasizing legislative and fiscal aspects. In addition recommendations were made to collect and analyze data on the economic implications of tobacco, to apply innovative strategies in IEC activities to bring about behavioural change and to constitute multi-sectoral national councils on tobacco control.

Allow me to reflect on some of the health activities in the region and share my personal experiences with you during my tenure as Chairman of the Health Ministers' Forum. In February, I was able to visit the Maldives and Sri Lanka where I had the most fruitful discussions with my counterparts about the actions taken on the recommendations of the 17th Health Ministers' Meeting.

It was agreed to propose for conducting Regional Training course for Health Managers and seminar on School Health for students from the South East Asia Region. As a result a consultation on Development of Regional Course on Health Development Planning and Management organized by SEARO was held from 2-4 the August in Bangkok. The aim is to revive the existing planning and management courses which has been given in member countries. This meeting reviewed the needs for strengthening health development planning and management in the region, identified course contents for future training courses and formulated regional plans of action for strengthening capacity for health development planning and management.

In the Maldives, issues of bilateral interest were discussed. It was agreed to promote technical cooperation and collaborate in the capacity building of the health care personnel.

Excellencies, Ladies and Gentlemen,

In accordance with the view that trans-border health problems would be more effectively tackled through cooperation between the countries concerned, Myanmar-Thailand meeting on Bilateral Cooperation in disease control for Malaria, HIV/AIDS, Tuberculosis was held in Chaing Mai, in July, 2000. The meeting, co-chaired by the Health Ministers of Myanmar and Thailand, was also attended by representatives from WHO, UNICEF, UNAIDS and JICA. A detailed joint action plan for ensuring systematic and timely implementation was formulated. The resource gaps, which is really needed to implement the plan was also identified for mobilization from external sources.

A bilateral meeting on poliomyelitis eradication in the border areas of Myanmar and Bangladesh was held in Yangon in June. This meeting developed mechanisms to ensure that all children under the age of 5 years are immunized against poliomyelitis and the surveillance systems on both sides of the border are strengthened.

Excellencies,

The Regional Advocacy Campaign for tobacco control which all the countries of the region are actively participating has been a very effective tool for advocacy and has raised awareness among both the policy makers and the general public. The South East Asia Anti-Tobacco Flame, by now, has reached 7 countries of the region.

In conclusion, I would like to express my sincere thanks to all member countries of the WHO South East Asia Region for their support and trust accorded to me in fulfilling my responsibilities as Chairman of the Health Ministers Forum. I am confident that at the end of our meeting, we will be able to come up with some useful recommendations that will guide us for the future. Lastly, I would like to express my sincere appreciation to His Majesty's Government of Nepal for the warm welcome accorded to us.

Thank you.

Annex 6

ADDRESS BY DR UTON MUCHTAR RAFEI
REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA REGION

Your Excellency, Mr Girija Prasad Koirala,
Right Honourable Prime Minister,
Honourable Health Ministers,
Excellencies,
Distinguished Representatives of the media,
Ladies and Gentlemen,

It is a matter of immense pride and great pleasure for all of us that this 18th Meeting of the Ministers of Health is being inaugurated by H.E. Mr Girija Prasad Koirala, the Right Honourable Prime Minister of Nepal.

Sir, your presence on this occasion reflects the high priority that you and your government accords to the health of your people. This is most encouraging and highly inspiring for all of us.

Before proceeding further, I extend my greetings and a very warm welcome to the Honourable Health Ministers, who have made it convenient to attend this meeting, despite the many responsibilities in their respective countries. Your presence at this meeting demonstrates your commitment to regional solidarity for health development.

On behalf of the participating Health Ministers as also on my own behalf, may I place on record our grateful thanks to His Majesty's Government of Nepal, and especially to H.E. Dr Ram Baran Yadav, for so graciously hosting this meeting in this beautiful valley.

Right Honourable Prime Minister,

We are at the threshold of the 21st century. It would therefore be opportune for us to take stock of our achievements and the unfinished agenda. What are the challenges that we now face? What are the opportunities that await to be utilized?

Humanity has gained from unprecedented health gains over the past 50 years. Life expectancy has increased from less than 47 years in 1950-55, to over 64 years in 2000. Although this increase has been more pronounced in developing countries, the countries of our Region have also gained from this revolution.

After eradicating smallpox, our Region has been recently certified free of guinea-worm disease. We are on the verge of eradicating polio and eliminating leprosy. Neonatal tetanus and micronutrient deficiencies can also soon be eliminated.

But the unfinished tasks remain daunting. Age-old communicable diseases, such as tuberculosis and malaria have reemerged. Noncommunicable diseases such as cancer and cardiovascular diseases, are causing serious public health concern. Emergence of new diseases, particularly HIV/AIDS, have made the epidemiological scene rather intractable. Infant and maternal mortality continue to be unacceptably high in many of our countries.

Widespread poverty and illiteracy, malnutrition and anaemia and the generally low status of women hamper health development in the Region. Food safety and insecurity continue to haunt us. The ever-increasing population, rapid and unplanned urbanization and industrialization in the countries of our Region compound the situation. Environmental degradation, lack of safe drinking water and basic sanitation for millions will continue to be serious challenges in the coming century.

But we must not be disheartened. I see ample evidence for well-founded optimism. Opportunities are there. It is for us to seize them and meet the challenges head on.

Honourable Ministers

Recently, the leaders of the world's wealthiest nations debated on urgent global issues at Okinawa in Japan. The G-8 have unmistakably given prominence to health issues in their global agenda. While committing themselves to work with WHO, leaders of G-8 have promised to go much further in the fight against infectious and parasitic diseases, which, they said, "*threaten to reverse decades of development and to rob an entire generation of hope for a better future*."

Health is also high on the agenda of the Finance Ministers at the annual meetings of the World Bank and IMF, as they discuss poverty and debt relief. Health was the key theme in the Millennium Report of the Secretary-General of the United Nations.

Health has a central role in the follow-up to the UN Conferences, in Beijing on Women, and, on Social Development in Copenhagen. It is well recognized that health achievements are critical to the fulfillment of international development goals.

The World Bank has now placed poverty reduction at the core of its operations. The Bank is convinced, more than ever before, that health development, particularly of the poor, is one of the keys to alleviating poverty. Similarly, poverty reduction is the overarching goal of the Asian Development Bank. Other strategic objectives of economic growth, human development, sound environmental management and improved status of women will henceforth be pursued in ways that most effectively contribute to poverty reduction.

There is now a much wider appreciation of the interlinkages between health and development, and poverty and health. No wonder, the World Bank, as also the ADB, have substantially stepped up their assistance for health sector programmes and projects in developing countries. We must take full advantage of this changed scenario for the health of the people of our countries.

The Director-General of WHO, Dr Gro Harlem Brundtland, has established a Commission on Macroeconomics and Health to clarify the economic links between health and poverty reduction. This Commission brings together leading economists and policy-makers of the world. Through its work, the Commission will be able to indicate measures for better health to contribute to human wellbeing and prosperity.

Right Honourable Prime Minister

WHO and its Member Countries have launched several new initiatives for better health of the people, particularly for protecting and promoting the health of the poor. Priority has been given to the Roll Back Malaria, Stop Tuberculosis, Tobacco Free Initiative, Fight against HIV/AIDS and Polio Eradication initiatives.

As we look ahead, we must never lose sight of the one and a half billion people living in abject poverty, perpetuated by ill health. 40% of them live in our Region and for them, health care is hardly accessible.

The widespread incidence of poverty in our Region impelled me to convene a Regional Conference of Parliamentarians on the Health of Vulnerable Populations, in November last year in this very city where we are meeting today. The Parliamentarians were convinced that poverty was the prime cause of the vulnerability of people. They were equally convinced that protection and improvement of the health of the poor are key contributors to poverty alleviation.

Right Honourable Prime Minister

Honourable Health Ministers

At this meeting, important health issues relating to Health Sector Reform and HIV/AIDS in our Region will be deliberated upon. The Ministers would also deliberate upon new strategies for strengthening intercountry collaboration. The agenda is indeed topical as also challenging.

I am confident that this meeting will be highly productive. It will provide yet another opportunity to reinforce the common bonds of friendship and cooperation in our countries, and will lead to renewed commitment, collective self-reliance and regional solidarity in health development.

With the guidance of the Honourable Ministers, this meeting will show the way of tackling the health challenges facing us by maximizing the opportunities available to us.

Right Honourable Prime Minister, Honourable Ministers of Health, Excellencies, Distinguished representatives of the media, I sincerely thank you for your kind attention.