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

Jakarta, Indonesia, 9-10 September 2002

World Health Organization
Regional Office for South-East Asia

New Delhi
October 2002

SEA-HM Meet-20
Distribution: General

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

Jakarta, Indonesia, 9-10 September 2002

World Health Organization

Regional Office for South-East Asia

New Delhi

October 2002

CONTENTS

Annexes

The Report

1. INTRODUCTION

The Health Ministers of the countries of WHO South-East Asia Region have been meeting since 1981. These meetings have been providing a forum for ministers to discuss important health issues in the Region as well as forge bilateral cooperation.

The Twentieth Meeting of Ministers of Health was held in Jakarta, Indonesia, on 9-10 September 2002, at the invitation of the Minister of Health, Republic of Indonesia.

The meeting covered the following agenda items:

1. Global Fund to fight AIDS, Tuberculosis and Malaria

2. Regional Mechanism for Bulk Purchase of selected Quality Essential Drugs

3. Report of the Commission on Macroeconomics and Health

There was an informal presentation on "Child and Adolescent Health" at luncheon on 9 September 2002. Besides, consensus was reached on the elective posts of the Fifty-sixth World Health Assembly from the Member Countries

of South-East Asia Region and on the replacement of DPR Korea on the WHO Executive Board.

The Ministers from Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal and Thailand participated in the meeting. The Minister of Health of East Timor also attended as a special invitee. In the absence of the Minister of Health, Nutrition and Welfare, Government of the Democratic Socialist Republic of Sri Lanka, there were observers from Sri Lanka at the meeting.

The Minister of Health of Indonesia chaired the meeting and the Minister of Health and Family Welfare, Government of India, was the co-chair.

The agenda, as adopted by the Ministers, and the list of participants are at Annex 1 and 2 respectively

2. INAUGURAL SESSION

2.1 Inaugural Address by the Vice-President of the Republic of Indonesia

H E Dr H Hamzah Haz, the Vice-President of the Republic of Indonesia, inaugurated the meeting. In his inaugural address, the Vice-President affirmed that "the countries of the South-East Asia Region realize that without good health, our people cannot achieve higher levels of development. Without good health, the vicious cycle of poverty will only continue".

He said Indonesia had made enormous strides in health services since its independence in 1945. Today, infant mortality was 46 per 1000 births, and life expectancy had increased to 64. He added that the current challenges are to control health problems related to communicable diseases, malnutrition as well as chronic diseases, especially of the poor. He said that provision of health care to people living in remote areas was a daunting task.

The economic constraints emanating from the Asian Economic crisis in 1997 had resulted in political changes, leading to expanded regional autonomy. This resulted in drastic changes in the roles and responsibilities in health programmes and services. Health systems, he added, are being modified to ensure that the population received improved health services.

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

2.2 Welcome Address by the Minister of Health of Indonesia

Welcoming the delegates, Dr Achmad Sujudi, Minister of Health, Republic of Indonesia, referred to the economic crisis which had a significant impact on health development in several countries of the Region. He said that Indonesia had launched National Immunization Days, strengthened TB/AIDS control and maternal and child health programmes to control preventable priority diseases. This, he said, highlighted the

need to develop cooperation and networking among Member Countries, institutions and donor agencies. He said that it was necessary to foster stronger political commitment in the Region so that our people received the maximum health benefits.

(The full text of the Welcome Address is at Annex 4).

2.3 Address by the Regional Director

Welcoming the participants and thanking the Vice-President of the Republic of Indonesia for inaugurating the meeting, the Regional Director, Dr Uton Muchtar Rafei, emphasized that this important meeting was being held at a time of great opportunities and challenges. He stated that humanity had benefited significantly from the unprecedented health gains over the last 50 years. The South-East Asia Region too had gained much from this revolution. However, health concerns in the Region are beset by the re-emergence of tuberculosis and malaria as well as the rising incidence of noncommunicable diseases. HIV/AIDS is threatening to offset the hard-won health and socioeconomic gains. In addition, the unfinished agenda has to be addressed in the face of widespread poverty, illiteracy and gender bias against women.

Highlighting the opportunities, the Regional Director noted that the Commission on Macroeconomics and Health provided a new global blueprint for poverty reduction and stimulating growth in developing countries by enhancing

investment in health. He also said that the Region had opportunities to benefit from the Global Fund to fight AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunization. The recent World Summit on Sustainable Development was another major milestone. He exhorted that it was up to WHO and the national governments to stress the central role of health in the development process and the linkages between health and poverty reduction.

(The full text of the address is at Annex 5).

3. INTRODUCTORY SESSION

3.1 Statement by the Chairman of the Health Ministers' Forum

In his opening statement, the Chairman emphasized that the first priority should be to ensure that the millions of poor and vulnerable, who have missed out on the benefits of the health revolution of the 20th century, are reached. He added that success in this respect would contribute to the alleviation of poverty. He also recalled the responsibility placed on SEAR countries by the Regional Health Declaration adopted in 1997, and affirmed that together the Region could meet the challenges.

The chairman established the Drafting Group as follows:

(1) Dr M A L R Perera, Sri Lanka

(2) Dr Kyi Soe, Myanmar

(3) Dr L R Pathak, Nepal

(4) Mr S M Wahid-uz-Zaman, Bangladesh

(5) Dr Sopida Chavanichkul, Thailand

(6) Dr Irchamsyah Ratu Bagus, Indonesia

4. BUSINESS SESSION

4.1 Global Fund to fight AIDS, Tuberculosis and Malaria

In his presentation, Dr Jai Narain, Coordinator (HIV/AIDS, TB and other Communicable Disease), SEARO, explained the background and the principles of the Global Fund to fight AIDS, TB and Malaria (GF), which became operational in January 2002. Following the first call for applications on 4 February 2002, nine of the 10 Member Countries of the Region had submitted proposals before the deadline of 10 March. The Regional Office provided technical support in the preparation of applications on-site and/or through a rapid response team. In April 2002, the GF Board approved funding for 10 proposals from the Region with an overall budget of US$ 283 million for five years.

The proposals for the second round are due on 27 September 2002. Technical support is being provided by WHO

in preparation of good quality proposals. To share experiences and lessons learnt from the first round, WHO/SEARO organized an Information Sharing Meeting on GF in Dhaka, Bangladesh, from 21 to 24 July 2002. This forum was also used to brief countries on the new application form and guidelines. Since then, technical support missions had visited nine countries to assist in preparation of country proposals. The Regional Office had also kept countries informed on a regular basis regarding developments relating to the Global Fund.

Dr Andrew Cassels, Office of the Director-General, WHO Headquarters, in his presentation, highlighted the issues relating to the country coordination mechanism and involvement of nongovernmental organizations, eligibility criteria, and governance. He appreciated the groundbreaking progress made in the SEA Region regarding technical support to countries and establishment of a "peer review" mechanism.

Dr Herman Rosenberg from the Secretariat of the Global Fund stated that US$ 1614 million was committed in the first round. While funds had been approved and committed for the first two years, the rest will follow, based on performance and fund availability. The instruments for financial arrangements at the country level consisted of a principal recipient and a local fund agent (LFA) which reports to the Global Fund. Based on criteria established by the Fund, certain private agencies such as PriceWaterhouse Coopers, KPMG, and Crown agents have been confirmed as LFAs.

Conclusions

The Ministers appreciated the importance of the Global Fund as an additional source of funding to fight the three diseases, and the technical support provided by WHO in preparation of country proposals. The need for WHO to continue its support in the preparation of proposals for the second round, as well as in implementation, monitoring and evaluation was stressed.

While the Global Fund is in the process of establishing its systems and procedures, lessons from other programmes such as GAVI, UNAIDS must be used. Issues relating to sustainability, and absorptive capacities at country level must also be addressed.

The Ministers highlighted the disease burden, the presence of risk behaviours in the Region, and the financial constraints faced by the Member Countries, which make the SEA Region extremely vulnerable. Moreover, the opportunities to make a difference still exist in the Region. The support from the Global Fund is, therefore, expected not only to avert the potential epidemic but also to contribute to poverty alleviation. Therefore, the Fund should ensure support to countries who need it the most.

Last year, the Ministers had identified the need to address the issues relating to the cross-border control of priority communicable diseases, including HIV/AIDS, TB and malaria. While this requires integrated and coordinated approaches,

funding for such proposals should also be a priority for the Global Fund.

Recommendations

(1) The Global Fund should allocate a "fair share" of resources to the SEA Region because it suffers from a high burden of diseases and risk factors and has the least resources. Moreover, the Fund should make its procedures simple, transparent, accountable and more responsive to the ground realities of the Region.

(2) WHO should continue to facilitate a mechanism for exchange of country experiences relating to the Fund, and provide technical support in preparation of country and multicountry proposals, as well as in implementation, monitoring and evaluation. The progress made in mobilizing GF resources in the second round should be shared during the next meeting of the Health Ministers.

4.2 (a) Regional Mechanism for Bulk Purchase of Selected Quality Essential Drugs

During his presentation, Dr K Weerasuriya, Regional Adviser on Essential Drugs and Medicines Policy, SEARO, recalled that the idea for the Bulk Purchase of Selected Quality Essential Drugs (BPS SQED) was first suggested at the Health Ministers' Meeting in August 2001 in the Maldives. The primary concern was on quality, closely followed by affordability; the scheme was particularly appropriate for small countries in the Region.

Accordingly, WHO, in developing the scheme, focused on about 30 commonly used Essential Drugs and manufacturers in the Region. Pre-qualification to ensure quality was the centrepiece of the scheme.

It was underlined that BPS SQED, though logical, financially attractive and with proven benefits for health care in a country, was difficult to implement. Coordination of the different requirements of various customers required detailed work, persistence and strong leadership from the Ministries of Health. The proposed scheme, to circumvent these difficulties, suggests purchase by individual countries as the first step and coordination between countries at a later stage.

It was highlighted that the criteria for pre-qualification, which is central to quality, should, where possible, be enlarged to include manufacturers from the Region. The Ministries of Health will play a key role in modifying the proposed criteria. Presently, manufacturers from three countries in the Region are eligible to be suppliers under the proposed Scheme. Later, it may be possible to include more manufacturers from other countries in the Region.

The BPS SQED has the potential for delivering cost-effective pharmaceuticals to health care systems; far too often cheap drugs, though initially attractive, have not been effective: whereas, expensive drugs, though of adequate quality, has meant that only a limited number of patients could be treated. The proposed BPS SQED, therefore, needs to be discussed thoroughly. Inputs from the Ministries of Health

would be crucial in defining the scope and future direction of this promising scheme.

Affordability and access to drugs is directly related to the leadership of the Ministries of Health; this scheme is an opportunity to reinforce this leadership.

In conclusion, it was emphasized that the Regional Office would facilitate this scheme by providing information and technical support to the countries.

(b) Procurement of Drugs and PAHO/WHO Technical Assistance

In her presentation, Dr Rosario D'Alessio, Regional Adviser in Medicines and Pharmaceutical Services, WHO/PAHO, said that the PAHO experience was based on Revolving Funds for Vaccines and Strategic Supplies. The latter was mainly for anti-retroviral and other HIV-related drugs, antimalarial, anti-leishmanial and anti-tuberculosis drugs. The fund for vaccines was in existence for 25 years whereas the fund for drugs was only two years old. The scheme is voluntary and operated through international bids where only pre-qualified suppliers were eligible to bid. This promoted harmonization within the Region, while the standards set served as a reference to the countries.

Conclusions

Access to essential drugs of adequate quality is central to WHO's medicines strategy. However, this required good distribution, storage and rational use. In the context of over commercialization of all aspects of health including drugs, their rational use was a big challenge.

The development of BPS would be a useful counter to the possible price increases due to TRIPS. Although generic drugs for HIV/AIDS have been produced at one-tenth the cost in some countries, they still remain beyond the reach of a significant proportion of those in need.

The prequalification criteria needed to be discussed and modified according to regional needs. While seeking lower price, quality must be maintained.

Export performance should be taken into account when finalizing the prequalification criteria. Essential drugs are a cost-effective tool in health care and while SEARO should help countries in procuring the drugs, it should also assist in improving national capacity to manufacture essential drugs.

BPS could be a solution to the often cumbersome tender procedures. The initial focus should be on 20% of the drugs that contribute to 80% of the expenditure. Fast-track registration of prequalified suppliers could be one strategy to assist the scheme.

Recommendations

(1) The Regional Office should convene a regional consultation of Drug Regulatory Authorities to refine the prequalification criteria and to finalize the Bulk Purchase Scheme of Quality Essential Drugs. This would quickly allow countries to use the scheme as appropriate to their needs.

(2) The Bulk Purchase Scheme should not only be seen as an opportunity to supply quality essential drugs but also to strengthen the Region's production of essential drugs, improve quality control and coordination between countries.

4.3 Report of the Commission on Macroeconomics and Health

In his presentation, Mr B S Lamba, Sustainable Health Policy Officer, SEARO, highlighted that the Commission on Macroeconomics and Health (CMH) had given a new blueprint for health development to narrow the gap between the rich and the poor, stimulate growth and contribute to poverty alleviation. It was underlined that HIV/AIDS, malaria, TB, childhood infectious diseases and tobacco-related illnesses, etc. – account for a high proportion of health deficit. Though cost-effective interventions are available, the problem was the grossly inadequate level of health spending. Therefore, there was a need to scale up essential health interventions by mobilizing additional domestic resources and supplementing them by a quantum increase in external assistance.

Simultaneously, the equitable and efficient use of the resources should be ensured.

Conclusions

Health development was being included in the ongoing poverty reduction strategies and other approaches in many countries. In this broader perspective, it was appreciated that sustainable health development required complementary investments in health-related areas such as water supply and sanitation, food and nutrition, and education.

In view of the financial and economic constraints, countries will not be able to mobilize required resources domestically for scaling up essential health interventions. Donor assistance would be required on a predictable and long-term basis in order to ensure sustainability of essential health interventions.

While a quantum leap in financial resources was necessary, it could be available on a predictable and long-term basis only if policies, strategies and mechanisms were put in place to ensure their efficient and equitable utilization.

Although many ideas and messages of the CMH Report were known earlier, the report was path-breaking in providing evidence of interlinkages between health and economic growth, as also between health and poverty. Further, it brought the knowledge in these areas together in a manner

that would convince policy-makers that investing in health made good economic and political sense.

The CMH report has had an extraordinary impact at the national, regional and global levels. While the Monterray Conference on Financing for Development highlighted the role of investing in health, the importance of health in sustainable development was recognized at the recent World Summit on Sustainable Development held in Johannesburg. Important actions had been taken in several countries to step up budgetary allocation for health and implement various health reforms. Decisions have been taken in some countries to set up National Commissions on Macroeconomics and Health or some other suitable national mechanisms to carry on the CMH work at national levels. WHO support would be essential in taking these initiatives forward.

Recommendations

(1) The CMH Report should continue to be used for advocacy for health and as an instrument to mobilize additional resources, both domestic and external. Required situational analysis and estimation of the cost of scaling up health interventions should be carried out in this behalf.

(2) More effective mechanisms should be adopted at the national level to monitor efficient and equitable use of resources for health.

(3) NCMH or suitable national mechanisms, as warranted by the country's conditions, to carry forward the work of CMH at country level should be put in place, as early as possible.

5. FIELD VISIT

The Indonesian Ministry for Health organized a field visit, for the Ministers of Health, to Indo Farma, Indonesia's largest producer of herbal extracts and pharmaceutical products

The Ministers and their advisors were shown a multimedia presentation about the work of Indo Farma, before seeing the actual production. The Ministers donned the special white gowns, caps, and the cotton overshoes (seen in the picture) before being taken on a conducted tour and shown several aspects of the collection, extraction and production processes. They were introduced to some of the most popular products of Indo Farma. The Ministers were impressed by the scale of the production as well as by the standardization processes and care taken to ensure quality. Many ministers also discussed the possibility of future collaboration and exchange of information in this field.

6. ADOPTION OF THE REPORT

After due deliberations, the Ministers adopted the report of the meeting.

7. ANY OTHER ITEM

Elective Posts of Fifty-sixth Session of the World Health Assembly and WHO Executive Board

On the basis of a presentation made by Mr Helge Larsen, Director, Administration and Finance, SEARO, the Ministers, after due deliberation, reached a consensus, as noted below on the elective posts of the Fifty-sixth World Health Assembly and WHO Executive Board from SEAR countries:

Office	Countries
WHA:	
President	Bangladesh
Vice-Chairman Committee B	DPR Korea
General Committee (1 Member)	India
Committee on Credentials (2 Members)	Sri Lanka and Nepal
Committee on Nominations (3 Members)	Bhutan, Myanmar and Thailand
EB:	
Nomination on SEAR country to be made in place of DPR Korea, whose term expires in May 2003	Nepal

8. CLOSING SESSION

Dr Gro Harlem Brundtland, Director-General, WHO, addressed the Health Ministers at the closing session of their 20th meeting. She recalled that there was a clear recognition at the recent World Summit on Sustainable Development that investment in people's health is an essential element of sustainable development. She stressed that there was a need to see health both as a precious asset and as a means of stimulating economic growth, protecting the environment and reducing poverty.

The Director-General outlined the key elements of WHO's new agenda *inter alia* encompassing the millennium development goals, many of which are concerned with health; the Report of the Commission on Macroeconomics and Health, which shows that it is difficult to provide a minimum package of essential health care for less than about US$ 30-40 per capita; the Global Fund to fight AIDS, Tuberculosis and Malaria, which is being availed of by SEAR countries; sharp reduction in the prices of several life-saving medicines; Framework Convention on Tobacco Control; and Risks to Health, which will be the theme of this year's World Health Report. The Director-General underlined that the entire agenda is underpinned by one constant theme – the need to drastically scale up to improve health outcomes, particularly for the poor.

In conclusion, she informed that she will not be seeking nomination for a second term.

(Full text of the address is at Annex 6)

The Regional Director, Dr Uton Muchtar Rafei, in his concluding remarks, congratulated the Ministers of Health on the successful conclusion of their 20th meeting. He noted that the meeting has fully achieved its objectives.

He expressed his deep appreciation to the ministers for their valuable contribution and placed on record his deep appreciation for the very important contribution of Mr Ahmed Abdullah, the outgoing chairman of the Health Ministers' Forum. He also acknowledged the contribution of Dr Achmad Sujudi and Mr Shatrughan Sinha, the Chair and Co-Chair of the meeting, to its success. He assured Dr Achmad Sujudi of WHO's full cooperation during the period of his leadership of the Health Ministers' Forum. The Regional Director also expressed deep appreciation for the presence of Dr Gro Harlem Brundtland, Director-General of WHO and stressed that her address was truly inspiring. He also expressed his appreciation for the arrangements made by the officers of the Ministry of Health and all other organizations of the Government of the Republic of Indonesia.

In conclusion, the Regional Director assured the ministers that WHO-SEARO would immediately start taking appropriate actions on their recommendations. He hoped that the national authorities would also do likewise.

The Health Ministers placed on record their deep appreciation towards the Government of Indonesia for hosting the meeting in a memorable manner. They thanked their host

for his generous hospitality and for the excellent arrangements made for their meeting and stay. They also acknowledged the personal contribution of the Chairman, Dr Achmad Sujudi; Co-Chairman, Mr Shatrughan Sinha; and the Regional Director, Dr Uton Muchtar Rafei, to the success of the meeting. They also expressed their deep appreciation for the contribution made by H E Mr Ahmed Abdullah as the Chairman of the Health Ministers' Forum for 2001-2002 and welcomed H E Dr Achmad Sujudi as the Chairman for 2002-2003. The Ministers acknowledged the path-breaking initiatives launched by the Director-General and also expressed their sentiments on her decision not to seek another term.

H E Dr Achmad Sujudi 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 placed on record his thanks for the presence of the Director-General and for her inspiring address. 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 Twentieth 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. Global Fund to fight AIDS, Tuberculosis and Malaria
4. Regional Mechanism for Bulk Purchase of selected Quality Essential Drugs
5. Report of the Commission on Macroeconomics and Health
6. Field Visit
7. Any Other Item
8. Adoption of the Report
9. Closing Session

Annex 2

LIST OF PARTICIPANTS

1. MINISTERS

Bangladesh

H E Dr Khandaker Mosharraf Hossain
Minister of Health and Family Welfare
People's Republic of Bangladesh
Dhaka

Bhutan

H E Lyonpo Sangay Ngedup
Minister of Health & Education
Royal Government of Bhutan
Thimphu

Democratic People's Republic of Korea

H E Dr Kim Su Hak
Minister for Public Health
Pyongyang

India

H E Mr Shatrughan Sinha
Minister of Health & Family Welfare
Government of India
New Delhi

Indonesia

H E Dr Achmad Sujudi
Minister of Health and Social Welfare
Republic of Indonesia
Jakarta

Maldives

H E Mr Ahmed Abdullah
Minister of Health
Republic of Maldives
Malé

Myanmar

H E Major General Ket Sein
Minister of Health
Government of the Union of Myanmar
Yangon

Nepal

H E Mr Sharat Singh Bhandari
Minister of Health
His Majesty's Government of Nepal
Kathmandu

Thailand

H E Mrs Sudarat Keyuraphan
Minister of Public Health
Royal Thai Government
Nonthaburi

East Timor

H E Dr Rui Maria de Araujo
Minister of Health
Democratic Republic of East Timor
Dili

2. ADVISERS

Bangladesh

Prof. Md Mizanur Rahman
Additional Director-General of Health Services
Mohakhali
Dhaka

Mr S.M. Wahid-uz-Zaman
Joint Secretary
Ministry of Health and Family Welfare
Dhaka

Dr Ranjit Kumar Dey
Director (Planning)
Director-General of Health Services
Mohakhali
Dhaka

Bhutan

Dr Dorji Wangchuk
Superintendent
Jigme Dorji Wangchuck National Referral Hospital
Thimphu

Mr Pemba Wangchuk
Chief of Policy Planning Division
Ministry of Health and Education
Royal Government of Bhutan
Thimphu

DPR Korea

Mr Han Tae Song
Section Chief
Department of International Organizations
Ministry of Foreign Affairs
Pyongyang

Mr Choe Yong Su
Interpreter
Ministry of Public Health
Pyongyang

India

Mr S K Naik
Secretary
Ministry of Health
Government of India
New Delhi

Mr Satya Gopal
P S to the Health Minister
Ministry of Health
Government of India
New Delhi

Indonesia

Dr Dadi S Argadiredja
Secretary General
Ministry of Health

Professor Dr Azrul Azwar
Director General of Community Health
Ministry of Health

Professor Dr Umar Fahmi
Director-General of CDC&EH
Ministry of Health

Dr Holid Djahari
Director-General of Pharmaceutical Services
Ministry of Health

Professor Dr H M Achmad Djojosugito
Director-General of Medical Services
Ministry of Health

Dr Irhamsyah Ratu bagus
Head, HRH Development Board
Ministry of Health

Dr Sri Astuti S Suparmanto
Head, National Institute of Health Research & Development
Ministry of Health

Dr Sampurno
Head, National Agency for Drug & Food Control

Dr Anhari Achadi
Senior Adviser to the Minister
Ministry of Health

Drs Richard Panjaitan
Senior Adviser to the Minister
Ministry of Health

Dr I. Nyoman Kandun
Senior Adviser to the Minister
Ministry of Health

Dr Dini K S Latief
Senior Adviser to the Minister
Ministry of Health

Dr Muharso
Senior Adviser to the Minister
Ministry of Health

Dr Setiawan Soeparan
Chief, Bureau of Planning and Budgeting
Ministry of Health

Dra Mawarwati Djamaluddin
Secretary
National Agency for Food & Drugs Control
Ministry of Health

Dra Nasirah Bahaudin
Chief, Division of International Cooperation
Bureau of Planning and Budgeting
Ministry of Health

Maldives

Dr Abdul Azeez Yoosuf
Director General of Health Services
Republic of Maldives
Male

Mr Ahmed Salih
Director
Ministry of Health
Republic of Maldives
Male

Myanmar

Dr Kyi Soe
Director-General
Department of Health Planning
Government of the Union of Myanmar
Yangon

Dr Pe Thet Htoon
Director
International Health Division
Ministry of Health
Government of the Union of Myanmar
Yangon

Dr Phone Myint
Deputy Director
Department of Health Planning
Government of the Union of Myanmar
Yangon

Dr Tin Min
Deputy Director (Medical Care)
Department of Health
Government of the Union of Myanmar
Yangon

Nepal

Dr Rita Thapa
Sr. Adviser,
Ministry of Health
His Majesty's Government of Nepal
Kathmandu

Dr L R Pathak
Director-General
Department of Health Services
His Majesty's Government of Nepal
Kathmandu

Dr B B Karki
Chief
Policy, Planning, Foreign Aid &
Monitoring Divn.
His Majesty's Government of Nepal
Kathmandu

Thailand

Dr Arun Pausawasdi
Adviser to the Minister
Ministry of Public Health
Royal Thai Government
Nonthaburi

Dr Samlee Plianbangchang
Adviser to the Minister
Ministry of Public Health
Royal Thai Government
Nonthaburi

Dr Supachai Kunaratanapruk
Deputy Permanent Secretary
Ministry of Public Health
Royal Thai Government
Nonthaburi

Dr Suwit Wibulpolprasert
Deputy Permanent Secretary
Ministry of Public Health
Royal Thai Government
Nonthaburi

Dr Amnuay Gajeena
Senior Medical Officer
Ministry of Public Health
Royal Thai Government
Nonthaburi

Dr Sopida Chavanichkul
Deputy Director
Bureau of International Health
Ministry of Public Health
Royal Thai Government
Nonthaburi

Mrs Rossukon Kangvallert
Senior Policy and Plan Analyst
Bureau of Health Policy & Plan
Ministry of Public Health
Royal Thai Government
Nonthaburi

Ms Waranya Teokul
Director
Office of National Economic and Social Development Board
Royal Thai Government
Nonthaburi

Ms Bung-Orn Boonrucksasat
Foreign Relations Officer, BIH
Royal Thai Government
Nonthaburi

Pol.Lt.Col.Nichaphat Phungklun
Security Officer to the Minister
Ministry of Public Health
Royal Thai Government
Nonthaburi

Dr Thongchai Thavichachart
Director, Government Pharmaceutical Organization
Ministry of Public Health

Mrs Nyana Preaesrisakul
Director of Information and Public Relations Office

Miss Kesorn Chinda
Information and Public Relations

East Timor

Ms Isabel Maria Gomes
District Liaison Officer
Division of Administration, Logistics, Finance and Procurement (DAP)
Ministry of Health
Democratic Republic of East Timor
Dili

3. OBSERVERS

Sri Lanka

Dr M A L R Perera
Secretary
Ministry of Health, Nutrition and Welfare
Democratic Socialist Republic of Sri Lanka
Colombo

Dr Palitha Abeykoon
Expert Adviser to the delegation
Democratic Socialist Republic of Sri Lanka
Colombo

Mr S M S Jayasiri
Consultant to the Ministry of Health
Democratic Socialist Republic of Sri Lanka
Colombo

4. WORLD HEALTH ORGANIZATION

WHO-HQ, Geneva

Dr Gro Harlem Brundtland
Director-General

Dr Hans Troedsson
Director, Child and Adolescent Health

Dr Andrew Cassels
Strategy Unit, Office of the Director-General

Dr Sergio Spinaci
Executive Secretary, Commission on Macroeconomics and Health

WHO/SEARO and Country Offices

Dr Uton Muchtar Rafei
Regional Director

Mrs Poonam Khetrapal Singh
Deputy Regional Director and Director Programme Management

Dr Georg Petersen
WHO Representative to Indonesia

Dr A G Andjaparidze
Head, WHO Office in East Timor

Dr Myint Htwe
Coordinator, Regional Director's Office and Liaison with Country Offices

Dr Jai Narain
Coordinator, HIV/AIDS, TB and Other Diseases

Dr K Weerasuriya
Regional Adviser, Essential Drugs and Medicines

Mr B S Lamba
Sustainable Development and Health Policy Officer

Dr Akinori Kama
Administrative Services Officer

Mr Avinash Singh
Special Assistant to Dy Regional Director & Director, Programme Management

Mr M R Kanaga Rajan
Special Assistant
Programme Coordination Unit

Mr T R Toteja
Administrative Assistant to Director, Administration and Finance

Mr Ravi Menon
Administrative Assistant, Travel and Transportation

Mr K Ratnakaran
Programme Assistant
Programme Coordination Unit

WHO/PAHO

Dr Rosario D'Alessio,
Regional Adviser in Medicines and Pharmaceutical Services

GLOBAL FUND SECRETARIAT

Dr Herman Rosenberg
Ms Elizabeth Hoff

Annex 3

INAUGURAL ADDRESS BY
HIS EXCELLENCY DR H. HAMZAH HAZ
VICE-PRESIDENT OF REPUBLIC OF INDONESIA

Bismillahirrahmanirrahim.
Assalamu'alaikum warahmatullahi wabarakatuh.
Your Excellencies the Ministers of Health from the countries of the South-East Asia Region of WHO;
Your Excellencies the Ambassadors of South-East Asia Region Countries;
Honorable representatives of International and United Nations Organizations;
Ladies and Gentlemen.

On behalf of the Government of Indonesia I would like to welcome all our guests from other countries and extend our best wishes for this important meeting of regional Health Ministers.

All the countries of the region understand the importance of health to our people and our development efforts. For many years, health was considered a result of development. If our economies developed and people's incomes increased, they could enjoy better health. Now we all realize that without good health our people cannot achieve higher levels of

development. If children are sick or undernourished, how can we expect them to attend school and get the most out of the education offered? If the mother or father is sick, how can they work to earn a living to feed and care for their children? Without good health, the vicious cycle of poverty will only continue.

Indonesia has given a high priority to health and development. At independence, Indonesia had only minimal health services for its population. Since that time we have built a system of about 7,000 community health centers throughout the country, each community health centers serve 28,000 populations and about 21,000 sub-centers to serve those in remote areas. For further health services, we now have about 1,200 public and private hospitals.

Through various health programs, Indonesia has reduced the infant mortality rate to 46 deaths per 1,000 births. Our Maternal Mortality Rate is still too high and we have trained and placed about 67,000 village midwives to assist with prenatal care and deliveries. Life expectancy at birth increase to age 64.

Tuberculosis is also a major problem here and we are now strengthening our efforts to identify and treat TB victims. Finally, we are fortunate to have relative low rates of HIV/AIDS infections, although we know that strengthened efforts must be taken to protect Indonesia from this epidemic.

Indonesia has many of the same problems that are faced by our countries in the region. While we are striving to control the health problems of the poor, especially related to communicable diseases and malnutrition, we also must provide support for reducing chronic diseases such as cancer, diabetes and cardiovascular diseases. With per capita health expenditures of only 20 dollars per year it is impossible to provide adequate health services and programmes for our entire population. This is even more difficult considering the high cost of health care for our people living in remote areas of the country such as Kalimantan and Papua.

Many of the countries of the region have confronted severe economic constraints from the Asian Economic Crisis that started in late 1997. Indonesia was more severely affected than any other country. This caused a pause in our previously rapid progress in development and led to a severe shortage of resources for the public sector. In the short term, Indonesia has been forced to use funds from our various development partners to ensure that public services, such as health, education and family planning, can be provided to the entire population, especially the poor.

In Indonesia, as in other countries, this economic situation has also precipitated political changes. Indonesia has further expanded its democratic institutions, especially the legislatures at various administrative levels. Once tightly controlled by the center, Indonesia has now developed expanded regional autonomy, especially in its 373 districts and municipalities. For health programmes and services, this

has led to drastic changes in roles and responsibilities. We are now in the process of modifying health systems and programmes to ensure that our population will continue to receive even better health services.

Indonesia is proud to be able to host this important meeting of Health Ministers from the South-East Asia Region. We know that many of the challenges facing Indonesia in improving health are similar to those that other countries in the region are facing. Let us use this meeting as an opportunity to discuss common strategies, policies and solutions to improve the health of our population within the social, political and economic conditions we face. As a result of these important meetings I hope the health of our populations improve to promote development and a better life for all.

With these brief remarks I would like to wish you all a successful and productive meeting. On behalf of the Government of the Republic of Indonesia, I declare that this meeting is officially opened.

Thank you.

Annex 4

WELCOME STATEMENT BY
DR. ACHMAD SUJUDI
THE MINISTER OF HEALTH OF REPUBLIC OF INDONESIA

Your Excellency Vice President of the Republic of Indonesia
Your Excellencies Ministers of Health and Delegates of the WHO South-East Asia Region Member Countries,
Your Excellencies Ambassadors of the WHO SEAR Member Countries,
Honorable Regional Director of WHO South-East Asia Region,
Donor Representatives and International Agencies to Indonesia,
My colleagues from the Ministry of Health,
Ladies and Gentlemen

First of all I would like to express my gratitude to you for joining us in the inaugural session of 20th Health Ministers Meeting of the Member Countries of WHO South-East Asia Region.

With us today are Excellencies the Ministers of Health from Bangladesh, Bhutan, DPR Korea, India, Maldives, Myanmar, Nepal, Thailand, and Timor Lorosae.

We would like to extend a very special welcome to His Excellency, Dr. Rui Maria de Araujo, the Minister of Health

from Timor Lorosae. We are pleased to have you here in Jakarta today, and in our Region.

To the WHO delegation, we welcome Prof. Dr. Uton Muchtar Rafei, Regional Director of WHO South-East Asia Region who has made a special effort to be with us today.

Six years ago, in November 1996, this meeting was convened in this country, in Bandung. Now in 2002, we meet again in Indonesia but in a different place – Jakarta, our capital city.

Between 1996 and 2002 there were significant changes in our region, among others the economic crisis that started 1997 and had a significant impact on the achievement of health development of some countries of the region particularly Indonesia.

However, during this period, we have tried to maintain the health status of our people by launching special efforts to control preventable diseases, such as the National Immunization Day, a strengthened TB/AIDS control program, and also repeated efforts to improve maternal and child health programs.

The above activities trigger the need to develop cooperation and networking among member countries, institutions, donor agencies both for individual and/or collective actions.

Allow me, as the host of the 20th Health Ministers' meeting, to report to this forum that this meeting, held in Gran Melia Hotel from 9 to 10 September 2002, is attended by the Ministers of Health and delegates from WHO SEAR member countries.

The objectives of the meeting are to strengthen WHO SEAR collaborative programs in health and to share ideas, experience and to develop a collective action plan to solve health issues and problems in our region.

In the current meeting, we have three important topics on our agenda. By 2005, our region will encompass 1.6 billion of the world's population. We have made enormous progress in increasing life expectancy and reducing the impact of communicable diseases. However, the South-East Asian region still accounts for nearly 40% of maternal deaths worldwide, and contributes 40% of the world's burden of tuberculosis. To address these conditions, we reed to place more emphasis on strong and responsive health systems, high quality care, and a much higher level of resources from international and domestic funding in line with commitments for poverty reduction.

On our agenda is the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM), The Global Fund will mobilize a significant increase in international resources. These resources are urgently needed to address severe epidemics of tuberculosis, malaria and HIV/AIDS.

The challenge remains to foster stronger political commitments in our countries so that our people will receive maximum health benefits.

We will also examine how to close the gap in access to high quality essential drugs. For millions of people in South-East Asia - particularly the poor - basic drugs are inaccessible and unaffordable. By purchasing selected generic drugs in bulk, we can make essential drugs more affordable for our people.

Lastly, we will appraise the report of the Commission on Macroeconomics and Health, issued by WHO Headquarters in 2001. Investments in health services, clean water, and sanitation should be viewed as investments in human development. This inspiring report gives us evidence to promote good health as a central building block in economic development and prosperity for each of our countries.

During the meeting, the organizing committee will arrange a field visit to one of Indonesian pharmaceutical factory, Indofarma close by Jakarta. We hope that this program will enrich and share the views of delegates regarding the health programs in Indonesia, and hope that it will be a valuable input for development of cooperation among SEA region countries.

On this occasion, we would like to thank WHO for their continued support preparing for this meeting and for facilitating technical support for the background papers used

in discussions at this meeting. I would like also to invite member countries to express our high appreciation to Dr. Gro Harlem Brundtland, Director General of WHO Headquarters, and Dr. Uton Muchtar Rafei, Regional Director of WHO South-East Asia Region for their visionary leadership in bringing health in the mainstream of national development in our countries.

In line with this important occasion, l kindly request Your Excellency Dr Hamzah Haz, Vice President of the Republic of Indonesia, to address the meeting and to officially declare it open.

Finally, allow me once again to convey my sincere gratitude and appreciation for your kind consideration to be present at this 20th Health Ministers' Meeting of member countries of WHO South-East Asia Region.

Thank you.

Annex 5

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

Your Excellency the Vice President of the Republic of Indonesia
Hon'ble Ministers,
Excellencies,
Ladies and gentlemen,

It gives me great pleasure to welcome you to this twentieth meeting of the Health Ministers. Your Excellency the Vice President, we are deeply appreciative of your august presence here today. It demonstrates your abiding interest in the health and welfare of the people. I also deeply appreciate that the Ministers have made it convenient to attend this meeting despite their busy schedules and many responsibilities in their respective countries.

Before proceeding further, may I, on behalf of the participating Health Ministers as also on my own behalf, place on record our grateful thanks to the Government of the Republic of Indonesia, especially to His Excellency, Dr Achmad Sujudi, for so graciously hosting this meeting in this great country.

The Health Ministers' Forum of our Region has worked since 1981 to enhance regional solidarity and collective health development. It is my privilege to welcome the Hon'ble Health Minister of East Timor to this august body. I have no doubt that the Hon'ble Minister would find this club very useful for establishing bilateral links for promoting the health and well-being of his people. We, in WHO, are committed to provide all possible technical assistance to East Timor in its health plans and programmes.

This important meeting is being held at a time of great opportunities and challenges. It would, therefore, be appropriate to review our achievements and remind ourselves of what remains to be done.

Humanity has benefited significantly from the unprecedented health gains over the last 50 years. Globally, life expectancy has increased from less than 47 years during 1950-1955 to over 65 years in 2000. This increase has been more pronounced in the developing countries. Our Region too has gained much from this revolution. After eradicating smallpox, our Region recently eradicated guinea-worm disease. Now, leprosy is targeted for elimination. Together, we will soon eradicate polio. In this regard, it is heartening to note that Indonesia, in cooperation with WHO and other international agencies, is going to conduct additional National Immunization Days during this and next month. This campaign will be launched by His Excellency, DR Hamzah Haz, Vice President of the Republic of Indonesia, on Thursday, 12

September 2002. This will undoubtedly accelerate our march towards the eradication of polio.

Unfortunately, health concerns in the Region are beset by the re-emergence of tuberculosis and malaria as well as the rising incidence of noncommunicable diseases. HIV/AIDS is threatening to offset our hard-won health and socioeconomic gains.

In addition, we have to address the unfinished agenda in the face of widespread poverty, illiteracy and gender bias against women. In the current and coming decades, population growth, rapid and unplanned urbanization and industrialization, and environmental risks to health will continue to pose serious challenges to health development.

Fifteen years ago, the UN Commission on Environment and Development broke new ground by placing people at the heart of the development process. Now, the Commission on Macroeconomics and Health provides a new global blueprint for poverty reduction and stimulating growth in developing countries by scaling up investment in health. The Commission has recommended setting up of a national commission on macroeconomics and health, or some other similar mechanism, in low and middle income countries. Such national mechanisms should prepare a strategic framework and investment plan to significantly enhance essential health interventions to achieve equitable health development, poverty reduction and sustainable development. This

recommendation has been endorsed at many national and international consultations.

A related good news is that the Global Fund, to meet the devastating global impact of AIDS, TB and malaria, has now become operational. It may be recalled that the Global Fund was discussed at the Health Ministers' Meeting in Maldives last year. In accordance with the Health Ministers' recommendation, I established a Regional Task Force to guide regional and country efforts to mobilize resources from Global Fund and to ensure that our countries receive a fair share of the Global Fund. It is gratifying to note that most Countries submitted proposals for funding in the first round. WHO provided technical support in the preparation of many proposals. The Regional Office convened a meeting in Dhaka in July this year to share experiences from the first round and is now assisting countries in developing good quality proposals in the second round.

Another good news is that the Region now has opportunities to minimize the risks from vaccine-preventable diseases for children. The Global Alliance for Vaccines and Immunization will, over the next five years, provide an estimated $200 million to our Region to strengthen routine immunization and introduce hepatitis B vaccine into the routine immunization programme in countries that have not done so already. The second opportunity is that sustained campaign for polio eradication has led to enhanced attention

on routine immunization for preventing other diseases such as diphtheria, measles and hepatitis B.

Health has been given a more prominent role at the recently held Johannesburg Summit. It is now for WHO and national governments to stress the central role of health in the development process and the linkages between health and poverty reduction. We must address the health risks and determinants beyond communicable diseases, and stress the impact of environment and globalization on health.

I have no doubt that the current meeting would further enhance regional solidarity and promote health in the countries of our Region. During this meeting, the Health Ministers will further deliberate on the Global Fund to fight AIDS, Tuberculosis and Malaria; Regional mechanism for bulk purchase of selected quality essential drugs, and Report of the Commission on Macroeconomics and Health. We look forward to the guidance of the Health Ministers in these vital areas. In the coming months, we plan to review with the countries the progress made in implementing the Regional Health Declaration that was adopted by the Health Ministers in 1997. We count on the Ministers' guidance in appropriately reorienting the regional vision for health development in the light of the profound socioeconomic, epidemiological and environmental changes that have taken place since 1997.

I would, once again, like to thank the Health Ministers for attending this meeting. I am confident that their deliberations would be productive and hope that their stay in Jakarta will be

comfortable. In conclusion, let me reiterate our grateful thanks to His Excellency the Vice President of the Republic of Indonesia for making it convenient to inaugurate this meeting.

Thank you.

Annex 6

ADDRESS BY DR GRO HARLEM BRUNDTLAND
DIRECTOR-GENERAL
WORLD HEALTH ORGANIZATION

Chair
Ministers
Regional Director
Colleagues

I very much appreciate the opportunity to join you at this Meeting of Health Ministers from the South-East Asia Region of WHO.

It is a pleasure to see present the representatives of East Timor, which is shortly expected to join as our 192nd Member State.

I would like to concentrate my remarks today on some of the key policy issues that we in the global health community are currently seeking to implement. Tomorrow I will be speaking at the opening session of the Regional Committee on a broader range of topics.

I have come to Jakarta from the **World Summit on Sustainable Development** in Johannesburg which concluded last week. There was clear recognition at the Summit that

investment in people's health is an essential element of sustainable development.

Healthy life is an outcome of sustainable development, but it is also a powerful and undervalued means of achieving it. We need to see health both as a precious asset in itself, and as a means of stimulating economic growth, of protecting the environment, and reducing poverty.

A decade ago, health was seen primarily in terms of providing social services: as consumption rather than investment. Ten years on from Rio, the world is beginning to accept that health is central to the whole concept of sustainable development. It is a key element in securing our common future.

Acting on this understanding is now our challenge. We have to address new issues, and adopt new ways of working.

Let me outline some **key elements of our new agenda:**

- Two years ago, world leaders agreed on a set of development goals for the millennium. Many of these goals are concerned with health. The **Millennium Development Goals** show us the benefits of having a limited list of objectives, careful definition of indicators and a rigorous analysis of costs. I strongly believe that the MDGs can become a key rallying point for action, not just internationally, but at country level too.

- Last year the Report of the Co**mmission on Macroeconomics and Health** was launched. As you know, Investing in Health for Economic Development has already had a major impact internationally. I was excited to hear about your discussions at this meeting yesterday, and to know that several countries in this region are actively pursuing some of the report's recommendations. WHO is ready to work with you take these initiatives forward.
- Both the CMH and **World Health Report 2000** showed us that it is difficult to provide a minimum package of essential health care for less than about $30-40 per capita. Today most of the countries in this region still have to work with much less. You know that it will take some years before you can reach the necessary level of expenditure. We need to find ways to strengthen existing health systems so that they can make effective use of additional resources to fight the diseases associated with poverty.
- But there are positive signs of change. A year ago, the **Global Fund** to fight AIDS, TB and Malaria was a promising idea. Today, it is a reality. This region has been a trailblazer in showing how WHO and countries can work together to prepare good proposals and to ensure that the Fund is successful.

- A year ago, a sharp **reduction in the price of several lifesaving medicines** raised the hopes of treatment for millions. Today, there are very many still waiting. We need to do what it takes to ensure that those who need access to lifesaving care are not kept waiting.
- Three years ago, we began to negotiate the **Framework Convention on Tobacco Control.** The Health Assembly next year is expecting to adopt the Convention and we will need to ensure that it comes into force and is implemented with all speed.
- **This year's World Health Report** will focus on risks to health. It will show that we need to widen our focus to include the major risks to health, and to work within and outside the health system to reduce these risks and prevent disease.

Underpinning this whole agenda is one constant theme: **the need to drastically scale up what we are doing to improve health outcomes** – particularly for poor people.

We have witnessed an increasing commitment on the part of a number of key industrialized nations and funding institutions to increase the development assistance dedicated to health. At the same time, great efforts have been made to find new ways to channel the increased health spending in order to make it more effective, more closely linked to results, and easier for countries to access and use.

Health played a prominent role at the Conference on **Financing for Development in Monterrey** earlier in the year. We were able to show that we had interventions that worked. We could make the case for how much is needed with greater precision, and be confident that we can show results.

New commitments by the European Union and the United States are encouraging, but, as you know, more is needed.

GAVI and the Global Fund begin to show that new ways of doing business are possible.

The **Global Fund** is a real manifestation of the consensus to scale up investments in health. As the Fund develops its modus operandi, it is important that it be given maximum flexibility so it can function with speed and adapt to the needs of recipient countries. It is important to ensure proper assessment of results without building a new layer of bureaucracy and additional reporting pressures for countries already dealing with too many donor requirements.

I have been discussing with the new Executive Director of the Fund how WHO can best help the Fund both technically and administratively. The WHO Secretariat is of course fully available to you and your staff as you work to prepare and implement proposals.

Above all, we need to ensure that the Global Fund has enough resources to function properly.

Access to medicines is also on all our minds. I know that at this meeting you have been exploring the potential for bulk purchasing in the region.

Four years ago, few people, would have imagined the progress that has been made in broadening access to lifesaving medicines. If someone in 1998 would have claimed that by 2002:

- the prices of several anti-retrovirals would have dropped by 80-90%;
- that TB medicine prices would be down by a third;
- that some key medicines - like nevirapine for prevention of mother-to-child transmission of HIV and multi-drug therapy for treating leprosy - would be free;
- that the principle of differential pricing would be widely accepted as a practical way of widening access to medicines for the poor; and
- that the safeguards written into the TRIPS agreement would be strengthened with the endorsement of WTO's Member States, as happened this year in Doha;

If such claims had been made he or she would have been dismissed as a dreamer. Yet, this is reality today.

We also have a number of new partnerships to stimulate research in new medicines for neglected diseases.

The credit for all this should goes to a wide range of actors: the NGOs and activist groups who have placed the issue of access on the global agenda, governments in key developing countries which have broken new ground by insisting that health must take precedence over trade; and courageous executives of some pharmaceutical companies who dared to think of new ways and broke the old rules on pricing. WHO has been happy to facilitate this process and drive it forward.

But much remains to be done. The stark reality is that, despite this progress, the percentage of people in need who can access these medicines is today not much higher than it was a four years ago.

WHO estimates that nearly six million people living with HIV/AIDS need access to care and support including anti-retrovirals (ARVs). Currently, fewer than five percent of those who require treatment in developing can access these medicines.

We are seeing similar discrepancies with most other key medicines.

This is hard to understand – not only for those who have struggled to lower the prices- but even more so for the millions who are waiting for the medicines to appear in health centres and pharmacies.

The unavoidable fact is that, although price matters greatly, it is not the only issue. Three other factors are crucial to securing and expanding access to essential drugs: rational selection and use of essential drugs; adequate and sustainable financing; and reliable health and supply systems.

Even at ten percent of their original price, most medicines are still too expensive for the majority of those who need them. So, we need to work even harder to get prices down and, where necessary, finance the purchase of these medicines from government budgets or from development assistance, such as the Global Fund.

Although medicines now are cheaper and in some instances even free, they will still not reach those in need unless there is a proper system in place for import or production, control and distribution. We need to strengthen health systems' capacity to distribute medicines both widely and safely.

As countries move this year to take forward the issue of compulsory licensing that was raised in the Doha declaration, the principle must be that no clause in any trade agreement should work in a way that it denies access to life-saving medicines for those who need them – wherever they live and whatever their ability to pay.

A key question for all present here today will certainly be this: how do you as Health Ministers develop effective, fair and responsive health systems when the budgets are tight and not

enough skilled people are available? The challenge we are facing together is to find durable solutions within severe limitations.

We need an evidence base of best practices. We need to know what is happening in a given country, how other countries are tackling similar problems and how lessons can be adapted to different settings and conditions. We need systems to gather and share such information. And – most importantly – we need to strengthen the ability to develop and retain human resources within developing countries.

WHO is building the capacity for countries to analyse and take action to improve the performance of their health system. The World Health Survey will provide a sound base of information that can be used by all countries. We are conducting workshops on how to use existing data and analyse these data to identify inequalities and their contributing factors more precisely. Countries can use this information strategically for policy setting and evaluation and seek to promote equity in the delivery of services.

We are now scaling up health systems capacity-building through an international course and focused regional workshops. WHO staff capacity will be increased through new recruitment, general orientation for all WHO staff and tailored support to existing national and international staff in country offices. We are introducing a rolling programme of competitive recruitment of mid-career health systems

professionals for country and regional offices. This is a key element in the WHO Country Focus Initiative.

We all know that human resources – health staff – are central to the management and delivery of health services. As additional funds become available from the Global Fund, through Poverty Reduction Strategies and other processes, a country's ability to absorb will be constrained without appropriate human resources.

WHO is willing to facilitate a much-needed dialogue to find solutions. We will open discussions with governments and donors on such sensitive issues as salaries and salary supplements; on all the complex issues around migration in the health labour market; and on the potential impact of the General Agreement on Trade in Services, or GATS.

We are building up the evidence. And it is already clear that partnerships with the health professions, educators and bilateral and multilateral organizations will be necessary for concerted action as part of this process, we are developing policy options on incentives to improve working conditions, cost-effective ways of increasing skills and more equitable geographical distribution of health workers.

I believe that this year's World Health Report, to be issued in October, will be a wake-up call to the global community. In one of the largest research projects WHO has ever undertaken, it tries to quantify some of the most important risks to health. The ultimate goal is to help

governments of all countries lower these risks, and raise the healthy life expectancy of their populations.

The picture that is taking shape from our research gives an intriguing - and alarming - insight into current causes of disease and death and the factors underlying them. It shows how the lifestyles of many societies are changing around the world, and the impact of these changes on the health of individuals, families, communities and whole populations.

These are issues that deeply concern us all as was reflected in the in-depth discussions involving Ministers of Health from almost all of WHO's Member States during the World Health Assembly this year. These discussions helped shape the forthcoming report.

These risks include some familiar enemies of health and allies of poverty, such as malnutrition, unsafe water, poor sanitation and hygiene, unsafe sex (particularly related to HIV/AIDS), iron deficiency and indoor smoke from solid fuels.

The list also includes risks that are most commonly associated with wealthy societies, such as high blood pressure and high blood cholesterol, tobacco and excessive alcohol consumption, obesity and physical inactivity. These risks, and the diseases linked to them, are dominant in all middle- and high-income countries.

The real drama we are witnessing is that they are becoming more prevalent in the developing world, where they

create a double burden on top of the infectious diseases that still afflict poorer countries.

The World Health Report will provide us with a solid basis for further discussions on how we, in the most cost-effective way, can reduce these risks in all countries - rich or poor.

Implications of risks will be discussed with countries over the coming year, and the fruits of these discussions will be presented along with new evidence in next year's World Health Report. There we will present a number of cost-effective strategies to reduce risks to health at a population level.

The new initiative that I spoke about in Johannesburg last week, on healthy environments for children, will be a groundbreaking development. The strategy on diet, nutrition and physical activity, on which consultations with Member States will be taking place soon, will also be a key element.

And the work we are doing on tobacco control is, of course, central. I invite you all to ensure that, after the forthcoming sessions of the Intergovernmental Negotiating Body on the Framework Convention on Tobacco Control, we have a strong Convention to present to the World Health Assembly.

As you will have heard, I have decided that I will not be seeking nomination for a second term. But I was elected for a full five-year term and I intend to do everything possible over the next year, before that term comes to an end, to give you

strong support from WHO as we all take these crucial agendas forward.

Thank you.