

Report of the Twenty-first
Meeting
of Ministers of Health of
Countries
of the South-East Asia Region

New Delhi, India, 8-9 September 2003

World Health Organization

Regional Office for South-East Asia

New Delhi

September 2003



required to implement the Framework Convention on Tobacco Control, which was adopted by the World Health Assembly last May.

Hon'ble Ministers,

The problems are formidable, but we have the solutions. Strategies and interventions to improve the situation are known. The centrality of health in sustainable development must be recognized and operationalized.

I have no doubt that the current meeting would further enhance regional solidarity. It would promote health in the countries of our Region. During this meeting, the Health Ministers will review the progress made on the Declaration on Health Development in the South-East Asia Region in the 21st Century. They will also deliberate upon the Framework Convention on Tobacco Control and Prevention and Control of SARS. The Hon'ble Ministers will discuss various aspects of Purchasing Quality Essential Medicines and review the Need for a Regional Alcohol Action Plan. We look forward to the guidance of the Hon'ble Health Ministers in these important areas. I am confident that the deliberations would be productive and beneficial to all of us.

Hon'ble Ministers,

I will be completing my term of office on 28 February 2004. This is the last occasion that I have the honour of addressing the Hon'ble Health Ministers. I thank you all for your active interest in health development in the countries of our Region. WHO, and I personally, have been privileged in collaborating in this regard. The guidance provided by the Hon'ble Ministers has been very valuable. I sincerely thank the Hon'ble Health Ministers for their support and guidance during my tenure as the Regional Director.

In conclusion, let me again thank His Excellency Mr Yashwant Sinha for making it convenient to inaugurate this meeting.

Thank you.

© World Health Organization 2003

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced or translated, in part or in whole, but not for sale or for use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.

CONTENTS

	<i>Page</i>
1. INTRODUCTION.....	1
2. INAUGURAL SESSION.....	1
2.1 Inaugural Address by the Minister of External Affairs, Government of India.....	1
2.2 Address by the Minister of Health & Family Welfare and Parliamentary Affairs, Government of India.....	2
2.3 Address by the Chairperson of the Health Ministers' Forum.....	3
2.4 Address by the Regional Director.....	3
3. INTRODUCTORY SESSION.....	4
3.1 Statement by the outgoing Chairperson of the Health Ministers' Forum.....	4
3.2 Statement by the Chairperson of the Meeting and Health Ministers' Forum.....	5
4. BUSINESS SESSION.....	5
4.1 Declaration on Health Development in the South-East Asia Region in the 21st Century: Review of Progress.....	5
4.2 Follow-up on Framework Convention on Tobacco Control.....	8
4.3 Prevention and Control of SARS.....	10
4.4 Purchasing Quality Essential Medicines.....	12
4.5 Need for a Regional Alcohol Action Plan.....	14
5. FIELD VISIT.....	15
6. ANY OTHER ITEM.....	15
6.1 Traditional Systems of Medicine.....	15
6.2 Elective Posts of the Fifty-seventh Session of the World Health Assembly and Sessions of WHO Executive Board.....	17
7. ADOPTION OF THE REPORT.....	17
8. CLOSING SESSION.....	18

Annexes

Our Region also has to contend with widespread poverty and illiteracy. Population explosion, increasing environmental risks to health, unplanned urbanization and industrialization continue to pose serious challenges. We need not be overwhelmed by these challenges. The opportunities to tackle these challenges are available and it is for us to make full use of them.

Hon'ble Ministers,

Fifteen years ago, the UN Commission on Environment and Development placed people at the heart of the development process. Now, the Commission on Macroeconomics and Health provides a new global blueprint for development. By scaling up investment in health, we can stimulate growth and reduce poverty.

The Global Fund established to meet the grave impact of HIV/AIDS, TB and malaria was discussed at the Ministers' Meeting in 2001 in Maldives. As desired by the Hon'ble Ministers, I established a Regional Task Force to guide our efforts to ensure that we receive a fair share of the Global Fund. I am pleased to report that the outcome has been very gratifying.

The Region now has opportunities to minimize risks from vaccine-preventable diseases for children. The Global Alliance for Vaccines and Immunization will provide our Region with about 200 million dollars for immunization, including hepatitis B vaccination. In addition, the sustained campaign for polio eradication has led to enhanced attention for preventing other diseases such as diphtheria and measles. However, iodine deficiency disorders – the most common and easily preventable cause of mental retardation – need more serious attention.

The Johannesburg World Summit on Sustainable Development is another major milestone in human development. It is now for WHO and national governments to stress the central role of health in the development process.

The Millennium Development Goals recognize the centrality of health in development. It may be highlighted that three of the eight goals and eight of the eighteen targets are health-related. In short, health is now firmly at the heart of sustainable development.

The focus of the Millennium Development Goals is mainly on the outcomes. These outcomes would depend on adequately financed and strengthened national health systems. The Commission on Macroeconomics and Health has reported that adequate financing and strengthening the health systems constitute the two pillars for scaling up essential health interventions.

Hon'ble Ministers,

International solidarity for health was the basis on which the World Health Organization was established five decades ago. This solidarity was strongly evident when we fought and defeated SARS. Similarly, the fight against HIV/AIDS will succeed only through international cooperation and solidarity. This solidarity is also

Annex 6

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

Your Excellency Mr Yashwant Sinha, Minister of External Affairs,
Government of India,
Your Excellency, Mrs Sushma Swaraj,
Hon'ble Ministers,
Excellencies,
Ladies and gentlemen,

It gives me great pleasure to welcome you to this twenty-first meeting of ministers of health. Your Excellency Mr Yashwant Sinha, we deeply appreciate your august presence here today. It clearly demonstrates your government's abiding interest in the health and welfare of the people. I am very happy that the Hon'ble Ministers from countries of our Region are also here despite their heavy responsibilities at home.

On behalf of the Hon'ble Health Ministers, we would like to express our sincere thanks to the Government of India for hosting this meeting in this historic city.

This important meeting is being held to unitedly address the challenges and maximize the opportunities. These challenges can well be converted into great opportunities for health development in our Region.

Humanity has benefited significantly from the health gains over the last 50 years. Our Region too has gained much from these health advances. We have eradicated smallpox and guinea-worm disease. Leprosy is now targeted for elimination. Similarly, we will soon eradicate polio.

Health development in the Region faces formidable challenges by the re-emergence of tuberculosis and malaria and the rising incidence of noncommunicable diseases. HIV/AIDS is also threatening to offset the health and socioeconomic gains. Our Region bears a heavy share of global burden of diseases as measured by loss of disability adjusted life years, or DALYs. In 2001, our Region had 31% of global DALYs due to communicable diseases and 26% of the global DALYs due to noncommunicable diseases. Our burden of DALYs caused by injuries was as high as 30%.

1. Agenda	25
2. List of Participants	26
3. Inaugural Address by His Excellency Mr Yashwant Sinha, Minister of External Affairs, Government of India.....	29
4. Address by Her Excellency Mrs Sushma Swaraj, Minister of Health & Family Welfare and Parliamentary Affairs, Government of India	33
5. Address by His Excellency, Dr Achmad Sujudi, Chairperson of the Health Ministers' Forum and Minister of Health of the Republic of Indonesia.....	36
6. Address by Dr Uton Muchtar Rafei, Regional Director, WHO South-East Asia Region.....	38

The Report

Our Region now has 11 member States, with the new addition of Timor-Leste in May 2003. Our region has a large share of the global burden of diseases due in some part to the large size of our population – more than 1.5 billion people. However, as reported in the WHO SEARO "Review of Progress" for this year, we have made a significant improvement in life expectancy and vaccine-preventable diseases in our region. Also, poliomyelitis and leprosy are close to elimination in our region. We have made great progress in our efforts to reform our health systems, including introducing alternative health financing methods, decentralized decision making, and good governance. Furthermore, our region has made significant inroads towards promoting private sector participation and non government sector involvement.

Although we can certainly feel great pride in our successes, we must acknowledge our weakness and the many areas that need more attention. Good quality essential drugs and vaccines are not accessible to a large proportion of our people. We have a problem of irrational and indiscriminate prescribing practices that often lead to drug resistance and adverse drug reactions. Tobacco and alcohol use is increasing, especially among our young people. Mental disorders and substance abuse are major problems in our communities, accounting for nearly one-fourth of the burden from non-communicable diseases. We need to continue to work together to address these challenges and as well as to just maintain our health program achievements. And I am sure we will.

We have our regional benchmarks and joint goals expressed in the 1997 "Declaration on Health Development in the South-East Asia Region". This is a very helpful document that reaffirms our support of basic human rights and equity and social justice, including gender equity. I am very appreciative of the key role that WHO is playing in our region, supporting our efforts as best it can to solve our health problems with effective and flexible responses. We support the WHO Country Focus Initiative which will strengthen WHO's Country Offices.

Finally, I would like to commend WHO for its work in following up the adoption of the Framework Convention on Tobacco Control (FCTC) at the World Health Assembly in May 2003. The adoption was a great achievement and the effort to get ratification from our member countries is now one of our most important, joint ventures. I understand that 40 countries have signed the Convention meaning that the treaty will come into force shortly. This is certainly a significant achievement for WHO and our member States, and I am sure this will have a great, positive impact on the health of our communities.

Again I am happy to welcome you all here for this important event and I look forward to working together with you all to achieve our immediate goals and forge ahead to address our many health challenges.

Thank you.

Annex 5

**ADDRESS BY
HIS EXCELLENCY DR ACHMAD SUJUDI
CHAIRPERSON OF THE HEALTH MINISTERS' FORUM AND
MINISTER OF HEALTH OF THE REPUBLIC OF INDONESIA**

Fellow Ministers of Health,
Honoured guests,
Ladies and Gentlemen:

It is a distinct honor and a privilege for me to be able to welcome you all to this WHO 21st Meeting of Ministers of Health of the South-East Asia Region. I am glad to see you all here and hope your journey to New Delhi was uneventful. I know that you are being provided with every assistance and great hospitality from our Indian hosts.

Indonesia is happy to be able to Chair this important annual WHO sponsored regional Health Ministers meeting here in New Delhi. We very much appreciate the considerable assistance provided to us by the WHO Regional Office for this purpose. I am sorry to report that I was only able to visit two of our members countries prior to this meeting, Sri Lanka and Thailand. However, I can see from the WHO SEARO Office "Review of Progress" that our region has made great headway in achieving our mutual goals over the last year, although at the same time we faced some of our greatest challenges. The coordinated work we all did to control and prevent the spread of SARS in our region earlier this year was clearly a demonstration of what teamwork can accomplish, as well as the importance of teamwork in meeting our health obligations for our people.

Besides reviewing the progress of our "Declaration on Health Development in South-East Asia in the 21st Century" at this meeting, we have three very important additional issues to address. The first is the Framework Convention on Tobacco Control, a crucial element of our work to improve the health of our people. We will also discuss the prevention and control of SARS in our region, which needs continuous review and vigilance. Another important issue we will consider is the purchase of quality essential medicines which is extremely important for our governments and people. Finally, we will also address the need for a regional alcohol Action Plan due to alcohol abuse among our communities. I am confident that we will find the appropriate responses to the many questions and health challenges we clearly face in these areas.

over the TRIPS Agreement. We believe it is imperative that for a meaningful Health Care Delivery System, life saving and essential medicines continue to be available at affordable prices. I look forward to a very meaningful discussion on this topical issue during the course of the day.

Excellencies, the World is moving towards holistic systems of medicine, where synergies between different systems are harnessed for the benefit of the mankind. In our view, Health Care Systems must give further recognition and encouragement to codified systems of traditional Medicines. The resolution passed by the World Health Assembly, this year, is a step in the right direction. Our South-East Asian region is known for traditional systems of medicines and we need to forge alliances and further our mutual cooperation in this vital area. I hope, we will be able to devote some time on Traditional Systems of Medicine during our deliberations.

Excellencies, while we recognize the close linkage between health and prosperity, and we all resolve to fight together the menace of disease, whether known or new diseases such as SARS, we must realize that health and prosperity can only be enjoyed in a terror-free World. Resources are scarce and the World, today, cannot afford to devote more and more resources towards fighting terrorism. Resources allocated to fight terror are bound to be at the cost of resources which could otherwise be committed for achieving our objective of "Health for All".

Excellencies, I am very happy that our fraternity now consists of 11 member States with the addition of Timor-Leste this year. May I extend a warm welcome to Timor-Leste on behalf of all of us. Excellencies, I also note the invaluable contribution made by the Regional Director, Dr Uton M. Rafei under whose dynamic leadership the WHO in the South-East Asia Region performed commendably. As he finishes his term this year, I place on record our appreciation of his contribution and wish him all success in his future endeavour.

Thank you.

Only a few months ago, the entire World was grappling and coming to terms with the dreaded Severe Acute Respiratory Syndrome. SARS played havoc with many economies, it brought to the center stage the impact of globalization and irrelevance of geographical and political boundaries for disease control. More important, SARS re-affirmed our belief that public health challenges have to be fought together by all the countries. While the threat of SARS has subsided for the present, we must not forget the lessons learnt. A strong system of disease surveillance in every country appears to be essential not only for timely detection and control of the spread of disease, but also for providing strategic inputs and direction for development of the health care infrastructure. India was fairly successful in dealing with SARS. During the course of our deliberations, we will be making a small presentation to share with you our strategy to pre-empt the SARS disaster.

In my address to the World Health Assembly in Geneva this year, I had emphasized on the Framework Convention on Tobacco Control, better known as FCTC. Indeed, the adoption of FCTC marks an important milestone in our resolve to achieve the goal of "Health for All". I would like to reiterate that effective follow up in terms of ratification and implementation of FCTC, in both letter and spirit, is necessary. Indeed, I again emphasize that the body of Health Ministers must become the binding strength, the moving force and must demonstrate the effective political will in the fight against tobacco use. As Hon'ble Ministers must already be aware, India has enacted legislation for control of tobacco use even before the FCTC was adopted by the World Health Assembly. We are now in the process of formalizing the rules and regulations so that the implementation of the new statute can take place smoothly. I would also like to share with the member countries that the Indian Government has already approved the ratification of FCTC.

In the coming years, the challenge posed by the life style diseases will require more focused attention. As the income levels of the countries increase, lack of exercise, unhealthy life style and eating habits, violence, mental and work stress etc. become more acute with the consequent deleterious impact on the health of individuals. Further, while we may pass laws against domestic violence, sign protocols to ban cigarette smoking, unless we curb glorification of such public health threats, all our efforts will come to nought. Broadly, we need to identify the forces which shape minds of the young and to ensure that our children and youth have the right environment in their march towards adulthood. Media must join hands with us in our endeavour for creating a better world for the future.

The issue of essential drugs remains of paramount importance specially for the developing countries. The issue is complex and has many facets which range from availability, quality, pricing, procurement, distribution, storage to updating of standards. I am glad that as in our agenda last year, in this year also, a discussion on essential drugs is slated. India has been in the forefront in expressing our concern

1. INTRODUCTION

Since 1981, the meetings of the health ministers of the countries of WHO South-East Asia Region have been providing a forum to discuss important health issues in the Region as well as forge bilateral cooperation.

The Twenty-first Meeting of Ministers of Health was held in New Delhi, India, from 8-9 September 2003, at the invitation of the Minister of Health and Family Welfare and Parliamentary Affairs, Government of India.

The meeting covered the following agenda items:

- (1) Declaration on Health Development in the South-East Asia Region in the 21st Century: Review of progress
- (2) Follow-up on the Framework Convention on Tobacco Control
- (3) Prevention and control of SARS
- (4) Purchasing quality essential medicines
- (5) Need for a regional alcohol action plan
- (6) Traditional systems of medicine

The health ministers from Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste, participated in the meeting.

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

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

2. INAUGURAL SESSION

2.1 Inaugural Address by the Minister of External Affairs, Government of India

H E Mr Yashwant Sinha, the Minister of External Affairs, Government of India, inaugurated the meeting. In his inaugural address, the Minister stated that health challenges could be successfully overcome when countries acted together. He added that the ministers representing the leadership of their governments and the aspirations of their people, had the responsibility to ensure the human dignity of

each citizen. Such a meeting, he added, provided an invaluable opportunity for bringing about greater synergy of human resource capital and technological capacities available within the Region, and enabled exchange of best practices and experiences.

He noted that international endeavours to improve global health had a direct bearing on the economic development of countries, particularly developing countries. Quoting from the report of the Commission on Macroeconomics and Health, Mr Sinha said that an investment of US\$ 34 per head on health interventions would save eight million lives per year. The economic benefit of this would be an increase of global wealth by US\$ 186 billion, annually. For this 6:1 return on investment, health related external assistance would need to rise six-fold in the countries.

The Minister added that the primary responsibility for improved health of the people remained with national governments. He gave India's example of achieving rapid social progress, even in areas of low level of economic development, by giving priority to social development.

He called for greater South-South cooperation in the field of health and pharmaceuticals. Developing countries needed to draw up effective strategies to ensure greater market access for generic and patented drugs. While he sought greater cooperation among Member Countries to ensure greater availability of drugs, particularly for the poor, he advised the governments to include research and development in the pharmaceutical sector as part of their responsibility.

(For full text of the address, see Annex 3).

2.2 Address by the Minister of Health & Family Welfare and Parliamentary Affairs, Government of India

Mrs Sushma Swaraj, Minister of Health and Family Welfare and Parliamentary Affairs, Government of India, extended a warm welcome to all the Health Ministers and other delegates. She stressed the need to bridge the gap between the haves and have-nots and reduce inequities in access to health. In particular, she called for launching a frontal attack for poverty alleviation by improving the health of the poor and vulnerable in the countries of the South-East Asia Region.

Referring to the Region's response to the SARS epidemic, Mrs Swaraj said that it reaffirmed the belief that public health challenges had to be fought together by all the countries. All countries of the Region needed to develop strong systems of disease surveillance, for timely detection and control of the spread of disease and also for providing strategic inputs and direction for development of the health care infrastructure.

Annex 4

ADDRESS BY HER EXCELLENCY MRS SUSHMA SWARAJ MINISTER OF HEALTH & FAMILY WELFARE AND PARLIAMENTARY AFFAIRS, GOVERNMENT OF INDIA

Hon'ble Mr Yashwant Sinha, the Minister of External Affairs,
Government of India,
His Excellency Dr Achmad Sujudi, the Chairman of the Health Ministers Forum of
the South-East Asia Region,
Your Excellencies, Health Ministers of member countries,
Dr Uton M. Rafei, the Regional Director of WHO,
My colleagues, Mr J.V.R. Prasad Rao, Secretary(Health) and
Dr S.P. Agarwal, Director General of Health Services,
Esteemed delegates, ladies and gentlemen

It is indeed a great privilege for India to host the 21st meeting of the Health Ministers of the South-East Asia Region, the Ministers who collectively are responsible for the health of more than 1.5 billion people and who strive to fight nearly 40% of the global burden of major diseases.

We converge today to take stock of the developments since our last meeting at Jakarta on September 9-10 last year. Sharing of experiences, views and perspectives, and enhancement of cooperation among the member countries, are sine qua non for concerted action towards providing better health to the citizens of our countries. In Jakarta last year, we had focused on the Global Fund to fight AIDS, Tuberculosis and Malaria; Regional Mechanism for Bulk Purchase of Selected Quality Essential Drugs; Linkages between Health and Economics and on Child and Adolescent Health. While these issues still remain topical and areas of deep concern, we intend today, to discuss some other equally important issues of public health.

Indeed, we must review the progress made *vis-à-vis* our Bangkok declaration of 1997 relating to health development in the 21st century. The challenges which we identified five years ago remain equally relevant today. We still need to bridge the gap and inequities of access to health services in our Societies, we need to focus on vulnerable groups and we must continue our frontal attack on poverty alleviation, as health and income have close linkages. I am, therefore, happy that in today's agenda a review of the progress made on the Bangkok declaration finds a prime place.

human development indices related to average life expectancy and basic health care have shown substantial improvement in the last 2-3 decades. But clearly there are miles to go before any of us can rest. The key to ensuring a disease-free region quite obviously rests in greater cooperation among ourselves. It is also my view that since the basic responsibility for fighting disease is that of the Government, R&D in the pharmaceuticals sector should also become an important duty of Governments. I say this not to discourage the private sector but to assert that Governments should not abdicate their responsibilities in this regard.

Let me also emphasize in this connection, the need to promote indigenous medicines as well as strengthen cooperation in this field. Many of us have strong traditions of indigenous medicines which derive from our rich resources of biodiversity. Indigenous medicines are relatively cheap and normally, have few side effects. It will be useful for countries of this region to take up research into indigenous medicines and their popularization as a priority.

The Pandava King Yudhisthira who in our ancient traditions is associated with righteousness, as Dharmaraja, expressed his vision of leadership as:

Quote

"I seek no kingdoms nor heavenly pleasure nor personal salvation, I seek only to relieve humanity from its manifold pains and sufferings as this is the supreme objective of mankind." Unquote

We, as Ministers, representing at once the leadership of our governments, and the aspirations of our peoples, have an onerous responsibility to ensure the human dignity of each of our citizens, central to which is their physical well-being. Let me, therefore, wish you all success in your deliberations – may you learn from each others successes and failures – and use the combined experience and talent of the region to achieve the goal of 'Health for all'.

With these words, I declare open the 21st Meeting of Ministers of Health of the South-East Asia Region of the WHO.

Thank you.

Mrs Swaraj stressed that the adoption of the Framework Convention on Tobacco Control marked an important milestone in the resolve to achieve the goal of "Health for All". She called on the ministers to become the "binding strength" to demonstrate effective political will in the fight against tobacco use.

Mrs Swaraj also called for further recognition and encouragement to codified systems of traditional medicines, as the SEA Region was known for such systems. She said the countries should forge alliances and further mutual cooperation.

(For full text of the address, see Annex 4).

2.3 Address by the Chairperson of the Health Ministers' Forum

The Chairperson of the Health Ministers' Forum recalled that the first meeting of the health ministers was held in Jakarta for reinforcing commitment to the attainment of the highest possible level of health, exchanging national experiences in health development and enhancing intercountry cooperation. He noted that, despite various changes, these objectives continued to remain valid.

While appreciating the remarkable advances in health in the Region, he drew attention to the unfinished agenda. He expressed confidence in the potential of international cooperation in meeting these challenges. In this context, he referred to the Commission on Macroeconomics and Health and noted that international development thinking had evolved from total focus on GDP growth to human well being. He underlined his firm belief that the ultimate objective of growth was sustainable human development and emphasized that rapid economic expansion without adequate human resources development could not possibly be sustainable. He noted that Indonesia was focusing on human well being and health in the perspective of sustainable development through decentralization and democratization.

In conclusion, the Chairperson recounted his visits to most SEAR countries during his tenure and hoped that bilateral cooperation for health would further be strengthened and regional solidarity enhanced.

(For full text of the address, see Annex 5.)

2.4 Address by the Regional Director

Welcoming the participants and thanking the Minister of External Affairs, Government of India, for inaugurating the meeting, the Regional Director, Dr Uton Muchtar Rafei, emphasized that this important meeting was being held at a time of big challenges and great opportunities. He stated that while over the last 50 years, humanity had benefited significantly and the SEA Region too had gained much from the advances in health, health concerns in the Region were beset by the emergence of tuberculosis and malaria and the rising incidence of

noncommunicable diseases. HIV/AIDS was threatening to offset hard won health and socioeconomic gains. He also underlined the very heavy burden of diseases in the Region, which was aggravated by poverty, population explosion and increasing environmental risks to health.

Highlighting the opportunities, Dr Uton 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 recounted the benefits to the Region from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Alliances for Vaccines and Immunization. He also referred to the importance assigned to health at the World Summit on Sustainable Development and in the Millennium Development Goals.

In conclusion, Dr Uton expressed the hope that international solidarity, which was strongly evident during the recent fight against SARS, would continue and regional solidarity will be further strengthened at this meeting. On a personal note, Dr Uton thanked the ministers for their support and cooperation during his tenure as the Regional Director, which would end on 28 February 2004.

(For the full text of the address, see Annex 6.)

3. INTRODUCTORY SESSION

3.1 Statement by the outgoing Chairperson of the Health Ministers' Forum

In his statement opening the introductory session, H.E. Dr Achmad Sujudi, Chairman of the Health Ministers' Forum, noted that during his tenure, he could visit all countries of the SEA Region, excepting Sri Lanka and Thailand. He noted his satisfaction that the Region had made significant health advances, as brought out in the WHO SEARO's "Review of Progress". He particularly appreciated the team work which led to the prevention and control of SARS in the Region. He cautioned that while the SEA Region could take pride in its successes, it was necessary to be conscious of the weaknesses especially in the area of good quality essential drugs and their rational use, rising alcohol and tobacco abuse, mental disorders and substance abuse.

In conclusion, he appreciated WHO's support to countries, endorsed its Country Focus Initiative and commended its work towards the Framework Convention on Tobacco Control. He then invited H E Mrs Sushma Swaraj to chair the meeting and be the Chairperson of the Health Ministers' Forum, as per the established practice.

While looking at health related statistics in isolation can draw a picture of gloom, there are also positive indicators in many key areas which point to progress achieved. But much more is yet to be done. Thus while immunization has helped to prevent 85% of measles deaths and ensure a near eradication of polio, eleven million children continue to die every year across the world of preventable causes. There has been significant progress in the consciousness of the need to combat the HIV/AIDS pandemic with virtually all countries having adopted multi-sectoral HIV/AIDS strategic plans. At the same time, almost 25 million people have been lost to the disease world wide.

Developing countries have reasons to take pride, however, from the success notched by our combined efforts in the context of the WTO. We have won a hard-fought battle for recognition of the need for access to medication at affordable prices for the people of developing countries. It is now accepted that such access is among the most effective elements of public health policy aimed at reducing mortality and infection rates of scourges such as HIV/AIDS. Combined action by developing countries has brought a human-face to the debate on trade policies and public health needs.

The war is, however, not yet over. Governments of developing countries must consult each other on their policies, pool technical expertise and exchange best practices. R&D in the Pharma sector has hitherto been primarily the preserve of resource-rich MNCs of the developed world. As a result, only around 10% of R&D in health spending is directed at the health problems affecting 90% of the world's population. Search for legitimate profit has in some instances, sadly, given way to profiteering. Health should be a commitment and not merely a matter of money. Suffering innocents should not be exploited but supported.

Strangely, sometimes cheaper and better medicines manufactured by countries like India are also confronted with problems of market access in fellow developing countries. Procedures relating to drug registration, testing etc. are used to shut our products out of the market. This situation should change. There is a crying need for greater South-South cooperation in the field of health and pharmaceuticals. The interests of the large majority of the people in our countries demands that we not only sustain existing cooperation but also rapidly strengthen it. Developing countries need to draw up effective strategies to ensure greater market access for generic and patented drugs which they are able to produce at competitive prices. Where appropriate, we must evolve common platforms in international fora, including the WTO and enter into bilateral as well as regional arrangements.

The South-East Asian region of WHO which we represent, unfortunately accounts for 40% of the world's poor, 40% of global maternal and neo-natal deaths, 40% of the world's cases of tuberculosis and 40% of deaths due to infectious diseases. These are thresholds which need to be brought down if we are to ensure human centred development in the region. We can take heart from the fact that the

India, in spite of its very large population remained a SARS-free country. This was possible entirely due to prompt preventive action, personally supervised by our very able and dynamic Minister of Health, Mrs Sushma Swaraj.

Health occupies a pre-eminent position when we speak of human development and global prosperity. At the Millennium Summit of the UN General Assembly in 2000, world leaders pledged to work together to "uphold the principles of human dignity, equality, and equity at the global level", and set themselves eight goals with quantifiable and monitorable targets to measure progress of humankind -three of these are directly related to human health viz. reducing child mortality, improving maternal health and combating the "globalized" scourges of HIV/AIDS, malaria and other diseases. Four of the remaining eight have a tangential but vital link with health - eradication of poverty and hunger, universal primary education, empowerment of women and sustainable development, which includes access to safe drinking water.

It is now accepted widely that international endeavours to improve global health have a direct bearing on the economic development of countries, in particular developing countries, which lag behind in key indicators. The Commission on Macroeconomics and Health set up under the aegis of the WHO to examine this link came up with some telling conclusions. It showed that with interventions costing as little as US\$ 34 per head, infectious and nutritional deficiencies could be brought down, saving eight million lives per year. The economic spin-off of better health thus achieved would amount to an increase of global wealth by US\$ 186 billion per year. This was seen to be a 6:1 return on investment. For this Utopian situation, health related assistance would need to rise six fold from present figures of around US\$ 6 billion per annum. With global political will, particularly of our developed country partners, this should not be impossible to achieve given that health expenditure of OECD countries is to the tune of US\$ 3 trillion per year, and their total GDP, US\$ 30 trillion.

However, while calling for international cooperation, we should take heed of the fact that the primary responsibility for improved health of our people vests with national governments. The experience of some developing countries, and parts of my own country, have shown that rapid social progress can be achieved, in spite of a low level of economic development, if priority is given to social development in education and health. Our own experience in India in this regard is worth sharing with countries in the region. Through a systematic programme of political empowerment of women at the grassroots level through reservation of seats in elected local bodies and by making large catalytic investments in education and health, particularly of women and children, we have been able to effect significant change within the span of a single generation. There has been a breakthrough in reduction of maternal and child mortality, malnutrition and diseases related to poor hygiene. Fertility rates have also been moderated.

3.2 Statement by the Chairperson of the Meeting and Health Ministers' Forum

H E Mrs Sushma Swaraj extended a warm welcome to all and sought the goodwill of her colleagues for properly discharging her responsibilities as the Chairperson of the Health Ministers' Forum for 2003-2004.

On behalf of the Ministers, she expressed her grateful thanks to H E Mr Yashwant Sinha for inaugurating the meeting and for his inspiring address. She also appreciated the address of the Regional Director. She particularly recorded the appreciation of all ministers for the leadership provided by Dr Uton during his tenure as the Regional Director and wished him well after his retirement.

H E Mrs Sushma Swaraj underlined that the highest priority at present should be to ensure that millions of poor, who had been bypassed by the revolution of the 20th century, were reached. In this context, she referred to the Regional Health Declaration adopted by the Ministers in 1997 and expressed her satisfaction that the progress on this declaration would be reviewed during the meeting. She stressed the need for intercountry and intersectoral cooperation to meet health challenges and highlighted the importance of the opportunity provided by the report of the Commission on Macroeconomics and Health.

In conclusion, H E Mrs Sushma Swaraj expressed her confidence that the meeting would be a milestone in strengthening mutual goodwill and regional solidarity for health development.

A Drafting Group comprising the following representatives was constituted:

- (1) Dr Sangay Thinley, Bhutan – Convenor
- (2) Dr Md. Mizanur Rahman, Bangladesh
- (3) Dr Azrul Azwar, Indonesia
- (4) Dr Ye Myint, Myanmar
- (5) Dr B B Karki, Nepal

4. BUSINESS SESSION

4.1 Declaration on Health Development in the South-East Asia Region in the 21st Century: Review of Progress

A presentation was made by Dr U Than Sein, Director (EIP), WHO-SEARO, on the background and the progress made on implementing the policy actions enunciated in "Declaration of Health Development in South-East Asia Region in the 21st century" (the Regional Health Declaration), adopted at the 15th meeting of Health Ministers in August 1997 and further endorsed by the 50th session of the WHO

Regional Committee for South-East Asia in September 1997 (Resolution SEA/RC50/R4).

The Declaration identified five major challenges for health development, viz., (1) closing the gaps and inequities in health; (2) creating conditions that promote health and self-reliance; (3) ensuring basic health services to all, especially the poor, women and other vulnerable groups; (4) upholding and enforcing health ethics, and (5) placing health at the centre of development. It also called for policy actions in the two main areas of health sector reforms and healthy public policies.

As the Declaration was adopted about six years ago, WHO reviewed the progress on it in the Region. The progress report highlighted the achievements made so far by the countries and identified the strategic challenges that need to be tackled to maintain and accelerate the momentum towards HFA movement. It revealed that policy actions were required for carrying on health sector reforms, dealing with upcoming international health agencies, beyond WHO, and maximizing benefits from the emergence of global alliances and funding arrangements. Specifically, the review underlined that the countries needed to focus their policy actions on: (a) reducing excess mortality and disability, by addressing specific priority communicable diseases, which had a major impact on socioeconomic development, enhancing efforts, both within and outside the health sector, for reducing excess burden of noncommunicable diseases such as cardiovascular diseases, diabetes, iodine deficiency disorders, cancer, injuries and accidents and ensuring universal access to health care; (b) enhancing the performance of health systems, by expanding the coverage of health care with the ultimate aim of universal coverage; (c) strengthening health care delivery systems, by improving the health systems performance and addressing the imbalance of human resources for health; (d) reducing risk factors to human health by promoting healthy environment and creating public awareness on health risks and (e) creating an institutional environment, through articulation of evidence-based policy and advocacy positions, strengthening good governance of health, and enhancing partnerships.

Discussions

The progress report was considered as a good endeavour to capture the progress and also to identify the unfinished tasks since the Declaration was adopted in 1997. The Declaration remains a visionary and strategic document in dealing with the challenges now and in the future.

It was noted that there were still many gaps in implementation, both within and between countries. While infectious and parasitic diseases remained major killers and crippers, the prevalence of noncommunicable diseases such as injuries, diabetes, CVD and mental disorders was rising. The increasing burden of NCDs was imposing a heavy economic, social and health care burden, both on the nation as well as on families.

Annex 3

INAUGURAL ADDRESS BY HIS EXCELLENCY MR YASHWANT SINHA MINISTER OF EXTERNAL AFFAIRS, GOVERNMENT OF INDIA

Madam Chairperson, Mrs Sushma Swaraj,
Chairman of the Health Ministers' Forum, Dr Achmad Sujudi, the Health Minister of Indonesia,
Honourable Ministers of Health from other countries of the WHO South-East Asia region,
Regional Director, WHO SEARO
Distinguished delegates,
Ladies and gentlemen,

It is an honour for me to address this distinguished gathering of Health Ministers of the South-East Asia Region of the World Health Organization. Let me at the outset welcome Timor Leste, the new addition to our family.

Ours is a region with challenging statistics in the realm of health. But equally, it is a region united by a mission to bring about change. It is India's conviction that countries of the world, especially developing countries, can bring about the required change through collective efforts and cooperation.

Meetings such as these provide therefore invaluable opportunities for bringing about greater synergy of human resource capital and technological capacities available within the region, exchange of best practices and experiences, and to strategise joint action to tackle health related problems.

I wish all of you a productive meeting and pleasant stay in New Delhi.

The membership of this grouping is interesting as it does not strictly conform to the principle of geographical contiguity, point to the self-evident truth that health epidemics are not contained by political or geographical boundaries. The recent months have been testimony to this as the outbreak of SARS raged across the world, affecting all aspects of life - political, economic and social. It brought home the stark message of human vulnerability to disease, and the downside of living in a global village where no one can be untouched by the suffering of the other. But the containment of the epidemic, through vigilance and early warnings, transparent exchange of information and concerted public action, also showed that such challenges can be overcome successfully when we act together.

Miss Yuwanid Wasupolsedh
Administrative Officer
Office of the Minister
Ministry of Public Health

Miss Yupana Jitkarun
Foreign Relations Officer
Office of the Minister
Ministry of Public Health

Miss Cha-aim Pachanee
Health Technical Officer
Bureau of Policy and Strategy
Ministry of Public Health

Timor-Leste

Mr Basilio Pinto
Director
Division of Health Policy and Planning
Ministry of Health

Ms Isabel Gomes
District Liaison Officer
Ministry of Health

3. SECRETARIAT

Dr Uton Muchtar Rafei
Regional Director

Dr Poonam Khetrpal Singh
Deputy Regional Director

Mr Helge Larsen
Director, Administration and Finance

Dr S.J. Habayeb
WR India

Dr U Than Sein
Director, EIP

Dr N. Kumara Rai
Director, CDS

Dr A.S. Abdullah, CDC

Dr Myint Htwe, LCO

Dr Sawat Ramaboot, CHP

Mr B.S. Lamba, SHP

Dr K. Weerasuriya, EDM

Dr Vijay Chandra, H&B

Ms Jyotsna Chikersal, ISM

Dr Akinori Kama, ASO

Mr S.K. Madanpotra, SA-DRD

Mr V.J. Mathew
Sr. Administrative Secretary

It was underlined that appropriate use of mass media and other advertising modes of communication were critical to success in the prevention and control of NCDs. The advertising industry needs must adhere to the social code of conduct, and not treat people simply as consumers of advertised products; the ad industry should disseminate appropriate information for encouraging healthy lifestyles. It was hoped that the Framework Convention on Tobacco Control (FCTC), which was adopted by the World Health Assembly in May this year, would pave the way for partnership between public health and mass media. In this context, the need for rapid ratification of the FCTC by the Member Countries in order to control the tobacco epidemic was acknowledged.

It was stressed that one of the effective interventions for reducing health risks could be health promotion among school children. This would address future health problems. The mass media and communication channels, such as television, magazines, journals and newspapers, and people who were responsible for producing them, were the shapers of good or bad behaviour particularly on the part of the young generations. They have the social responsibility towards society to inform on the proper use of food, especially for children, to advocate to avoid the use of tobacco, drugs and alcohol etc. and to undertake regular physical exercise.

The need for enhancement of partnerships in dealing with priority communicable and noncommunicable diseases, including food safety, was endorsed. Provision of safe food was vital for promotion of health and self reliance, and there was a need for collaboration for health and human wellbeing between ministries of health and agriculture and other related ministries/sectors in view of their interlinkages.

It was noted that additional public resources for health, in the context of high level out-of-pocket health care expenditure by the people, particularly the poor, were needed. The need to carry on health financing reforms, in order to protect the financial risk of the poor by increasing public funding and the adoption of various mechanisms for pooling financial resources, including social health insurance, was endorsed. It was stressed that health reforms should ensure financial sustainability. It was noted that some countries had started expanding their social health insurance schemes while some were adopting other risk pooling mechanisms, such as subsidy for poor.

The recent collaborative effort to fight against SARS epidemic were duly acknowledged. It was noted that progress on eliminating leprosy, iodine deficiency disorders and polio eradication was proceeding satisfactorily. At the same time, it was agreed that new strategic and concerted efforts were required to reduce maternal and young child mortalities; sustained actions in these areas would reduce poverty.

It was noted that many of the UN Millennium Development Goals (MDGs) and related targets/indicators were very much related to health. As health and

poverty had the complex interrelations with each other, efforts to reduce the disease burden by achieving MDGs would definitely lead to reduction of poverty. In this context, the need for multisectoral actions on health, education, agriculture, water supply and sanitation, food safety, was noted in order to generate optimum synergy.

The Ministers endorsed the progress report with above observations and comments.

Recommendations

- (1) WHO should continue to monitor the progress on implementation of the policy actions enunciated in “Declaration of Health Development in the South-East Asia Region in the 21st century” (the Regional Health Declaration), and report to the Member Countries periodically.
- (2) WHO and other agencies should provide support to the policy actions enunciated in the progress report. As globalization and rapid liberalization of international trade has led to policy and programme implementations on health, WHO should strengthen collaboration with Member Countries to undertake impact studies on implementing multilateral trade agreements such as TRIPS, GATS, SPSS, TBT.
- (3) WHO should provide necessary technical support for strengthening national efforts on promoting traditional medicine and facilitate establishment of an institutionalized mechanism for regional cooperation in traditional medicine.
- (4) In the light of advancement of technology and increasing reliance on biotechnology for identification and control measures for emerging and re-emerging diseases, WHO should work closely with members in enhancing effective measures to promote medical science and technology and strengthening research capacity.
- (5) WHO should identify and review areas posing new challenges, analyse and develop appropriate policy actions and report to the successive meetings of health ministers, especially on key issues such as food safety, globalization and disease control.
- (6) WHO and countries should closely collaborate in forging partnerships with appropriate agencies for the rational use of the media and advertising sector for the promotion of health and control of noncommunicable diseases.

4.2 Follow-up on Framework Convention on Tobacco Control

In his presentation, Dr Sawat Ramaboot, Coordinator (Health Promotion), stated that, according to WHO estimates, around 4.9 million people were currently dying from the tobacco epidemic every year, of which the share of the SEA Region was

Dr S.P. Agarwal
Director General of Health Services
Ministry of Health & Family Welfare

Mr B.P. Sharma
Joint Secretary
Ministry of Health & Family Welfare

Mr Anshu Prakash
PS to the Minister of Health & Family Welfare
Ministry of Health & Family Welfare

Indonesia

Prof Dr Azrul Azwar, MPH
Director-General of Community Health
Ministry of Health

Mr Muhammad Kamaruzzaman
Bureau of Planning & Budgeting
Ministry of Health

Ms Nasirah Bahauddin
Chief, Division of International Cooperation
Bureau of Planning & Budgeting
Ministry of Health

Maldives

Dr Abdul Azeed Yoosuf
Director General of Health Services
Ministry of Health

Mr Ahmed Salih
Director (International Health)
Ministry of Health

Mr Ahmed Moosa
Deputy Director
Ministry of Health

Ms Mariyam Suzana
Assistant Under Secretary
Ministry of Health

Myanmar

U Than Aung
Deputy Director General
Department of Medical Research
(Upper Myanmar)

Dr Ye Myint
Director (Disease Control)
Department of Health

Dr Than Zaw Myint
Deputy Director
Department of Medical Science

Nepal

Dr Rita Thapa
Sr. Public Health Policy Adviser
Ministry of Health

Dr B.D. Chataut
Director-General of Health Services
Ministry of Health

Dr B.B. Karki
Chief, PPIC Division
Ministry of Health

Sri Lanka

Dr M.A.L.R. Perera
Secretary
Ministry of Health
Nutrition & Welfare

Mrs D. Wijesuriya
Personal Staff Officer to the
Hon'ble Health Minister

Dr Palitha Abeykoon
Adviser to the Hon'ble Health Minister

Thailand

H.E. Mr Chirasak Thanesnant
Ambassador Extraordinary and Plenipotentiary
Royal Thai Embassy

Dr Samlee Plianbangchang
Dean of the College of Public Health
Chulalongkorn University
Adviser to the Minister of Public Health

Prof Dr Pakdee Pothisiri
Deputy Permanent Secretary
Ministry of Public Health

Dr Supachai Kunaratanapruk
Secretary-General
Food and Drug Administration
Ministry of Public Health

Dr Sopida Chavanichkul
Head of International Health Group
Bureau of Policy and Strategy
Ministry of Public Health

Ms Arunrung Phothong
First Secretary
Royal Thai Embassy

Mrs Saichai Limtrakool
Foreign Relations Officer
International Health Group
Bureau of Policy and Strategy
Ministry of Public Health

Annex 2

LIST OF PARTICIPANTS

1. MINISTERS

Bangladesh

H.E. Mr Mizanur Rahman Sinha
State Minister of Health & Family Welfare

Bhutan

H.E. Lyonpo Jigmi Singay
Minister of Health

Democratic People's Republic of Korea

H.E. Prof Dr Choe Chang Sik
Vice Minister
Ministry of Public Health

India

H.E. Mrs Sushma Swaraj
Minister of Health & Family Welfare and
Parliamentary Affairs

India (Alternate representative)

H.E. Mr A. Raja
Minister of State for Health & Family Welfare

Indonesia

H.E. Dr Achmad Sujudi
Minister of Health and Social Welfare

Maldives

H.E. Mr Ahmed Abdullah
Minister of Health

Myanmar

H.E. Professor Mya Oo
Deputy Minister
Ministry of Health

Nepal

H.E. Mr Kamal Thapa
Minister of Information and Communications,
Local Development and Health

Sri Lanka

H.E. Mr P. Dayaratna
Minister of Health, Nutrition & Welfare

Thailand

H.E. Mrs Sudarat Keyuraphan
Minister of Public Health

Timor-Leste

H.E. Dr Rui Maria de Araujo
Minister of Health

2. ADVISERS

Bangladesh

H.E. Mr Tufail K. Haider
High Commissioner of Bangladesh in India
New Delhi

Dr Selina Ahsan
Joint Secretary (Public Health & WHO)
Ministry of Health and Family Welfare
Dhaka

Prof (Dr) Md Mizanur Rahman
Director-General of Health Services
Mohakhali
Dhaka

Bhutan

Dr Sangay Thinley
Secretary
Ministry of Health

Dr Gado Tshering
Director, Health Department
Ministry of Health

Mr Pemba Wangchuk
Chief of Policy Planning Division
Ministry of Health and Education

Democratic People's Republic of Korea

Mr Choe Il
Specialist
Department of International Organizations
Ministry of Foreign Affairs

Mr Choe Yong Su
Interpreter
Ministry of Public Health

India

Mr J.V.R. Prasada Rao
Secretary (Health)
Ministry of Health & Family Welfare

around 500 000. Unless this epidemic was not checked in time, the number of global deaths would rise to 10 million by the year 2015.

Faced with this situation, WHO invoked its treaty-making powers in 1999 under Article 19 of the WHO Constitution to negotiate the Framework Convention on Tobacco Control (FCTC) and its possible related protocols. An Intergovernmental Negotiating Body (INB) was established to negotiate FCTC. After four years of intensive negotiations, through six INB Meetings, 191 WHO Member States finalized the groundbreaking public health treaty on 1 March 2003, which was subsequently adopted by the Fifty-sixth World Health Assembly in May 2003. This first comprehensive public health treaty covers many important areas of tobacco control, including control of tobacco supply and consumption, tobacco taxation, smoking prevention and treatment, illicit trade, advertising, sponsorship and promotion and product regulation.

World Health Assembly resolution WHA56.1 adopting FCTC, calls upon States to consider signing, ratifying, accepting, approving, formally confirming or acceding to the Convention at the earliest opportunity, and to support preparatory activities towards implementation of the Convention.

The FCTC is now open for signatures at the United Nations headquarters at New York until 29 June 2004. So far 52 WHO Member States and the European Commission have signed the FCTC, while one country, Norway, has ratified it. The FCTC will come into force, once 40 Member States ratify it.

In conclusion, it was noted that WHO SEARO was engaged in taking FCTC forward through intercountry and regional consultations, awareness workshops and strengthening national capacity in tobacco control areas.

Discussions

Countries presented their progress reports on tobacco control and on the status of signing/ratifying the Convention.

India and Thailand have enacted comprehensive tobacco control laws. Thailand has allocated 2% of tobacco and alcohol tax for health promotion funds. Other countries have also enacted different laws for banning of advertisements, smoking in public places and sale of tobacco products to minors. However, all the countries still have problems in effective enforcement of the laws. Bhutan and Maldives are successful in implementing tobacco-free districts and islands. Timor-Leste plans to initiate situation analysis, advocacy and development of national tobacco control programme.

Besides Bangladesh, DPR Korea and Thailand, that already signed the Convention, India will sign and ratify the Convention soon. Bhutan, Maldives and

Myanmar have also proposed to sign the Convention in the near future, probably during the forthcoming UN General Assembly Session in October 2003.

Recommendations

- (1) WHO should continue to provide technical support for capacity building in countries in the implementation of FCTC. A regional workshop on the process of ratification and implementation of the Convention should be organized.
- (2) WHO should also continue to support countries in mobilizing resources for national tobacco control.
- (3) Countries should expedite the process of signing and ratification of FCTC as soon as possible. This may need full coordination with and cooperation of related ministries, parliament and other relevant bodies.
- (4) Countries should establish a national tobacco control cell as well as a multisectoral national tobacco control committee and national comprehensive tobacco control policies.
- (5) Countries should facilitate and speed up the enactment of anti-tobacco control laws, conforming to the provision of FCTC.
- (6) Countries should establish sustainable financial mechanism for tobacco control by, inter alia, using the experience of other Member Countries.

4.3 Prevention and Control of SARS

Dr S P Agarwal, Director-General Health Services, Government of India, in his presentation stated that Severe Acute Respiratory Syndrome (SARS), which emerged in China in November 2002 and which was identified for the first time in Vietnam in February 2003, came to the notice of the Government of India on 17 March 2003. By the time the outbreak was fully contained (5 July 2003), India reported three probable cases of SARS, one each in West Bengal, Karnataka and Gujarat. India also had 10 suspect cases of SARS, three from Karnataka, two from Maharashtra and one each from Delhi, Goa, Tamil Nadu, Chhatisgarh and Rajasthan. Only one probable case had pneumonia. All the three probable cases came from outside the country.

Various measures taken by India to prevent/control the disease included adoption and circulation of WHO documents on case definition, clinical management and hospital infection control guidance; screening of all international passengers for SARS compatible illness; isolation of doubtful/suspect/probable cases in designated hospitals; tracing and quarantine of contacts; strengthening of infection control practices and making available personal protective equipment to health care workers; making available laboratory tests for SARS at National

Annex 1 AGENDA

1. Inaugural Session
2. Introductory Session
3. Declaration on Health development in the South-East Asia in the 21st Century: Review of progress
4. Follow-up on Framework Convention on Tobacco Control
5. Prevention and control of SARS
6. Purchasing Quality Essential Medicines
7. Need for a Regional Alcohol Action Plan
8. Any other Item
9. Field Visit
10. Adoption of the Report
11. Closing Session

Institute of Communicable Diseases, Delhi and National Institute of Virology, Pune; coordination with State/Union Territory Governments and concerned ministries; transparent sharing of information with the media; strong political commitment and daily monitoring of the situation at the highest level.

Although the SARS epidemic was contained, it highlighted the need to have a strong and effective surveillance system to detect future outbreaks in the early rising phase and a rapid response mechanism to prevent morbidity and mortality due to new emerging diseases. The outbreak also underscored the importance of well-equipped laboratories and their networking, good infection control practices in health care settings, collaboration between scientists, institutions and countries, transparency in providing information to the media and community and considerable strengthening of public health infrastructure.

In his presentation, Dr N Kumara Rai, Director, Communicable Diseases, highlighted the salient features of the combined efforts undertaken by WHO and Member Countries in successfully containing the SARS epidemic in a relatively short period, despite little knowledge on its epidemiology, clinical management and laboratory diagnosis. Some of the features were high political commitment among heads of states/ministers of health and other sectors of APEC, ASEAN+3 (China, Japan, South Korea) and SAARC, coordinated global-regional and national surveillance and outbreak containment networks, stringent prevention and control measures and travel advisories issued by WHO.

It was noted that only three countries of the Region reported probable cases of SARS, without further local transmission, namely India, Indonesia and Thailand. The global economic impact of SARS was estimated at US\$ 30 billion. China and Hong Kong were the hardest hit. The main lessons learnt from this SARS epidemic were: the need to report cases promptly and in a transparent manner; adoption of appropriate media strategies to avoid unnecessary panic; improvement of surveillance networks, including laboratory facilities, and the need to practice good infection control not only for SARS but for other infectious diseases as well. The challenges ahead were to maintain high political commitment, to evaluate various measures undertaken during the epidemic such as travel advisory, screening and infection control, to maintain vigilance at least for one year and to use the lessons learnt in containing the SARS epidemic in revising the International Health Regulation to be adopted in 2005.

Discussions

The need for technical assistance in the field of surveillance (including new case definition), laboratory diagnosis, infection control and coordination of regional and global prevention and containment measures was stressed.

It was appreciated that the Regional Office had dispatched experts in laboratory diagnosis and infection control upon the request of Member Countries. The Regional Office had also convened a workshop on good infection control and an intercountry consultation to improve countries' preparedness on the SARS epidemic. Other initiatives included designation of laboratories for diagnosis of SARS in India and Thailand for other countries not yet having the required laboratory facilities, development of guidelines on good infection control and stocking of supplies and equipment for future SARS epidemics.

Regarding the status of influenza vaccine, it was informed that WHO recommended influenza vaccination for health care workers, the elderly and other high risk groups to prevent confusion in the diagnosis of SARS, should it reemerge. This would prevent crowding in the hospital. It was underlined that influenza vaccine was currently limited in supply and quite expensive.

The need for research, inter alia, on causative agent, other modes of SARS transmission, rapid diagnostic tests and clinical management was emphasized. It was appreciated that WHO had established a scientific advisory group on epidemiology, clinical management, laboratory and environment factors. This group would meet in the third week of October 2003 in Geneva.

Recommendations

- (1) Member Countries, in collaboration with WHO, should undertake evaluation of various measures implemented in preventing and containing the SARS epidemic.
- (2) Member Countries should enhance and sustain vigilance for the re-emergence of SARS and other potential infectious disease epidemics through improvement of national and regional surveillance and response networking.
- (3) WHO should continuously provide technical assistance to facilitate enhanced surveillance, laboratory diagnosis, capacity building for prevention and control of SARS and other infectious diseases and mobilization of resources. Besides strengthening national capacities, WHO should coordinate the required intercountry activities for surveillance etc.

4.4 Purchasing Quality Essential Medicines

In his presentation, Dr K Weerasuriya, Regional Adviser, Essential Drugs and Medicines, pointed out that purchasing quality essential medicines and ensuring a regular supply at an affordable price to the health care institutions was a major function of the ministries of health. The realization of this objective required policy decisions: it involved complex technical and administrative issues and demanded



Annexes

expertise and knowledge of the pharmaceutical market and the pharmaceutical industry.

It was noted that while there was no overall strategy, there were sufficient experiences which could help individual countries in fashioning their strategies. International procurement schemes, such as the UN scheme for pre-qualification of vaccine manufacturers, the Global Alliance to Eliminate Lymphatic Filariasis, which enabled countries of the SEA Region to buy quality products at affordable prices and the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM) provided opportunities to the countries of the Region for devising appropriate strategies and procedures for purchasing quality essential drugs. Nine countries of the SEA Region successfully applied for funds from GFATM and four were procuring the medicines following its approved procedure. Further, seven countries of SEA Region had projects for TB which had a component of medicines under the Global Fund. A pooled purchase of these medicines would assure quality and economies of scale. This opportunity for regional cooperation should, therefore, be seriously explored.

Discussions

The purchase of medicines was regarded as a sensitive issue with far reaching implications on many sectors. Regional procurement would solve some of the difficulties of the health ministries.

The difficulties in the procurement of vaccines due to the centralized nature of the scheme were highlighted. It was stressed that the centralized nature of the vaccine procurement was being reviewed.

It was noted that in some countries the medicines programme was based on the essential medicines concept and national procurement systems were explained. There were queries whether regional procurement could affect the national systems that had been built up.

The progress of the national pharmaceutical industries in different countries was noted and it was felt that it needed to be included in any regional procurement plan.

The increasing demand for quality medicines and the accompanying rise in cost was stressed. Bulk purchase does not solve problems in distribution. So, its full potential is not realized. Finally, donor stipulations at times created problems for national requirements.

It was stressed that bulk procurement was considered at the last Regional Committee and medicines purchased for HIV/AIDS, TB and malaria, through the GFATM funds, was considered a suitable pilot scheme.

Further, the regional workplans for 2004-2005 focused upon improving the purchasing systems of importing countries.

Recommendation

The Regional Office was requested to explore the possibility of regional pooled procurement of drugs and vaccines, including the feasibility of bulk purchase from those Member Countries from whom other UN organizations, such as UNICEF, were already making bulk purchases.

4.5 Need for a Regional Alcohol Action Plan

In his presentation, Dr Vijay Chandra, Regional Adviser, Health & Behaviour, highlighted that alcohol abuse was a major public health problem of increasing magnitude in many Member Countries. Alcohol abuse affected the entire society and not just the individual, and had both health and socioeconomic implications. A major issue of concern was alcohol abuse amongst the rural poor.

It was noted that a Plan of Action must be based on evidence and address the problems of alcohol abuse specific to the community. Member Countries should be aware of the implications of WTO on the future availability of foreign liquor in their countries, and its impact on abuse. The European Action Plan on Alcohol could be studied to see what was applicable in the SEA Region. Practical solutions were available to protect the community from harm by alcohol abuse and could be implemented in the near future. There was urgent need for action on the part of governments, particularly ministers of health. Public policy could be very helpful and public health measures very effective.

Discussions

While problems related to alcohol abuse had already reached significant proportions in some Member Countries, it was an emerging problem in some others. Many Member Countries had begun to address issues related to harm from alcohol.

Specific concerns about harm from alcohol were raised, including road traffic accidents, detrimental effects on the young, deepening effect on poverty and adverse implications for rural families and communities.

Examples of specific activities on prevention of harm from alcohol, which could start immediately, included:

- Preventing or delaying the initiation of alcohol use by the youth;
- Preventing social or occasional users from becoming chronic or harmful users of alcohol;
- Assisting alcohol abusers in getting treatment at deaddiction centres;

He expressed his deep appreciation to the ministers for their valuable contribution, in particular, his high regard for Dr Achmad Sujudi, the outgoing chairman of the Health Ministers' Forum. He also acknowledged the contribution of Mrs Sushma Swaraj and Dr Jigmi Singay, the Chair and Co-Chair of the meeting, to its success. He assured Mrs Sushma Swaraj of WHO's full cooperation during the period of her leadership of the Health Ministers' Forum. He also expressed his appreciation for the arrangements made for the meeting by the officers of the Ministry of Health and Family Welfare and all other organizations of the Government of India.

On a personal note, Dr Uton thanked the Ministers for their generous remarks and sentiments regarding his tenure as the Regional Director. He observed that it was a rare privilege for him to serve a quarter of the world's humanity in the South-East Asia Region. He said that whatever he had been able to do to improve the lot of the people was mainly because of the cooperation and support of the health ministers.

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. He also expressed his hope that the health ministers would continue to extend the same cooperation to his successor as he had been fortunate to have from them.

The Chairperson then announced the closure of the Twenty-first Meeting of the Ministers of Health of the Countries of WHO South-East Asia Region.

8. CLOSING SESSION

The health ministers paid glowing tributes to the leadership provided by Dr Uton during his tenure as the Regional Director of WHO South-East Asia Region. Recalling their personal and professional association with Dr Uton, they recounted his qualities of head and heart. With one voice, the health ministers expressed their sincere admiration for Dr Uton's contribution to health development in the countries of the Region. They acknowledged that Dr Uton combined within himself the qualities of a thorough gentleman with professionalism of the highest order. They wished him good health and happiness on completion of his tenure.

The Health Ministers also placed on record their deep appreciation towards the Government of India, especially for H E Mrs Sushma Swaraj, Minister of Health and Family Welfare and Parliamentary Affairs, for hosting the meeting in a memorable manner. They profusely thanked her for her gracious hospitality and for the excellent arrangements made for their meeting and stay. They also acknowledged the personal contribution of the Chairperson, Mrs Sushma Swaraj; Co-Chairperson, Lyonpo Jigmi Singay; and the Regional Director, Dr Uton Muchtar Rafei, to the success of the meeting. They expressed their deep appreciation for the contribution of H E Dr Achmad Sujudi, as the Chairman of the Health Ministers' Forum for 2002-2003, and welcomed H E Mrs Sushma Swaraj as the Chairperson for 2003-2004.

H E Mr Ahmed Abdullah, Hon'ble Minister of Health of Maldives, offered to host the next meeting in Maldives.

H E Mrs Sushma Swaraj observed that the success of the meeting was primarily due to the cooperation extended by the Ministers. She placed on record her sincere thanks to the Regional Director for organizing the meeting as also for the high quality technical support provided for it.

As the Chairperson of the meeting and that of the Health Ministers' Forum, she placed on record, on her own behalf as also on behalf of the health ministers, deep appreciation for the vision, leadership and contribution of Dr Uton during his decade long stewardship of the SEA Region.

She called upon the ministers to ensure that the recommendations were followed up and properly implemented according to the conditions in their respective countries. She also sought the cooperation of the ministers in discharging her responsibility as the Chairperson of the Health Ministers' Forum.

The Regional Director, Dr Uton Muchtar Rafei, in his concluding remarks, congratulated the Ministers of Health on the successful conclusion of their 21st meeting. He noted that the meeting had fully achieved its objectives.

- Taking community-wide action to reduce total consumption of alcohol;
- Advocating for appropriate public policy on alcohol, and
- Regulating advertisements to curb glamourizing alcohol consumption.

Recommendation

The Regional Office should develop and disseminate practical projects and programmes to Member Countries to assist in implementing an Action Plan for Alcohol.

5. FIELD VISIT

The Ministers of Health visited the National Institute of Communicable Diseases (NICD), Delhi. They were given a short overview of the Institute by Dr Shiv Lal, Director of the Institute.

The Institute contains international collaborating/reference centres for epidemiology and training; a regional reference laboratory for poliomyelitis, and the WHO Collaborating Centre for Rabies Epidemiology. Besides this, it has national reference centres for AIDS, viral hepatitis, plague, SARS and IDD.

The visitors were told that NICD had already undertaken collaboration among Member Countries in several areas like field epidemiology training programme; advanced lab techniques including molecular diagnostics; outbreak investigation in countries (eg Maldives- Typhus outbreak), and exchange of experts and diagnostic reagents.

The visitors, then were divided into five groups, and visited laboratories for biotechnology, zoonoses, microbiology, HIV/AIDS, medical entomology and vector control.

Several ministers praised the high technical levels of these facilities and were interested in greater intercountry collaboration with India for training and upgrading their national laboratory capacities.

6. ANY OTHER ITEM

6.1 Traditional Systems of Medicine

In his presentation, Dr S K Sharma, Adviser, Ayurveda, Department of Indian Systems of Medicine and Homoeopathy, Ministry of Health and Family Welfare, Government of India, highlighted that utilization of traditional systems of medicine for promotive, preventive and curative health services had become more relevant than ever before. The World Health Organization had appropriately internalized this reality while defining "traditional medicine" as a comprehensive term used to refer

both to traditional medicine systems such as Indian Ayurveda, Unani medicine, Chinese medicine and various forms of indigenous medicines.

Ayurveda, the principal system of Indian medicine, dated back to about 5000 B C. It was not only a scientific system of medicine, but also represented a way of healthy life. Yoga on the other hand, offered means for actualization of human potential to perfection through its three-dimensional approach to health – physical, mental and spiritual. Siddha and Unani systems were based on similar concepts. There were similar traditional systems in practice, under different names, in various countries of the South-East Asia Region.

Discussions

It was appreciated that Ayurveda in India was a systematically documented discipline that was regulated by a sound legal framework relating to teaching and training, registration for clinical practice, drugs and quality control.

The initiatives taken by the Government of India to promote the traditional systems of medicine, which included collaborative research, publication of Ayurvedic, Siddha and Unani pharmacopoeia and formularies, establishment of pharmacopoeia laboratories of Indian medicine, strengthening of existing drug testing laboratories and pharmacies, implementation of good manufacturing practices, strengthening teaching and research institutions, establishment of medicinal plants board and setting up of traditional knowledge digital library specifically for patent protection were noted.

It was noted that large populations in different countries of the SEA Region used one or the other form of traditional medicine. The importance of integrating traditional medicine and modern medicine at all levels could not be overemphasized. At the same time, adequate safeguards might be required to ensure due protection of the patients.

In respect of development of new drugs, using traditional knowledge and modern scientific research, the initiative taken by India to foster scientific validation of Indian systems under the Golden Triangle Project, involving the Council of Scientific & Industrial Research (CSIR), Indian Council of Medical Research (ICMR) and Department of Indian Systems of Medicine and its associated institutions, was appreciated.

The need for regional cooperation in the area of traditional medicine among the countries of SEA Region was stressed.

Recommendations

- (1) WHO should facilitate the establishment of intercountry working group on traditional systems of medicine. (India volunteered to host the first meeting of this group.)
- (2) Potential areas to foster closer cooperation among the countries of the SEA Region should be identified with WHO's technical assistance. To begin with, intercountry/ regional cooperation should include:
 - Sharing knowledge of pharmacopoeias and formularies, strategies and experience of quality control, standardization of drugs and scientific validation of traditional medicine.
 - Exchange of experts/students/professionals and collaborative research to save and harness the traditional knowledge and mainstream traditional medicine for improving the healthcare delivery system to achieve the goal of health for all.
 - Collaborative efforts for developing new drugs using traditional knowledge and the modern scientific research.
- (3) WHO's headquarters for traditional medicine should be most appropriately located in SEARO.

6.2 Elective Posts of the Fifty-seventh Session of the World Health Assembly and Sessions of WHO Executive Board

After a presentation on this subject by Mr Helge Larsen, Director, Administration and Finance, it was unanimously decided that Timor-Leste shall be nominated for the office of Vice-President of the Fifty-Seventh Session of the World Health Assembly.

It was also decided that election to other elective posts of the Fifty-Seventh Session of the World Health Assembly and WHO Executive Board should be considered in the Fifty-Sixth Session of the Regional Committee of the South-East Asia Region.

7. ADOPTION OF THE REPORT

The Ministers reviewed the recommendations pertaining to all substantive agenda items, as in the draft report, and approved the same with certain suggestions and guidance.

It was decided that the draft report should be suitably revised, incorporating the suggestions and guidance of the Ministers. With this guidance, the report, as prepared by the Drafting Group, was adopted.