

SEA-HM Meet-22  
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# Report of the Twenty-second Meeting of Ministers of Health of Countries of the South-East Asia Region

Maldives, 5-6 September 2004



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# The Report



## 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 and intercountry cooperation and regional solidarity.

The Twenty-second Meeting of Ministers of Health was held in Maldives on 5-6 September 2004, at the invitation of the Minister of Health, Government of the Republic of Maldives.

The objectives of the meeting were to review the following topical health issues and have the benefit of the Ministers' guidance thereon for future action:

- (1) Global Fund to fight AIDS, Tuberculosis and Malaria
- (2) Progress towards achieving United Nations Millennium Development Goals
- (3) Intercountry Cooperation: Cross-border control of priority communicable diseases

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

The Minister of Health of the Republic of Maldives chaired the meeting. The Minister of Healthcare, Nutrition and Uva Wellassa Development, Government of Sri Lanka, was the co-chair.

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

## 2. Joint Inaugural Session – Twenty-second Meeting of the Ministers of Health and Fifty-seventh Session of the Regional Committee

### 2.1 **Welcome Statement by the Minister of Health, Government of the Republic of Maldives**

H.E. Mr Ahmed Abdullah, Honourable Health Minister of Maldives, warmly welcomed to the distinguished Ministers, the Regional Director and other delegates. He noted that though Dr Samlee had been to Maldives on several occasions, this was the first opportunity to welcome him as the Regional Director.

The Minister observed that Maldives had achieved notable health gains during the past 20 years. Several of the Millennium Development Goals had already been achieved. People were living healthier and happier: the lifespan was over 70 years compared to 45 years two decades ago. He noted that the Government strongly believed that investment in health was vital for sustained development and mentioned that 11% of the national budget was devoted to health. He also observed that the Region was home to one-fourth of the world's population and carried 40% of the global disease burden. Hence, it needed more resources and improved health systems to meet the challenges of communicable and noncommunicable diseases.

The Minister thanked the President, H.E. Mr Maumoon Abdul Gayoom, for gracing the occasion and added that his presence was testimony to the importance that he attached to the health and wellbeing of the people.

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

### 2.2 **Inaugural Address by the President of the Republic of Maldives**

H.E. Mr Maumoon Abdul Gayoom President of Maldives, welcomed the participants and wished them a most successful meeting and a very pleasant



stay. He highlighted the importance of good health for prosperity and happiness by quoting an Arabian saying: "He who has health has hope; and he who has hope has everything." He added that it will be impossible to achieve 50% reduction in poverty as required by the Millennium Development Goals (MDGs), without a healthier population. Similarly, eliminating gender disparities and increasing school enrolment were vital for better results in health services and systems.

In the context of new and re-emerging communicable diseases, the President observed: "No epidemic has probably ever posed as severe a challenge to humankind as that now posed by HIV/AIDS." He stated that in Maldives also, AIDS posed a potential public health threat and said that for its prevention and control, voluntary counseling and testing had been introduced and revised surveillance protocols, as per WHO guidelines, were being followed. The emergence of SARS and Avian Influenza had adversely affected the economies of countries. Besides scientific research, the response required regional collaboration and international support. Increase in noncommunicable diseases and malnutrition as also micronutrient deficiencies had serious implications for development, he said. The global strategy on diet and physical activity, adopted by the World Health Assembly in May 2003, could be an important tool in addressing these problems.

The President declared that the Government of Maldives was committed to achieving the MDGs. Government expenditure on health accounted for over 6% of the GDP, and per capita government expenditure on health was among the highest in the Region. Elaborating upon the progress made towards attaining health for all, the President recounted that over the past 25 years, infant mortality had declined from 120 to 14, child mortality from 180 to 18, maternal mortality from 14 to 4, and life expectancy had increased from 48 to 73 years. Though malaria, filaria, leprosy and TB had been controlled, the President cautioned that there was no room for complacency in respect of communicable diseases, as now vaccines when required for infections such as rubella and meningitis. At the same time, noncommunicable diseases were increasing and posing serious public health concern. Further, rising incomes had not been matched by proportionate improvement in nutritional status. The National Nutrition Strategic Plan (2002-2007) focused on nutritional gains, especially of mothers and children. The President cautioned that, if not

addressed urgently, thalassaemia could create a nightmare situation in Maldives: half the country might have to become blood donors for the other half in 50 years and the cost of treatment could consume over 40% of per capita health expenditure.

In view of scarcity of resources and multitude of competing demands on the same, the President advised that preventive strategies and healthy lifestyles were crucial for sustainability. "Likewise, efficient management of resources and international cooperation are essential to ensure that health for all becomes and stays a reality." In conclusion, the President said: "we must address our health sector challenges by acting locally, coordinating regionally and collaborating globally. And the greater the cooperation, the greater the chance of success".

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

### **2.3 Address by the Regional Director, WHO South-East Asia Region**

Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, welcomed H.E. Mr Maumoon Abdul Gayoom, President of the Republic of Maldives, and the Ministers of Health and representatives of the Member States. He thanked the Government of Maldives for hosting the two meetings, and the Member States for reposing confidence in him.

The Regional Director congratulated the Republic of Maldives for its commendable achievements in health development since joining WHO as a Member State in 1965.

Dr Samlee reaffirmed his commitment to work for improving the health of the people in the SEA Region. He said that there had been tremendous progress in the development of health technology and interventions over the last 50 years. What was needed was to ensure that the people benefited maximally from these advances. Smallpox and guinea-worm disease had been eradicated while leprosy was now targeted for elimination. Polio too would soon be eradicated. At the same time, health development in the Region was

facing formidable challenges due to the re-emergence of tuberculosis and malaria and the increasing incidence of noncommunicable diseases. HIV/AIDS was threatening to offset the health and socioeconomic gains. Widespread poverty and illiteracy, unchecked population growth, increasing environmental degradation, global warming, unplanned urbanization and rapid industrialization continued to pose serious risks to health. However, these may be considered as opportunities to review our health policies and programmes.

The Regional Director recalled that over 15 years ago, the UN Commission on Environment and Development had placed people at the centre of the development process. The World Summit on Sustainable Development also recognized the centrality of health. The Commission on Macroeconomics and Health had emphasized that investment in health led to social and economic development. The Millennium Development Goals recognized the critical role of health in reducing poverty and stimulating development. They reiterated that health was both a goal in itself and a key input towards other developmental perspectives. He emphasized that it was necessary to close disparities in health. In order to do so, a stronger health system was needed. In this behalf, there was a need to accord priority consideration to human resources for health.

The Regional Director pointed out that the countries of the Region faced the double burden of communicable and noncommunicable diseases as well as poverty and severe resource constraints. The Health Ministers were best placed to persuade their governments to invest more funds in health, as it was a very sound investment for any country.

In conclusion, the Regional Director stated that international unity for health was the basis on which the World Health Organization was established over five decades ago. The fight against diseases like HIV/AIDS and enforcement of the Framework Convention on Tobacco Control could succeed only through international cooperation and solidarity. He was confident that the two meetings would further enhance regional solidarity and promote health in the countries of the Region.

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

## **2.4 Vote of Thanks**

H.E. Lyonpo Jigmi Singay, Health Minister of Bhutan, stated that it was a great honour for him to propose the vote of thanks, on behalf of all the Ministers and himself. He thanked all those who had made it convenient, despite their busy schedules, to attend the joint inauguration of the 22<sup>nd</sup> meeting of the Health Ministers and 57<sup>th</sup> Session of the Regional Committee.

He expressed profound gratitude to the President of Maldives for gracing the inauguration ceremony. He noted that the presence of H.E. the President reflected the priority he accorded to the health and wellbeing of the people. He stated that his inspiring address would not only set the tone of the deliberations at the ensuing meetings, but would be a source of guidance for long term health development in the countries of the Region.

H.E. Lyonpo Jigmi Singay thanked the Honorable Minister of Health of Maldives for hosting the two meetings and, for his welcome address. He also thanked the Minister for his generous hospitality and attention to the care and comfort of each delegation. He observed that their stay in Maldives would be a memorable one and deeply appreciated the efforts that had gone in the planning and organization of the meetings.

The Honourable Health Minister of Bhutan congratulated Dr Samlee Plianbangchang on assuming the office of Regional Director. He thanked him for his very comprehensive address which outlined not only his vision and direction but also the challenges and opportunities ahead. He assured the Regional Director of the full support of the Member States and added that they looked forward to his leadership in sustainable health development.

H.E Lyonpo Jigmi Singay also placed on record the appreciation to the ambassadors, heads of UN Agencies, multilateral donor agencies, NGOs and media and noted that their presence at the inaugural session was a source of encouragement and indicative of the priority that they assigned to health development. All those involved, directly or indirectly, from various government ministries and organizations in making excellent arrangements for the two meetings and other logistics were also duly thanked.

### 3. Introductory Session

#### 3.1 Statement by the Co-Chairman of the Twenty-first Meeting of the Health Ministers

H.E. Lyonpo Jigmi Singay, Health Minister of Bhutan, chaired the Introductory Session, in his capacity as the Co-Chairman of the Twenty-first meeting of the Health Ministers.

On behalf of all the ministers, he thanked H.E. Mr Ahmed Abdullah, Hon'ble Minister of Health, Republic of Maldives, for hosting the Twenty-second meeting of Health Ministers. Further, on behalf of all the ministers, he placed on record their grateful thanks to His Excellency Mr Maumoon Abdul Gayoom, the President of the Republic of Maldives, for inaugurating the meeting and observed that his address was indeed most thoughtful: it will inspire them and guide their deliberations during the meeting.

H.E. Lyonpo Jigmi Singay observed that it was now for the ministers to reinforce political will and unitedly tap the potential for the well-being of the people. He expressed confidence that this meeting will go a long way in this direction under the inspiring leadership of H.E. Mr Ahmed Abdullah.

#### 3.2 Address by the Regional Director

Dr Samlee Plianbangchang reiterated his gratitude to the Member States for giving him the honour to be the Regional Director and reaffirmed his total commitment to health development in the Region. He recounted the multitude of health problems and the unfinished agenda facing the Region and, at the same time, the need to fight noncommunicable diseases.

The Regional Director focused on how to make the Organization at the Regional level more dependable, efficient and effective in supporting health development in the Member Countries. He noted that, since taking over as Regional Director, he had exerted to implement WHO's overall policy on decentralization. He had doubled the delegation of authority to WHO Country Representatives to strengthen their role and responsibility in serving

the countries. WHO country offices would be further strengthened to increase their capacity in management, planning and technical skills. The Country Cooperation Strategy (CCS), which all countries in the Region have formulated, was being used as a basis for strengthening WHO presence in individual countries.

The Regional Director stated that within the country focus of WHO work, there will be identification and implementation of country-specific approaches focused on specific needs and requirements for health development. In order to move WHO activities in the Region closer to countries, decentralization of some regional and intercountry functions in certain areas, such as surveillance, health systems development, trade and globalization, and chemical safety, to certain countries was being contemplated. Through monitoring and evaluation, WHO would ensure that its initiatives are really beneficial to the Member States. Towards this end, an Internal Review and Technical Assessment unit was being established in the Regional Office.

Sustainable national development in health required strong public health systems. Therefore, strengthening of public health infrastructure in the countries was being pursued as the highest priority through development of public health workforce through relevant educational programmes. A high-level task force had been established to develop a conceptual framework on public health education in the Region in the 21<sup>st</sup> century. A regional network of public health institutions had started functioning and would promote intercountry cooperation in the development of public health manpower, the Regional Director added.

In conclusion, the Regional Director stated that while working towards decentralization, management processes in various areas in the Regional Office were being streamlined for increased efficiency. Best use of manpower and funds would be ensured and all-out efforts would be made for mobilizing extra-budgetary resources. Success would depend on the united efforts of WHO colleagues and on the support from the Member States in the Region, which was earnestly sought.

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

### 3.3 Statement by the Chairman of the Meeting (Chairman of Health Ministers' Forum)

H.E. Mr Ahmed Abdullah extended a warm welcome to all and sought the goodwill of his colleagues for discharging his responsibilities as the Chairman of the Health Ministers' Forum for 2004-2005.

On behalf of the Ministers, he expressed his grateful thanks to H.E. Mr Maumoon Abdul Gayoom for inaugurating the meetings and for his inspiring address. He also appreciated the address of the Regional Director.

Stating that the health gains, since the Alma Ata Declaration in 1978, had been very impressive in countries of the Region, the Minister noted his deep concern at the widening gap between the health of the haves and the have nots. He stressed that the first priority was to ensure that millions of the poor and vulnerable, who had missed out on the benefits of the health revolution of the 20<sup>th</sup> century, were reached. Success in this respect would contribute to poverty alleviation. In this context, he emphasized the value of the opportunity provided by the report of the Commission on Macroeconomics and Health. He expressed confidence that, together with high income countries and development partners, we could scale up essential health interventions, as recommended by the Commission.

In conclusion, the Minister expressed confidence that this meeting shall be a milestone in strengthening mutual goodwill and cooperation for health development among Member Countries in the Region.

A Drafting Group comprising the following country representatives was constituted:

- (1) Dr Selina Ahsan  
Joint Secretary (Public Health & WHO) – **Bangladesh**
- (2) Mr Bhanu Pratap Sharma  
Joint Secretary (International Health) – **India**
- (3) Ms Nasirah Bahaudin  
Chief, Division of International Cooperation – **Indonesia**
- (4) Ms Aminath Rasheeda  
Head, Department of Public Health – **Maldives**

- (5) Dr Ye Myint  
Director, Disease Control – **Myanmar**
- (6) Dr Hari Nath Acharya  
Chief, Policy, Planning & International Cooperation Division –  
**Nepal**
- (7) Dr Y.D.N. Jayathilake  
Addl. Secretary, Medical Services – **Sri Lanka**
- (8) Dr Sopida Chavanichkul  
Chief, International Health Group – **Thailand**

## 4. Business Session

### 4.1 Global Fund to Fight AIDS, Tuberculosis and Malaria

#### *Regional Director's introductory remarks*

The Global Fund to fight AIDS, TB and Malaria (GFATM) established in January 2002, had become one of the most important resources for combating these three diseases.

Early projections by WHO and UNAIDS indicated that annually at least US\$ 10 billion was needed to achieve the Millennium Development Goals (MDGs) linked to HIV/AIDS, tuberculosis and malaria. However, it was now realized that from 2007 onwards, up to US\$ 20 billion would be needed every year just for HIV/AIDS alone, with another US\$ 3-5 billion annually for TB and malaria. Several factors, including an anticipated scaling up in the access to AIDS treatment, the need to use effective drug combinations for malaria treatment as well as effective treatment of drug-resistant tuberculosis, would necessitate greatly enhanced financing.

Over the past three years, WHO/SEARO had worked closely with Member States in providing technical support, on-site, by WHO country office staff and through SEARO country missions. The goal was to ensure that all Member Countries received due support from the Global Fund. However, there were several issues which required to be resolved and many concerns needed to be addressed in regard to the implementation of the programmes at the country level.



***Gist of the presentation by Dr J.P. Narain, Acting Director,  
Communicable Diseases***

It was pointed out that the Global Fund was established to mobilize and rapidly disburse additional financial resources through a new public-private partnership. In a short time, the Fund had become one of the most important sources of financing in international health. For the South-East Asia Region, the Global Fund represented a window of opportunity to substantially enhance effective interventions to combat the three priority communicable diseases, and make a difference in reducing the high burden of disease in the Region.

During the four rounds held so far, the South-East Asia Region had succeeded in getting 33 proposals from 10 countries approved, obtaining over US\$ one billion, or about 11% of the total funds, disbursed by the Global Fund, allocated to Member Countries in the Region. Of the total funds allocated to SEAR, US\$ 624 million (61%) was allocated to AIDS, followed by US\$ 233 million (23%) for TB, US\$ 158 million (15%) for malaria and US\$ 15 million (1%) for HIV/TB. At the end of the fourth round, only Maldives had yet to get any grants approved from the Global Fund.

As funds were approved, many issues needed to be addressed. For example, in many cases there was a considerable time lag between the approval of proposals and disbursement of funds. The capacity of health systems in the countries to absorb the additional funds available from the Fund needed to be appropriately strengthened in order to enable them to use the same efficiently and effectively. In some countries, the principal recipients needed technical support to implement the programme effectively. In some countries, the choice of local fund agents (LFA) was a cause for concern.

The WHO Regional Office had been active in keeping Member Countries informed of the developments relating to the Global Fund and in supporting them in mobilizing resources from it. WHO's role had been mainly two-fold: (1) Information, communication and advocacy and (2) Coordinating technical support in preparation and review of proposals. So far, WHO had invested more than US\$ 1.5 million from its own resources. However, in order to sustain its technical support to Member Countries, which was likely to grow as they started implementing Global Fund projects, WHO would need to mobilize resources for its own activities.

### ***Discussions***

- Member Countries uniformly appreciated WHO/SEARO's technical support to them and stressed the need for enhanced support in the future, not only in project formulation but also in implementation, technical monitoring and evaluation.
- It was noted that a strong health infrastructure/system was needed for effective utilization and implementation of the Global Fund. Collective actions among Member Countries and WHO was needed for capacity building.
- Concerns were expressed on delays in disbursement of Global Fund support.
- Concern was also expressed concerning delays in identification of Principal Recipient (PR) and Local Fund Agent (LFA).
- Concern was expressed regarding complex procedures and major reporting requirements by the Global Fund. These and other concerns of the Region should be articulated in the Global Fund Board meeting.
- While countries with a high burden of disease were receiving Global Fund support, it was imperative that the low prevalence countries should also be assigned priority for funding. It will be most cost-effective to do so, when interventions are scaled up early in the epidemic.
- The Global Fund could consider supporting the Country Coordination Mechanism (CCM), establish a cell at the country level for the secretariat for providing managerial support for GFATM-related activities.

### ***Gist of the statement by the Executive Director, Global Fund for AIDS, Tuberculosis and Malaria***

Dr Richard Feachem, in his intervention responded to the issues raised by Member Countries. He stated that the Global Fund had no policy related to the geographic distribution or distribution by disease or interventions. Given the high burden of diseases, the South-East Asia Region deserved a higher degree of support. To do so, he urged Member States to address the following issues related to the Global Fund as a priority:

- (1) Strengthen Country Coordinating Mechanism (CCM), specifically mentioning India as a model.
- (2) Clearly identify need for technical assistance for proposals and obtain this from best possible sources such as WHO.
- (3) Strengthen partnership with civil society such as NGOs, faith-based organizations, and private health associations.
- (4) Accelerate procurement through utilization of established procurement agencies.
- (5) Support the Global Fund in simplifying conditions and procedures without jeopardizing the need for transparency and accountability.
- (6) Strengthen public-private partnership, especially in control of HIV/AIDS.

Finally, he emphasized the principle of additionality; failure to ensure this could lead to termination of Global Fund support.

### ***Recommendations***

- (1) WHO, both at country and regional levels should continue to provide technical support in Global Fund proposal implementation and technical monitoring and evaluation as well as in preparing of the proposals for the forthcoming rounds.
- (2) It was noted that strong health infrastructure/system and capacity building for human resources is needed for effective utilization of the Global Fund and for effective control of HIV/AIDS, TB and malaria.
- (3) Member Countries and WHO should evolve a strategy for the Region on the GFATM Board, strengthening health infrastructure including human resources for effective implementation.
- (4) WHO, in collaboration with Member Countries, should systematically collect evidence regarding the capacity and performance of LFAs in the implementation of the Global Fund as its “eyes and ears” to assist the representative from the Region on the Global Fund Board.

- (5) The Global Fund should develop a mechanism so that funds are disbursed to countries rapidly, relying as much as possible on existing monitoring and evaluation procedures. Efforts must be made to simplify procedures so that these do not overly burden the capacity of the health system.
- (6) The Global Fund Board member from the Region should strongly articulate the concerns of the Region in the GF Board in consultation with other Member Countries and keep the Member Countries informed of new developments.
- (7) Countries should include technical support as part of their country proposals which will enable them to mobilize technical support from any agency or Organization, including WHO.

## **4.2 Progress Towards Achieving UN Millennium Development Goals (MDGs)**

### ***Regional Director's introductory remarks***

The Regional Director stressed that the ministries of health could play an increasingly important role not only in implementing the interventions for reaching MDGs, but also in taking the responsibility for monitoring and evaluating the progress. The background document (SEA/HMM/Meet.22/4) provided an overview of progress towards achieving the MDG in the Region. It also highlighted the challenges and bottlenecks, with particular reference to health systems development. The Honourable Ministers were requested to take note of the Progress Report and provide their guidance.

### ***Gist of the Presentation by Dr U Than Sein, Director, Health Systems Development***

Following the Regional Director's introduction, it was highlighted that the MDGs represented a vision of development with well-defined, time-bound targets and indicators to monitor progress from 1990 till 2015. They offered an opportunity to harmonize target setting within national and regional planning processes.

It was stressed that with the current trends of progress on achieving MDGs, some SEAR countries may not be able to achieve the same without accelerated efforts through enhanced political and financial support and by adopting and implementing relevant interventions. The challenge was to reach out to the marginalized population with the available primary health care interventions. The priority was to scale-up effective interventions, both in terms of coverage and quality, and focus on the most vulnerable and marginalized population groups.

### **Discussions**

- All Member Countries of the Region were committed to achieving the MDGs through their development efforts. Some countries had already achieved some targets and had set up ambitious goals and targets at the sub-national level, trying to address the poverty and development issues of the under-privileged and the marginalized groups.
- While the countries were committed, they required external/internal resources to scale up the essential interventions. WHO assistance would be required by countries to mobilize such resources.
- There was a need to enhance intercountry collaboration and strengthen regional solidarity by Member Countries helping each other with technical expertise and resources.
- Some countries of the Region had carried out a detailed review of the progress and had identified the challenges for achieving the MDGs and shared their national reports with other countries, the UN and bilateral agencies.
- The main challenges included country ownership and consensus building; tailoring targets and indicators to most specific situations and conditions and moving beyond national averages; strengthening health systems (as part of the poverty reduction strategy); capacity building in policy development, planning, data collection and analysis, and mobilization of resources. The role of WHO focused on technical support to countries in planning, identification of cost-effective interventions, strategizing each goal, monitoring and reporting, resource mobilization and advocacy.

- Strengthening health systems based on the primary health care and health-for-all principles was most relevant and a basic necessity in addressing the specific challenges faced by the countries of the Region. It was highlighted that the target of achieving Health for All through primary health care which was so strongly propagated since the 1970s had lost its significance as the focus had shifted to MDGs. Further, there was concern that while focusing on the MDGs, very little attention may be paid to control and prevention of non communicable diseases.
- The challenge for achieving MDGs was further aggravated by the rapid globalization process. There was, therefore, a need to review the implications of globalization on health and to identify its negative implications. WHO needed to strengthen its technical capacity and, at the same time, provide appropriate guidance and technical assistance to the Member Countries in this area.

### ***Recommendations***

- (1) Based upon the assessment of the progress towards achieving MDGs, Member States should identify specific challenges and develop appropriate intervention programmes with the support of all partners in health, focusing on the health needs of the underprivileged and the poorest segments of the population.
- (2) WHO should continue to assist countries in their work in MDGs, with particular emphasis on:
  - technical support (in planning, identification and scaling up of cost-effective interventions, reviewing the implications of globalization and providing advice);
  - monitoring and reporting (by linking interventions with indicators, facilitating collection of baseline data, addressing equity);
  - resource mobilization (through follow-up on the work of the national commissions on macroeconomics, development of joint proposals with partners, and facilitating use of existing resources effectively, as part of national poverty reduction strategies).

### **4.3 Intercountry Cooperation: Cross-border Control of Priority Communicable Diseases**

#### ***Gist of the Presentation by Dr J.P. Narain, Acting Director, Communicable Diseases***

It was highlighted that disease transmission was high in border areas, particularly in respect of priority communicable diseases. The risk of AIDS was linked with drug trade and trafficking of women across borders. The situation was further complicated by the marginalization and criminalization of immigrants and their lack of legal rights, which made them vulnerable to infectious diseases. Thus, disease control in border areas posed considerable difficulties and challenges.

The border areas were generally given low priority by countries. Often, there was a wide gap between national policies and action at borders. Border areas often had a weak public health infrastructure, which was inadequate to tackle the health problems.

Some of the guiding principles for cross-border control of priority communicable diseases included using an integrated and coordinated approach with bottom-up planning and implementation in collaboration with the community; mapping of health services, both private and public, on both sides of the border areas; formulating coherent policies for disease control for use on both sides of the border; and building effective systems for exchange of information and expertise for joint planning and implementation.

Based on these principles, WHO had planned pilot projects in 11 districts in adjoining border areas of Bangladesh, Bhutan, India and Nepal under ICP II. During the two years of implementation of the pilot projects, many lessons had been learnt. For example, collaboration across border areas required full cooperation and active participation of Governments on both sides of the border – not only at policy level but also at programme implementation as well as operational levels. Control of communicable diseases across borders involved not only the health sector, but required a multisectoral involvement of immigration and customs authorities as well as NGOs active at border areas. It also required coordination between the countries, based on memoranda of understanding, especially for establishing

information exchange mechanisms across borders. It required a high level of commitment of participating countries and WHO in terms of human and financial resources: though commitment was often expressed at policy-level meetings, it did not get translated into action in the border areas.

While the need for cross-border collaboration for the control of communicable diseases was expected to grow, initiatives needed to be tailor-made to fit the local circumstances in each area on the basis of a thorough and exhaustive situation analysis. WHO had been asked to coordinate efforts among countries, including high level advocacy to get the requisite political commitment for institutionalizing cross-border collaboration and information exchange. It was crucial that Member Countries designate focal points at various levels – particularly at programme and operational levels – for exchange of information and for planning and implementing cross-border initiatives. All countries must be committed to work collaboratively to tackle cross-border problems and develop a policy that was reflected from the central to the peripheral levels.

### ***Discussions***

- WHO's facilitating and technical support role to Member Countries in planning and implementing cross-border control of priority communicable diseases of HIV/AIDs, TB, malaria, kala-azar, and polio was acknowledged. With the emergence of infectious diseases such as SARS and avian influenza, cross-border control assumed even greater importance.
- Intercountry collaboration on cross-border control of communicable diseases had been going on for a long time in the Region between Thailand and countries bordering it including Myanmar and between Indonesia and Timor-Leste, in the area of polio and other communicable diseases. In addition, three countries, namely, Bangladesh, India and Nepal had committed themselves to collaborate in the elimination of kala-azar.
- Effective collaboration at the cross-border level was a difficult issue because of political sensitivities and also due to poor infrastructure in the remote, border districts. In view of this, countries needed to take a



cautious approach, taking one step at a time. The interventions should fit the local situation and be initiated after thorough situation analysis.

- There were several examples of cross-border collaboration from which lessons could be learnt in particular, from polio eradication at global, interregional and intercountry levels. Ways could be identified in which such experiences could be applied for cross-border control of other communicable diseases.
- In order to control communicable diseases at border areas, joint plans of action along the Thailand-Myanmar, Bangladesh-India, Bhutan-India and India-Nepal borders had been developed. However, these initiatives and plans had been implemented only partially. While there was a political commitment at the policy level, experience showed that these did not always get translated at the local level. Intensified implementation of joint plans of actions should, therefore, be a priority.
- Recognizing that population movement across borders will continue to grow in the future, special approaches and interventions were needed, including in the area of outbreak alert and disease surveillance capacity building in the border areas within the context of revised International Health Regulations and risk communication.
- It was recognized that cross-border implementation of control of communicable diseases was not only confined to the physical borders in view of newly emerging diseases.
- WHO should continue to assist countries, through enhanced delegation of authority, horizontal collaboration among WHO country offices and by moving technical support closer to countries.

### **Recommendations**

- (1) Countries must continue to collaborate across the borders and with delegation of authority to the appropriate agencies. Focal points at various levels should be identified for coordination of cross-border efforts.
- (2) WHO should assist Member Countries in mobilizing resources from appropriate sources, as successful and effective cross-border collaboration for disease control requires sustained financing.

- (3) Countries should make every effort to enhance implementation of joint plans of action developed between many countries, supplemented by ensuring full political commitment, coherent disease control policies and strategies such as synchronized insecticide spraying on both sides of the border.
- (4) WHO should also provide technical support in the development of tools for situation analysis, capacity building and by providing guidance on overall management of cross-border issues like risk communication aspects.

## 5. Field Visit

The Ministers visited the 50-bedded hospital in Hulhumale, the largest land reclamation project in the country, being built, in stages, in the lagoon of Hulhule, the airport island. The hospital was opened on World Health Day 2004. A meticulously organized facility, it is being put to good use by the small island community of about 1500 people.

The Ministers saw the OT facility, the maternity and child care centre, the health information unit, the X-ray department, the laboratory and the pharmacy. Presently, some 60 staff, including doctors, nurses and other workers are employed at the hospital.

## 6. Any Other Item

### **Elective Posts for the Fifty-eighth Session of the World Health Assembly and Sessions of WHO Executive Board**

#### ***Regional Director's introductory remarks***

The office bearers of different posts at every World Health Assembly are elected from among the Member States of all the six Regions of WHO. To facilitate this process, the countries of each Region arrive at a consensus in respect of the posts pertaining to it and forward the same to WHO-headquarters well in advance of the World Health Assembly.

Regarding the fifth-eight session of the World Health Assembly, countries of the South-East Asia Region have five posts. The principle of rotation was generally followed in making nominations from our Region. In this regards, an exploratory exercise, based on the principle of rotation, was carried out at the Ninth meeting of Health Secretaries in July 2004 and a broad consensus reached.

***Gist of the presentation by Mr B.S. Lamba,  
Sustainable Health Policy Officer***

It was highlighted that on the basis of the exploration on the subject during the Ninth meeting of Health Secretaries of the countries of WHO South-East Asia Region, the position that emerged was:

Office	Countries
<b>World Health Assembly</b> Vice-President Vice-Chairman Committee B General Committee (1 Member – in addition to the Vice-President) Committee on Credentials (1 Member) Committee on Nominations (2 Members)	Thailand Myanmar Maldives  Bhutan India/Timor-Leste
<b>Executive Board</b> Nomination from SEAR country to be made in place of Maldives, whose term expires in May 2005	Bhutan

The Ministers, after due consideration, endorsed the above position.

## 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.

## 8. Closing Session

The Health Minister of Bangladesh, spoke on his own behalf as also on behalf of his colleagues at the closing session. He placed on record his deep appreciation of the Government of the Republic of Maldives for hosting the meeting in a very efficient and satisfactory manner. He stated that the memories of this meeting and their stay in Maldives would be cherished for long. The host government was profusely thanked for its generous hospitality. H.E. the President of Maldives was once again thanked for inaugurating the meeting and for his very inspiring and thought-provoking address.

The Regional Director was also thanked for organizing the meeting very effectively. His address at the inaugural session as also at the introductory session were highly appreciated. The Regional Director's introduction to the subjects as also the presentations were commendable and facilitated purposive discussions.

The Health Minister of Maldives was thanked for his personal contribution to the success of the meeting. All cooperation was assured to him during his tenure as Chairman of the Health Ministers' Forum.

All the officers of the Ministry of Health and other organizations of the government, who had worked hard behind the scene in connection with the meeting, were also thanked. The management of the Kurumba Resort was also thanked for the excellent arrangements for the meeting as also for a very enjoyable stay.

The Health Minister of Sri Lanka announced that the Government of Sri Lanka would be pleased to host the next meeting of the Health Ministers and the next session of the Regional Committee in Sri Lanka. The offer was thankfully accepted by the Chairman on behalf of the ministers.

The Regional Director congratulated the Hon'ble Health Ministers on the successful conclusion of their meeting. He noted that the meeting had fully achieved its objectives and had further strengthened the bonds of mutual friendship amongst the health leaders in the Region. He thanked the Health Minister of Maldives for guiding the proceedings with wisdom and able leadership. He also acknowledged the contribution of the Health Minister of Sri Lanka as the Co-chairman of the meeting. The contribution of the Drafting Group was regarded as very useful.

He also expressed his appreciation to Professor Richard Feachem for his statement on the Global Fund and for placing the issues involved in the right perspective.

The Regional Director said that the leadership of the Health Ministers' Forum now vests with the Health Minister of Maldives who was assured of WHO's fullest cooperation in his endeavours. He also assured the Hon'ble Ministers that WHO would immediately start taking appropriate actions on the recommendations made by them at this meeting.

The Health Minister of Maldives thanked the Hon'ble Ministers and the Regional Director for their kind sentiments. He acknowledged that the success of the meeting was primarily due to the cooperation extended by the ministers. He placed on record his sincere thanks to the Regional Director for organizing the meeting as also for the excellent technical support provided. He expressed his appreciation to the Drafting Group.

In conclusion, he exhorted his Hon'ble colleagues to see that the recommendations were followed up and appropriately implemented according to the conditions in their respective countries. As the Chairman of the Health Ministers' Forum, he assured that he would do his utmost to further health development and regional solidarity. He also sought the cooperation and guidance of his colleagues in discharging the responsibilities as the Chairman of the Health Ministers' Forum and announced the closure of the Twenty-second meeting of 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) Progress towards achieving United Nations Millennium Development Goals
- (5) Intercountry Cooperation: Cross-border control of priority communicable diseases
- (6) Any Other Item
- (7) Adoption of the Report
- (8) Closing Session

## Annex 2

### List of Participants

#### MINISTERS

##### Bangladesh

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

##### Bhutan

H.E. Lyonpo (Dr.) Jigmi Singay  
Minister of Health  
Royal Government of Bhutan, Thimphu

##### DPR Korea

H.E. Dr Kim Su Hak  
Minister of Public Health  
Government of the Democratic People's  
Republic of Korea, Pyongyang

##### India

H.E. Dr Anbumani Ramadoss  
Minister of Health and Family Welfare  
Government of India, New Delhi

##### Indonesia

H.E. Dr Achmad Sujudi  
Minister of Health  
Government of the Republic of Indonesia  
Jakarta

##### Maldives

H.E. Mr Ahmed Abdullah  
Minister of Health  
Government of the Republic of Maldives  
Male

##### Myanmar

H.E. Professor Mya Oo  
Deputy Minister  
Ministry of Health  
Government of the Union of Myanmar, Yangon

##### Nepal

H.E. Dr Bansidhar Mishra  
State Minister for Health  
Ministry of Health  
His Majesty's Government of Nepal  
Kathmandu

##### Sri Lanka

H.E. Mr Nimal Siripala de Silva  
Minister of Healthcare, Nutrition and Uva  
Wellness Development  
Government of the Democratic Socialist  
Republic of Sri Lanka, Colombo

##### Thailand

H.E. Mr Anutin Charnvirakul  
Deputy Minister of Public Health  
Royal Thai Government  
Nonthaburi

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Government of the People's Republic of  
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##### Bhutan

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Health Department  
Ministry of Health  
Royal Government of Bhutan, Thimphu

Mr Sonam Rinchen  
PS to the Health Minister  
Ministry of Health  
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#### **DPR Korea**

Mr Han Tae Song  
Vice Director  
Ministry of Foreign Affairs  
Government of the Democratic People's  
Republic of Korea, Pyongyang

Mr Choe Yong Su  
Official  
Ministry of Public Health  
Government of the Democratic People's  
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#### **India**

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Government of India, New Delhi

Dr S.P. Agarwal  
Director-General of Health Services  
Ministry of Health & Family Welfare  
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Mr Bhanu Pratap Sharma  
Joint Secretary (International Health)  
Ministry of Health & Family Welfare  
Government of India, New Delhi

Ms P. Jyoti Rao  
Additional Secretary (International Health)  
Ministry of Health & Family Welfare  
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Mr K. Dhanavel  
PS to the Minister of Health & Family Welfare  
Government of India, New Delhi

#### **Indonesia**

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Director-General of Community Health  
Ministry of Health  
Government of the Republic of Indonesia  
Jakarta

Prof Dr Umar F. Achmadi  
Director-General of Communicable Diseases  
Control and Environmental Health  
Ministry of Health  
Government of the Republic of Indonesia  
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Dr Gunawan Setiadi  
Chief, Bureau of Planning and Budgeting  
Ministry of Health  
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#### **Maldives**

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Male

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Ministry of Health  
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Mr Ahmed Moosa  
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### **Myanmar**

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Department of Health Planning  
Ministry of Health  
Government of the Union of Myanmar, Yangon

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Acting Director-General  
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Government of the Union of Myanmar, Yangon

Dr Ye Myint  
Director (Disease Control)  
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Ministry of Health  
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### **Nepal**

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### **Sri Lanka**

Dr Y.D.N. Jayathilake  
Addl. Secretary (Medical Services-I)  
Ministry of Healthcare, Nutrition and Uva  
Wellassa Development  
Government of the Democratic Socialist  
Republic of Sri Lanka, Colombo

### **Thailand**

Prof Dr Pakee Pothisiri  
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Royal Thai Government  
Nonthaburi

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Mr Wannarat Channukul  
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**WHO SECRETARIAT**

Dr Samlee Plianbangchang  
Regional Director

Dr Poonam Khetrapal Singh  
Deputy Regional Director

Dr Bjorn Melgaard  
Director, Programme Management

Ms. Ann T. Van Hulle-Colbert  
Director, Administration and Finance

Dr J.M. Luna  
WHO Representative to Maldives

Dr U Than Sein  
Director, Health Systems Development

Dr Jai P. Narain  
Ag. Director, Communicable Diseases

Dr Myint Htwe  
Chief, Internal Review and Technical  
Assessment

Mr B. S. Lamba  
Sustainable Health Policy Officer

Mr S.K. Madanpotra  
Administrative Assistant

Ms Rekha Anand  
Senior Administrative Secretary

**SPECIAL INVITEES**

Professor Richard G.A. Feachem  
Executive Director  
The Global Fund to fight AIDS, Tuberculosis  
and Malaria  
Geneva  
Switzerland

Mr Taufiqur Rahman  
Cluster Leader for South-East Asia  
The Global Fund to fight AIDS, Tuberculosis  
and Malaria  
Geneva  
Switzerland

### **Annex 3**

## **Welcome Statement by His Excellency Mr Ahmed Abdullah, Minister of Health, Government of the Republic of Maldives**

H.E. President Maumoon Abdul Gayoom,  
Hon. Ministers of Health of Countries of South-East Asia Region  
WHO Regional Director, Dr Samlee Plianbangchang  
Advisors,  
Observers,  
Invitees,  
Ladies and Gentlemen:

It is an honour and a privilege for us in the Maldives to host the Twenty-second Meeting of the Ministers of Health and the Fifty-seventh Session of the WHO Regional Committee for South-East Asia. Let me take this opportunity to extend a very warm welcome to all the distinguished ministers, the Regional Director, Dr Samlee Plianbangchang, and delegates.

On many occasions in the past, we have had the privilege of welcoming Dr Samlee Plianbangchang to the Maldives, but this is the first opportunity we have the pleasure to welcome him as the Regional Director of WHO's South-East Asia Region. We would also like to welcome the Director-General of WHO, Dr Lee Jong-jaek, due to pressing engagements he could not be present with us today, he will join the Regional Committee meeting later.

Honourable Ministers of Health and distinguished delegates, we feel greatly honoured to welcome you. On earlier occasions too we had the privilege of hosting you and your predecessors. This is the third time we are convening this meeting: the RC in 1980 and 1991 and the Health Ministers' Meeting in 1991 and 2001.

We are grateful to you for sparing your valuable time to contribute to this meeting with your wealth of experiences in spite of your pressing

responsibilities. I sincerely hope that your stay in our country would be happy and rewarding. I also hope that these idyllic surroundings will facilitate a successful meeting.

In our unprecedented socio-economic developments, Maldives has achieved several strides in health during the past two decades. We have already reached several Millennium Development Goals. People are living healthier and happier than ever, enjoying a lifespan of over 70 years compared to 45, 20 years ago. There are bountiful opportunities for our people to educate themselves, work and prosper with improved health.

It is indeed a singular honour and privilege for us that President Maumoon Abdul Gayoom has kindly accepted to grace this occasion. His Excellency's presence here bears testimony to the great importance he gives to the health and well being of the people of our Region. Health and welfare of the people has always been very close to his heart. Therefore, while paying plaudits for his visionary leadership, I wish to express deep gratitude to His Excellency the President for inaugurating this meeting.

Our Region comprising of only 11 countries, is home for one-fourth of the world's population and shares 40% of the global disease burden.

Hence, our Region needs more resources and improved health systems to meet the challenges. We renew our collective will and dedication to this uphill task. We have great confidence in the ability and leadership of our new Regional Director, Dr Samlee Plianbangchang, to lead us to better health. I would also like to pay tribute to our former Regional Director, Dr Uton Rafei, who had rendered great leadership and service to our Region.

Today, health systems in all our countries are overburdened. While we are working together to control priority communicable diseases crossing borders, noncommunicable diseases (NCD) have emerged mainly due to unhealthy life styles and have become a major public health problem. Health systems are further strained by having to address the problems posed by preventable deaths such as the epidemic of NCD, road accidents and disasters. We welcome WHO's role in strengthening its capabilities to meet global epidemics and disasters. I am glad these topics will be discussed extensively during our meetings. Indeed, what is paramount is WHO's

continued leadership and our regional solidarity to harness our resources and to make the best out of it.

As a national priority the government is investing 11% of our national budget for health. We strongly believe that investment for health and social development is vital for progressive sustained development.

As a result, access for health care and public health services have expanded tremendously. These sustained investments in health are bearing fruits now.

In conclusion, I sincerely hope that this meeting will be a great success. May I wish you all honourable ministers and distinguished delegates, a wonderful stay in the Maldives. You have a great opportunity to enjoy a rare natural beauty and a warm friendship.

Thank you.



## Annex 4

### **Inaugural Address by His Excellency Mr Maumoon Abdul Gayoom, President of the Republic of Maldives**

Honourable Ministers, the WHO Regional Director, Dr Samlee Plianbangchang, Distinguished Delegates, Ladies and Gentlemen:

It is my great pleasure to extend a very warm welcome to all of you. I wish you a most successful meeting and a very pleasant stay in the Maldives.

Honourable Ministers:

There is a famous Arabian saying: "He who has health has hope; and he who has hope has everything". These words of wisdom highlight the importance of good health for prosperity and happiness. Health is not merely the absence of disease, but a state of fulfillment and satisfaction.

Today, it is universally accepted that health is not just an end in itself, but is fundamental to social and economic development, as well. This is clearly illustrated in the Millennium Development Goals, where three of the eight goals are directly related to health, and all of the others have a significant bearing on it.

Indeed, development and health are closely inter-related. It will be impossible to achieve a 50% reduction in income poverty as required by the Millennium Development Goals, without taking steps to ensure a healthier population. Likewise, attaining food security and having access to clean water and essential medicines are critical for development. Similarly, eliminating gender disparities and increasing school enrolment rates are vital for better results in health services and systems.

Honourable Ministers:

This is the age of mass communication. People are on the move as never before. But over these positive developments hang the dark clouds of pandemics, and the threat of new and re-emerging communicable diseases.

No epidemic has probably ever posed as severe a challenge to humankind as that now posed by HIV/AIDS. More than 20 million people have died from AIDS worldwide. An estimated 40 million are now infected with the virus. More than five million persons are living with the HIV infection in our Region, making it the second most affected in the world.

In the Maldives, too, AIDS is a potential public health threat. With the rapid spread of the disease in the neighbouring countries and the drug addiction problem in the country, the threat of HIV infection cannot be ignored. Since 1992, 14 persons have tested positive for AIDS, whom 10 have regrettably passed away.

For the prevention and control of HIV/AIDS, we have introduced voluntary counseling and testing, and revised surveillance protocols according to WHO guidelines. We have also started Anti-Retroviral Therapy for AIDS patients in the Maldives, a measure which, we hope, will contribute towards the "3 by 5" goal of WHO.

Honourable Ministers:

Globally, the fight against infectious disease is a continuous battle. Drug resistant strains of diseases believed to have been controlled are re-appearing in the Region, as in the case of malaria, tuberculosis and bacterial pneumonia.

The emergence and the consequent spread of SARS in 2003 and the alarming threat of avian influenza pandemic in 2004 have affected the Region's important economic sectors, such as poultry, travel and tourism. Most of our countries are affected either directly or indirectly. The response requires not only scientific research and inventiveness, but also strong national and regional collaboration, as well as the support of the international community.

Honourable Ministers:

Despite the threat posed by communicable diseases, the world today is experiencing an epidemiological transition from communicable to non-communicable diseases. Heart ailments, mental disorders and road traffic injuries are estimated to be the top three causes in the global burden of diseases by the year 2020. Malnutrition and micronutrient deficiency comprise a further major public health concern, with serious implications for quality of life, development potential, and for future generations.

The global strategy on diet and physical activity adopted by the World Health Assembly in May of this year could be an important tool in addressing this problem. It could guide countries towards developing national strategies for control and prevention of noncommunicable diseases.

Honourable Ministers:

In the Maldives, the Government is fully committed to achieving the Millennium Development Goals. Government expenditure on health accounts for over six percent of the GDP, and per capita government expenditure on health is one of the highest in the Region. We have made good progress in attaining health for all, and remain dedicated to realizing further improvements in the health and well-being of the people. Over the past 25 years, infant mortality in the Maldives has come down from 120 per thousand to 14, child mortality from 180 to 18, maternal mortality from 4 to 1, and crude death rate from 14 to 4, while life expectancy has increased from 48 to 73 years.

No indigenous case of malaria has been found since 1984. Filariasis, leprosy and TB control have achieved the regional targets set by WHO. Vaccine preventable infections have also been controlled to such an extent that diseases like polio, neonatal tetanus, whooping cough and diphtheria have been eliminated from the country. However, we have not let our guard down on communicable diseases, and new steps are being taken such as providing vaccines for infections such as rubella and meningitis.

I thank the Minister of Health, Mr. Ahmed Abdullah, and his distinguished predecessors, and the officials and the professionals of the

health sector, as well as those providing health care services in the private sector, for their diligent efforts to improve the health and wellbeing of the people. I would also like to note the important contribution made by our bilateral donors, and multilateral development partners, particularly WHO, UNICEF, UNFPA, and UNDP.

Honourable Ministers:

The health burden in the Maldives is now going through a transition from communicable to noncommunicable diseases. Coupled with increased access to health care and improved diagnostic facilities, chronic illnesses such as hypertension, cardiovascular complaints, diabetes and cancer are being increasingly diagnosed in all parts of the country.

At the same time, the rise in the living standards of the people has not been matched by a proportionate improvement in their nutritional status. Awareness-raising about proper dietary habits and healthy lifestyles clearly has an important role to play. The National Nutrition Strategic Plan 2002-2007 focuses on achieving rapid gains in the nutritional status of the population, especially of mothers and children.

Another health issue of great concern to the Maldives is that of thalassaemia. Nationally, one in five persons is a thalassaemia carrier and one in every 120 newborns suffers from this blood disorder. If preventive steps to reduce the incidence of thalassaemia in the Maldives are not taken, informed projections show that in 50 year's time, the cost of treatment could consume over 40 percent of the per capita health expenditure. And what is worse, half the country might have to become blood donors for the other half, a nightmare situation that would be quite unsustainable. We hope that WHO's scope to respond to country-specific concerns will be further strengthened in order to address such urgent matters.

Clearly, one of the biggest challenges in the health sector for many countries of the Region, including the Maldives, is that of matching resources with requirements. Resources are scarce. Needs are plenty. Therefore, preventive strategies and healthy lifestyles would be crucial to ensuring sustainability. Likewise, efficient management of resources and international cooperation are essential to ensure that health for all becomes and stays a reality.

Honourable Ministers:

In meeting the health sector challenges and in attaining the MDGs, country level action is vital. International cooperation, global partnerships and coordinated strategies have an equally crucial role to play. We must address our health sector challenges by acting locally, coordinating regionally and collaborating globally. And the greater the cooperation, the greater the chance of success.

Looking forward to very productive results from your deliberations for cooperation at the regional level, may I conclude with a prayer recited by Prophet Ibrahim, and related to us by the Glorious Quran: [It is] the Lord and Cherisher of the Worlds, Who created me, and it is He Who guides me, Who gives me food and drink. And when I am ill, it is He Who cures me; Who will cause me to die, and then bring me to life (again), and Who, I hope, will forgive me my sins on the Day of Judgment. O my Lord, bestow wisdom on me, join me with the righteous!

Thank you.

**Annex 5**

**Address by Dr Samlee Plianbangchang, Regional Director,  
WHO South-East Asia Region at the Joint Inaugural  
Session of the 22<sup>nd</sup> Meeting of Ministers of Health and  
57<sup>th</sup> Regional Committee for WHO South-East Asia Region**

Your Excellency, Mr Maumoon Abdul Gayoom,  
President of the Republic of Maldives;  
Your Excellency, Mr Ahmed Abdullah,  
Minister of Health, the Republic of Maldives;  
Hon'ble Ministers of Health from South-East Asia Region;  
Excellencies;  
Distinguished Country Representatives;  
Ladies and gentlemen,

It is a great pleasure for me to address this joint inauguration of the 22<sup>nd</sup> Meeting of Ministers of Health and the 57<sup>th</sup> Session of the WHO Regional Committee for South-East Asia.

Your Excellency, Mr President, we deeply appreciate your august presence to inaugurate these two important meetings. It is a clear demonstration of your government's abiding interest in the health and welfare of people in the Region.

I am very happy that the Hon'ble Health Ministers were able to spare time for the meetings inspite of their heavy responsibilities at home.

On behalf of the World Health Organization and on my own behalf, I extend my sincere thanks to the Government of the Republic of Maldives for hosting the meetings, and making the excellent arrangements.

The Republic of Maldives joined WHO in 1965. Since then, we have witnessed remarkable progress in national development, in spite of scattered geographical location of atolls and resource constraints.

The per capita income increased from only US\$ 352 in 1981 to US\$ 2,090 in 2002. The overall literacy rate also increased from 92% in 1980 to 98% in 2001. In the health area, life expectancy at birth increased from 50 years in 1980 to 71 years in 2003, and the infant mortality rate decreased from 94 in 1980 to 14/1,000 live births in 2003. The crude death rate decreased from 12 in 1980 to 4 per 1,000 population in 2000.

In Maldives, leprosy has been eliminated since 1997 and the country has been free from polio for 23 years.

This impressive development was contributed, among other things, by a sound health system, developed to serve the health needs of the country within its national and local situations.

We must congratulate the Republic of Maldives for these commendable achievements in health development.

Hon'ble Ministers, Excellencies and Distinguished Country Representatives,

This is the first time that I have the honour and privilege of addressing this distinguished audience as Regional Director of the WHO South-East Asia Region. I do so with a total sense of responsibility and deep humility. It would never have been possible for me to be in this position without the trust and confidence reposed in me by the Member States in the Region, for which I am indeed grateful.

Let me take this opportunity to re-affirm that I will dedicate myself fully and do my best for WHO and for the development of health for all peoples in South-East Asia. With a devoted health workforce, and with the strong tradition of solidarity and close collaboration among countries in the Region, I am confident that WHO in South-East Asia will live up to any expectations of the Member States.

To pursue my function effectively, I will have to count on the goodwill, guidance and leadership of the Member States in the Region.

Your Excellency, Mr President,

These two important meetings are being held to address the challenges that we face together, and to maximize the opportunities for better health of

all our peoples. There has been tremendous progress in the development of health technology and interventions over the last 50 years. Together, we will have to ensure that our peoples too benefit maximally from these advancements. This is one of our real challenges, in view of the resource constraints prevailing in our Member countries.

Now, let us look at some of our achievements. We have eradicated smallpox and guinea-worm disease. Leprosy is now targeted for elimination by the end of next year. We will soon eradicate poliomyelitis from this part of the world.

On the other hand, our progress in the health area faces formidable challenges due to the re-emergence of tuberculosis and malaria, and the rising incidence of noncommunicable diseases. HIV/AIDS is threatening to offset the gains from our health and socioeconomic development.

As we are well aware, our Region also has to contend with widespread poverty and illiteracy. Unchecked population growth, increasing environmental degradation, global warming, improperly planned urbanization, and rapid industrialization continue to pose serious risks to health. These are challenges waiting to test our capability and capacity in moving forward in health development in the years to come.

However, these may be considered as opportunities for us to review our health policies and programmes, with the view to reorient our strategies and resources for maximum gains in the development efforts.

Hon'ble Ministers, Distinguished Representatives,

Fifteen years ago, the UN Commission on Environment and Development placed people at the centre of development. The World Summit on Sustainable Development recognized the centrality of health in the development process. The Global Commission on Macroeconomics and Health has also emphasized that increased investment in health leads to social and economic development. By scaling up investment in health, we can stimulate economic growth and reduce poverty; and these, in turn, further enhance health development.



The Millennium Development Goals recognize the critical role of health in reducing poverty and contributing to overall development. The MDGs are central to our agenda for forging towards a healthier world. I would like to emphasize that within the context of these goals health is both a goal in itself, and a key input towards other developmental perspectives.

The centrality of health in sustainable development must be recognized and operationalized through national development policies, plans and strategies. Strong political commitment and leadership at all levels are urgently needed in these processes. To ensure that all peoples in our Region will be optimally healthy, we need to close the disparities in health in countries and among countries.

In order to do so, we need health systems with real vigour in all countries to ensure universal access to quality health care and services for all. Health systems development will continue to be the key priority that underpins all our efforts in the Region to improve peoples' health.

Ladies and gentlemen,

As we well know, our countries are facing the double burden of communicable and noncommunicable diseases, as well as persistent poverty and severe resource constraints. The countries are finding it increasingly difficult to move forward in national development due to lack of necessary resources.

At the national scale, health is still given low priority on the government agenda in many countries. Health Ministers are the best persons to persuade their Heads of State and Heads of Government, as well as the Planning and Finance Ministers, that putting more money into health is a very sound investment for any country.

However, all of us, at all levels, have to continue in a big way to advocate for a prominent place for health in the national development agenda. Furthermore, we have to ensure the best use of available resources for health development.

To achieve our goals in this regard, among other things, we need to seriously review the area of human resources as a priority consideration. We

need to particularly focus on strengthening the public health and medical workforce to make them more socially and ethically responsible, and committed to the goals of health for all. More importantly, we need the involvement of people from all walks of life in the improvement and maintenance of their health.

These efforts, Excellencies, Ladies and gentlemen, will help us to cover the long way in our quest for health for all.

Hon'ble Ministers,

International unity for health was the basis on which the World Health Organization was established more than five decades ago. This solidarity was strongly evident once again when we unitedly fought and contained the outbreaks of emerging diseases, like SARS and Avian Influenza.

Similarly, the fight against HIV/AIDS will succeed only through international solidarity and cooperation. The Global Fund established to help fight against the scourge of HIV/AIDS, TB and malaria has been instrumental in providing much needed financial resources. I am pleased to report that the countries of our Region are getting due benefit from this Fund.

International cooperation is also required to ensure that the Framework Convention on Tobacco Control adopted by the World Health Assembly more than a year ago will come into force soon.

Ladies and gentlemen,

The problems and constraints in health development in our Region are formidable and challenging to all of us. The best strategies and interventions to ensure equitable health care and services for all are yet to be realized through our combined wisdom and joint efforts.

In this connection, I would like to mention that we have initiated a useful dialogue with our colleagues in the Western Pacific Region to further strengthen collaboration between the two Regional Offices in areas of mutual interest.

Shortly after assuming office, the WHO Director-General, Dr LEE Jong-wook, said, "We must do the right things; we must do them in the right place;

and we must do them in the right way". And, I would like to add in this connection that we must do them at the right time.

Now, it is time for us to revisit our development plans and redirect our course of actions to ensure our ability to effectively tackle health challenges now and in future.

I have no doubt that the ensuing two meetings would further enhance regional unity and collaboration to ensure the best gains from our health development endeavours.

We look forward to the advice and guidance of the Hon'ble Health Ministers and the Country Representatives to the Regional Committee.

Excellencies, distinguished representatives, ladies and gentlemen,

In conclusion, let me again thank His Excellency, Mr Maumoon Abdul Gayoom for his gracious presence at this joint inaugural session.

I wish the meetings all success, and all the best to you all.

Thank you.

**Annex 6**

**Address by Dr Samlee Plianbangchang,  
Regional Director, WHO South-East Asia Region at the  
Introductory Session of the  
22<sup>nd</sup> Meeting of Ministers of Health**

Hon'ble Chairman,  
Hon'ble Ministers of Health,  
Executive Director of the Global Fund,  
Ladies and gentlemen,

This is the first occasion for me to attend the Meeting of Health Ministers as WHO Regional Director. I would like to express, once again, my sincere gratitude to Member States in the Region for giving me this opportunity.

Bestowed with this honour and privilege, I have pledged my total commitment to health development in the Region. I will work hard for WHO in South-East Asia, in order that it lives up to the expectations of the Member States.

Our Region is still plagued with a multitude of health problems. We, in WHO, will work closely and diligently with countries to finish the unfinished agenda: polio eradication, and leprosy elimination. We will continue pursuing our efforts at elimination of filariasis, and start our work on elimination of kala-azar and yaws within a defined time frame.

Most importantly, we urgently need to check the HIV/AIDS epidemic, which has the potential to devastate our Region in the near future. I would like, at this stage, to thank the Global Fund for providing much needed financial support to fight against this scourge.

We have yet to control malaria, tuberculosis, dengue and dengue haemorrhagic fever, diarrhoeal diseases, and many more. We have to devote a lot of efforts to tackle the challenge of emerging and re-emerging diseases, such as SARS and Avian Influenza.

At the same time, we have to be well-prepared to fight against noncommunicable diseases such as cardiovascular disease, cancer and diabetes mellitus, which are rapidly becoming problems of public health importance in our Region. Since we have discussed these subjects extensively in the past, I will not dwell more on them now.

Instead, I would like to focus on how to make WHO in the South-East Asia Region more dependable, efficient and effective in providing needed support to health development efforts in countries.

Excellencies,

Since taking over as Regional Director on the first of March this year, I have moved forward in a big way to implement the overall WHO policy on decentralization with the focus on our work in the countries.

In order to ensure efficient, effective, timely and flexible services to Member States, I decided to double the delegation of authority to WHO Country Representatives. With their increased role and responsibility, these representatives are now the real focal persons for WHO direct support to countries. They will coordinate more efficiently the inputs from other levels of the Organization to ensure the relevance and integration of our support at the country level.

In order to promote closer collaboration among countries, WHO Country Representatives will now be able to take initiatives to work horizontally. They will have to proceed with this authority in a well-planned manner; with a reliable tool for monitoring the progress, and evaluating the outcomes. And, most importantly in this exercise, the concerned national authorities must be closely consulted before taking action, keeping in mind various sensitivities.

In order to ensure efficient and effective WHO presence in countries, the capability and capacity of WHO Country Offices in the areas of management, planning and technical competence will be enhanced. The Regional Office is now preparing a plan for such enhancement.

The Country Cooperation Strategy (CCS) which all countries have formulated and implemented, is being used as a basis for strengthening WHO presence in the individual Member States. WHO country staff will receive

additional training to ensure high-level quality performance in the management of WHO activities. In the process, we will make sure that the nationals who are collaborating with WHO also benefit from this training programme.

Within the context of WHO country focus, we are now moving towards the realization of country specific approaches. For each country, specific country situations, needs and requirements for health development will be accurately identified and used as the basis for planning. WHO Country programmes will be specifically tailored to those needs and requirements in the individual countries.

Excellencies,

In order to move, as much as possible, WHO activities in the Region close to countries, we are contemplating to decentralize some regional and intercountry functions to certain countries. These are areas such as surveillance; health systems development; trade, globalization and health; chemical safety; and more. This is also to ensure the effective use of expertise available in countries in the work of WHO, and to further promote intercountry cooperation.

Strengthening of WHO Collaborating Centres and National Centres of Excellence will be supported in a more concrete manner, and their expertise will be utilized optimally by WHO.

Government/WHO coordination mechanisms will be thoroughly reviewed and strengthened to ensure efficient, effective and cordial working relationships between WHO staff and national counterparts.

Certainly, we will give special attention to cooperation among countries, with particular emphasis on the joint endeavours to tackle priority health problems, especially at the border areas.

We all are well aware that success in intercountry cooperation depends on the spirit of regional solidarity and unity, which have to be considered within the broad social, cultural and political context. Within the spirit of this cooperation, Member States in the Region will have the best opportunity to work effectively together for the attainment of our health goals.

Ladies and gentlemen,

In this decentralization process, WHO will have to ensure that our initiatives are really beneficial to the Member States. We have to very closely monitor and evaluate our efforts at every step of development.

Therefore, an Internal Review and Technical Assessment unit is being established at the Regional Office, to help ensure that we are moving in the right direction according to plans, and in compliance with the established policies and strategies, rules and regulations. If there is any evidence of deficiency and shortfalls in the process, corrective action will be taken without delay. This is to ensure that we only effect changes for the better.

Honourable Ministers,

Sustaining gains from our development efforts on a long term basis is really a key issue, particularly in the developing world. Sustainable national development in health needs strong public health systems. With this in mind, we are planning to pursue, as one of our high priority activities, the strengthening of public health infrastructure in countries of the Region.

First, WHO support will focus on development of public health workforce. This will be through the development and implementation of educational programmes relevant to the specific needs and requirements for health development in the Region.

A high level task force has been established to prepare a conceptual framework on Public Health Education in the WHO South-East Asia Region in the 21<sup>st</sup> Century. This framework, which incorporates the socio-economic, cultural and political contexts specific to our Region, will be used as the basis for WHO to move forward in supporting the development of public health educational programmes in countries.

A regional network of public health institutions has already been established and has started functioning. This mechanism will help promote intercountry cooperation in this important area; whereby countries can share information, experience and expertise.

Mr. Chairman,

While working towards the decentralization of responsibility and authority to country level, we also reviewed simultaneously our managerial processes in various areas in the Regional Office. This is to streamline such processes to ensure increased management efficiency through the reduction of internal friction by eliminating bureaucratic hurdles and bottlenecks.

Excellencies,

These are some of the initiatives we have undertaken as a management reorientation exercise in the WHO/South-East Asia Region during the short time I have been in office as Regional Director. But, we need resources to do all these effectively.

Within this context, we will have to ensure first the best use of our existing manpower and funds. Simultaneously, we are devoting all-out efforts in mobilizing extrabudgetary resources for the implementation of our plans. My Deputy Regional Director has been given this critical responsibility for resource mobilization to ensure availability of necessary funds for us to move forward.

Ladies and gentlemen,

My lines of action in these initiatives are based on two main premises: First, that during many decades of WHO's existence, the capability and capacity of the countries' health sector have increased remarkably, even though at varying degrees; and secondly, that it is an opportune time for WHO now to move, as much as possible, its activities and services close to countries in order to ensure its effective contribution to health impact at the country level. There are many things to do, and we in WHO have a strong will, commitment and dedication to do all these.

In addition to the untiring efforts of my WHO colleagues, success in this exercise will certainly depend on support from the Member States in the Region, for which we earnestly plead. This is just the beginning of my work, and still we have a long way to go to accomplish the tasks I have mentioned.

Through your wisdom, Excellencies, please advise and guide us on a clearer way on which we can move forward with more confidence in tackling these formidable challenges.

Thank you.