

SEA-HM Meet-23
Distribution: General

Report of the Twenty-third Meeting of Ministers of Health of the Member States of WHO South-East Asia Region

Colombo, Sri Lanka, 4-5 September 2005



© World Health Organization

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.

November 2005

CONTENTS

	<i>Page</i>
1. Introduction.....	1
2. Joint Inaugural Session – Twenty-third Meeting of the Ministers of Health and Fifty-eighth Session of the Regional Committee.....	2
2.1 Welcome Address by the Minister of Healthcare, Nutrition and Uva Wellassa Development, Government of the Democratic Socialist Republic of Sri Lanka.....	2
2.2 Inaugural Address by the Prime Minister of the Democratic Socialist Republic of Sri Lanka.....	3
2.3 Address by the Regional Director, WHO South-East Asia Region.....	4
3. Introductory Session.....	6
3.1 Statement by the Chairman of the Health Ministers’ Forum for 2004-2005.....	6
3.2 Statement by the Chairman of the Meeting (Chairman of Health Ministers’ Forum for 2005-2006).....	7
4. Business Session.....	9
4.1 Health Action in Emergencies, including Response to Earthquakes and Tsunamis of 26 December 2004.....	9
4.2 Strengthening Public Health Infrastructure, with Emphasis on Education and Practice.....	14
4.3 Access to Medicines and Vaccines: Implications of Intellectual Property Protection and Trade Agreements.....	17
5. Any Other Item.....	21
5.1 Address by Dr LEE Jong-wook, Director-General, WHO.....	21
5.2 Release of the Publication “Moving Beyond the Tsunami: The WHO Story”.....	22
5.3 Elective posts of 59 th World Health Assembly and Membership of WHO Executive Board.....	22
6. Adoption of the Report.....	23
7. Closing Session.....	24

Annexes

1. Agenda	29
2. List of Participants	30
3. Full Text of Welcome Address by the Minister of Healthcare, Nutrition and Uva Wellassa Development, Government of the Democratic Socialist Republic of Sri Lanka	Error! Bookmark not defined.
4. Full Text of Inaugural Address by the Prime Minister of the Democratic Socialist Republic of Sri Lanka	40
5. Full Text of Address by the Regional Director, WHO South-East Asia Region	42
6. Vote of Thanks by the Secretary, Ministry of Healthcare, Nutrition and Uva Wellassa Development.....	44
7. Full Text of Address by the Director-General, WHO.....	47

The Report

1. Introduction

Since 1981, the meetings of the health ministers of the Member States 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-third Meeting of Ministers of Health was held in Colombo, Sri Lanka, on 4-5 September 2005, at the invitation of the Minister of Healthcare, Nutrition and Uva Wellassa Development, Government of the Democratic Socialist Republic of Sri Lanka.

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) Health action in emergencies, including response to earthquakes and tsunamis of 26 December 2004;
- (2) Strengthening public health infrastructure, with emphasis on education and practice; and
- (3) Access to medicines and vaccines: implications of intellectual property protection and trade agreements

The ministers from Bangladesh, Bhutan, the Democratic People's Republic of Korea, Maldives, Myanmar, Sri Lanka and Timor-Leste participated in the meeting. India, Indonesia, Nepal and Thailand were represented by senior officials from the Ministry of Health, as observers.

The Minister of Healthcare, Nutrition and Uva Wellassa Development, Government of the Democratic Socialist Republic of Sri Lanka, chaired the meeting. The Minister of Health and Family Welfare, Government of the People's Republic of Bangladesh, 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-third Meeting of the Ministers of Health and Fifty-eighth Session of the Regional Committee

2.1 Welcome Address by the Minister of Healthcare, Nutrition and Uva Wellassa Development, Government of the Democratic Socialist Republic of Sri Lanka

H.E. Mr Nimal Siripala de Silva extended a very warm welcome to his fellow Ministers, the WHO Regional Director and other delegates to the 23rd Meeting of the Health Ministers and the fifty-eighth Session of the Regional Committee for South-East Asia. He observed that it was an honour that the Hon'ble Prime Minister had graced this occasion. He informed that the Prime Minister was also the chairperson of the National Health Council, the prime multi-sectoral body for health policies. The presence of the Prime Minister reflected the great importance he accorded to the health and well being of the people. He expressed his gratitude to the Prime Minister for inaugurating the Meeting.

The Hon'ble Health Minister noted that though the South-East Asia Region comprised only 11 countries, it was home to one-fourth of the world's population and bore 40% of the global disease burden of communicable diseases and growing noncommunicable diseases. The health systems were therefore over-burdened. In this context, he welcomed WHO's role in strengthening its capabilities to meet global epidemics and disasters. He urged speedy operationalization of a Regional Disaster Management System. He expressed confidence in the leadership of the WHO Regional Director to provide the necessary thrust to achieve better health in the Region.

H.E. Mr Nimal Siripala de Silva stated that Sri Lanka had achieved notable strides in health over the past few decades and it had reached several Millennium Development Goals. He said that these achievements were the result of the long tradition of investment in the social sector, particularly health and education. He informed that three years ago, Sri Lanka had established a National Commission on Macroeconomics and Health to recommend policy directions. He added that last year he could convince the Cabinet that an increase in the health budget was not consumption, but a

worthwhile investment that was critical for sustained socioeconomic development. He further informed that Sri Lanka had formulated a National Medicinal Drugs Policy. Sri Lanka had also taken action to expand and strengthen nursing and other paramedical education programmes. Sri Lanka had revised its Mental Health Policy, which would lead to the establishment of a community-based mental health system.

In conclusion, he referred to the rich history, culture and scenic beauty of Sri Lanka and said that the Government would be delighted to further enrich the experience of the delegates about Sri Lanka during their current stay.

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

2.2 Inaugural Address by the Prime Minister of the Democratic Socialist Republic of Sri Lanka

H.E. Mr Mahinda Rajapakse, Prime Minister of Sri Lanka, welcomed the distinguished participants on behalf of the President and people of Sri Lanka. He observed that it was an honour for Sri Lanka to host these important events. He was confident that these meetings would provide a major catalyst for further advances in health and medicine in the Region.

He thanked the World Health Organization and its partner UN agencies for their support to Sri Lanka in the wake of the Tsunami last year. He recalled that the WHO Director-General and the Regional Director visited Sri Lanka immediately after the event and provided due support. He drew comfort from the expression of solidarity amongst the countries of the Region, which significantly contributed to the response to the tragedy. In this context, the Hon'ble Prime Minister was pleased to advise that the implementation of an early warning system for the Region will be extremely advantageous in preparing and responding to natural and manmade disasters, and for the containment of emerging communicable diseases.

The Hon'ble Prime Minister noted that Sri Lanka was, and continues to be, a high performer in respect of health indicators. He said that mortality was low and continued to decline and that life expectancy was projected to reach

current US levels by 2015 – 2020. He further stated that Sri Lanka was providing healthcare of technically acceptable quality and had maintained reasonable equity, despite low expenditure on health. He noted that wide coverage by the health services, good education, particularly of mothers, and social sector policies had contributed to the impressive health outcomes in the country. Constructive partnership between the public and private sectors in healthcare had also contributed in this behalf.

H.E. Mr Mahinda Rajapakse hoped that the Health Ministers' meeting and the Regional Committee session would provide effective platforms for stronger and enduring cooperation amongst countries in the Region. He urged that full use of available opportunities should be made to realize the collective potential.

In conclusion, he wished the meetings every success and hoped that the stay of the delegates in Sri Lanka would be comfortable and happy.

(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, stated that it was a matter of immense pride that the Hon'ble Prime Minister of Sri Lanka was inaugurating the two highest-level meetings of the Region. He extended a very warm welcome to the Hon'ble Ministers and esteemed invitees. He thanked the Government of Sri Lanka, specially the Health Minister, for hosting the meetings in this beautiful island.

The Regional Director recalled that Sri Lanka joined WHO in 1948 and since then remarkable progress in her national health development had been noticed, for which the Government should be congratulated. He particularly noted that the sound and equitable health system in Sri Lanka had contributed to these achievements.

Dr Samlee observed that during the past decades, lifestyle-related conditions and diseases had increased, while infectious diseases continued to be responsible for a very large proportion of morbidity and mortality in the Region. He highlighted that the issue needed to be urgently addressed was

how to meet these challenges in the face of resource and other constraints. In this context, he referred to the Commission on Macroeconomics and Health, which provided evidence that increased investment in health leads to economic growth and poverty reduction. He also referred to the recently-launched Commission on Social Determinants of Health which would examine the major causes of ill health and factors contributing to good health. More specifically, the Regional Director underlined the importance of promoting a healthy environment. As environmental health risks were beyond the purview of the Health Ministry, there was a need to emphasize to other sectors notion that the health implications of their development programmes were squarely their responsibility. Within this context, he noted the need to accelerate progress towards achieving the Millennium Development Goals in the Region. He particularly noted that by ensuring skilled attendance at birth, a major impact could be made on maternal and child mortality.

Dr Samlee highlighted that the possibility of an influenza outbreak was the most serious health threat in the Region today. While its timing could not be predicted, its rapid international spread was certain, once it became a pandemic. He, therefore, advocated the urgent need for Member States to develop comprehensive, multisectoral influenza preparedness plans. In conclusion, he was confident that the deliberations at the ensuing meeting of the Health Ministers and the Regional Committee would be very productive. He reiterated WHO's commitment to provide the necessary support to Member States in their health development efforts.

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

2.4 Vote of Thanks

Mr Ranjith Maligaspe, Secretary, Ministry of Healthcare, Nutrition and Uva Wellassa Development proposed the vote of thanks. On behalf of all those who were present at the Joint Inaugural Session, he placed on record deep gratitude to the Hon'ble Prime Minister for gracing the occasion and emphasized that his inaugural address would set the tone and guide the deliberations at the meetings of the Health Ministers and the Regional Committee.

The Health Secretary thanked the Minister of Health of Sri Lanka for his presence and for his warm and thoughtful welcome address. He underlined that the Health Minister had guided, directed and supervised all the preparations for the meetings commencing with this inauguration. He also welcomed the Health Minister of Maldives and appreciated his address as the Chairman of the Health Ministers' Forum. He expressed appreciation for the presence of the Health Ministers of countries of the Region, which reflected regional solidarity.

Mr Ranjith Maligaspe noted that the organization of the two meetings was a joint exercise by the Ministry of Health and WHO. He extended special thanks to the WHO Director-General, for attending the meetings. The Regional Director was also thanked for support in organizing these meetings. The cooperation of various other ministries and government agencies in this behalf was also appreciated. The delegates and ministers and deputy ministers of other ministries were also thanked for their presence. Similarly, the presence of the members of the diplomatic community, heads of local UN organizations, development partners, donor agencies, NGOs, media and trade unions was also acknowledged. The significant contribution by all sections of the staff of the Ministry of Health and several others to the organization of the inaugural function and the meetings was placed on record.

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

3. Introductory Session

3.1 Statement by the Chairman of the Health Ministers' Forum for 2004-2005

H.E. Mr Ilyas Ibrahim, Health Minister of Maldives, chaired the Introductory Session in the beginning as Maldives is the current Chairperson of the Health Ministers' Forum.

On behalf of the ministers, he thanked His Excellency, Mr Mahinda Rajapakse, Prime Minister of the Democratic Socialist Republic of Sri Lanka, for inaugurating the meeting on the previous day. He observed that his address was indeed most thoughtful and that the same would inspire and guide the deliberations.

He also observed that it was now for the Hon'ble Ministers to reinforce political will and unitedly tap the potential for the well-being of the people. He expressed confidence that the meeting would go a long way in this direction and would enhance intercountry cooperation and strengthen regional solidarity.

3.2 Statement by the Chairman of the Meeting (Chairman of Health Ministers' Forum for 2005-2006)

H.E. Mr Nimal Siripala de Silva, Minister of Healthcare, Nutrition and Uva Wellassa Development, stated that he felt greatly honoured to be elected to chair this important meeting and that it was an honour for him as also his country. He said that he was conscious of the challenges and responsibilities that he would face as Chairman of the Health Ministers' Forum for 2005-2006. He also sought the guidance and goodwill of the Hon'ble Ministers to properly discharge the same. He sought their cooperation in conducting the meeting smoothly, leading it to a successful conclusion.

As the Chair of the meeting, he extended a very warm welcome to all and hoped that their stay in Colombo would be pleasant and enjoyable and that they would be able to spare at least a few hours to enjoy the scenic beauty of the island and the warmth of its people.

He indicated that he would convey the appreciation and gratitude of his colleagues as also of his own to H.E. Mr Mahinda Rajapakse, the Prime Minister of Sri Lanka for his inspiring inaugural address

On behalf of the Hon'ble Ministers, he also expressed his appreciation for the address of the Regional Director at the inauguration and commended his leadership.

He recalled that Sri Lanka, like other affected countries, survived the tsunami disaster of December 2004. He also expressed concern at the grave threat of influenza pandemic as also the widening gap between the health of the haves and have nots.

He felt that the priority should be to ensure that millions of the poor and vulnerable, who have missed out on the benefits of the health revolution of

the 20th century, are reached, for which suitable mechanisms should be devised.

He observed that the enormity and complexity of future health challenges was effectively highlighted by the addresses at the Joint Inaugural Session yesterday. He added that our responsibilities were indeed daunting. At the same time, he was confident that together we had the basic resources in our Region to meet the challenges and maximize the opportunities.

He expressed confidence that this meeting would be a milestone in strengthening the mutual goodwill and cooperation for health development and that the bonds of fraternity and friendship would be further strengthened.

A Drafting Group comprising the following country representatives was constituted:

- (1) Dr Md Tajul Islam
Director (Planning and Research) – **Bangladesh**
- (2) Mr B.P. Sharma
Joint Secretary (International Health) – **India**
- (3) Dr Gunawan Setiadi
Chief, Bureau of Planning and Budgeting – **Indonesia**
- (4) Ms Shehnaz Fahmy
Deputy Director, International Health – **Maldives**
- (5) U Thet Lwin
Deputy Director, International Health Division – **Myanmar**
- (6) Dr Babu Ram Marasini
Senior Public Health Administrator – **Nepal**
- (7) Dr H.S.B. Tennakoon
Deputy Director-General (Planning) – **Sri Lanka**
- (8) Dr Sopida Chavanichkul
Chief, International Health Group – **Thailand**

Dr H.S.B. Tennakoon (Sri Lanka) was elected as the Convenor of the Drafting Group.

4. Business Session

4.1 Health Action in Emergencies, including Response to Earthquakes and Tsunamis of 26 December 2004

Regional Director's introductory remarks

The Regional Director recalled the devastation caused by the tsunami in six countries of the Region. He also recalled that this topic was discussed by the Health Secretaries at their meeting in July 2005 in Dhaka. He hoped that the Hon'ble Ministers would have been briefed by the Secretaries in the matter.

Dr Samlee said that the response to the tsunami was a joint effort by the governments, health professionals, WHO and other UN agencies, NGOs and many others. This exercise had highlighted the need to strengthen emergency preparedness and response to enable the health sector to meet such eventualities in future. There was a need to institutionalize health emergency preparedness and response programmes in the Ministries of Health, and involve communities and other sectors to improve the implementation of health programmes in emergencies. WHO would assist the countries, inter-alia, through facilitating inter-country collaboration and dissemination of valid technical information.

Gist of the presentation

A summary of the events, including the magnitude of the impact of the tsunami and the evolution of the response, was presented. The following points were highlighted:

- Immediate health needs were met through national systems of response. Through country mechanisms, relief activities and services were promptly, effectively and efficiently carried out and requisite services provided.
- Through the UN Disaster Management Teams consisting of UN agencies and other partners such as the IFRC, the UN was able to assist countries in their efforts.

- The number of deaths were approximately 275,000 with the total affected and displaced population at approximately 2.4 million. The number of health facilities either totally or partially damaged was 592.

The response of WHO was mainly as follows:

- WHO actively worked with partners to:
 - support Member States in the response and recovery activities, and
 - act as the health arm of the UN.
- The WHO operational platforms were set-up, at the earliest possible time, through expert logisticians, emergency and disaster managers and public health experts.
- The above were all in place to achieve the following Strategic Functions of WHO in Emergencies:
 - Measuring ill-health and assessing health needs;
 - Identifying and monitoring priority causes of ill-health and death;
 - Supporting health partners in coordinating action for health;
 - Ensuring that critical gaps in health response are rapidly identified and filled;
 - Revitalizing and building capacity of local and national health systems

The key lessons and issues that need to be addressed were:

- Development of national plans is a basic element in ensuring preparedness. These plans are living documents and should be updated regularly.
- The need to strengthen health systems is the basis for efficient and effective response in the health sector. This includes comprehensive response from all public health disciplines, including water and sanitation, mental health, management of dead bodies etc.
- Strengthening multi-sectoral involvement and approaches is the key to making work in emergencies more effective.

- Appropriate strategies should be developed for systematic capacity building by identification of skill gaps.
- Community preparedness is key since communities are always the first responders. Community engagement in all phases of disaster management is important.
- Coordination mechanisms can make the services to the affected population more effective, and should, therefore, be improved.

It was emphasized that in the coming months evaluations will be conducted in the tsunami-affected countries. Information on the Tsunami evaluation Coalition (TEC) and the Global Consortium was provided.

There would be an end-of-the-year evaluation summarizing the ongoing evaluations and those that have been completed; and a two-year evaluation that will look into the following six themes:

- Coordination including civil-military issues
- Needs assessment
- Impact on local and national capacities
- Linking relief, rehabilitation and development
- The international community's funding response, including an assessment of the role of the media
- Monitoring and impact assessment

The need for ministries of health to come on board for the evaluations was emphasized as that would:

- provide valuable inputs for future action,
- help identify vulnerable groups and sectors in need, and
- facilitate redesigning and improving the effectiveness of such efforts

In various fora, countries have put forth the following issues as primary for action after the tsunami:

- Investment and improvement in preparedness and response
- Capacity building in specific areas, such as prompt assessment of health status of the population and needs and use of standardized methods to avoid duplication in action

Within WHO, the World Health Assembly resolution WHA 58.1 and the Regional Committee resolution RC 57/R3 provide important guidelines for improvement of performance in EPR. These include:

- The work before us does not end with tsunami issues alone.
- There is a need to engage communities better in current and future work.
- Activities in response, recovery, and rehabilitation should all contribute to sustainable development.
- Review of work done and application of proper approaches will ensure sustainability of such efforts.

A Regional Meeting in Bangkok in November 2005 would identify gaps and suggest the next steps for action.

Discussion

- There was an agreement on the importance of institutionalization of the Emergency Preparedness and Response Programmes or Units within the Ministry of Health at a high level.
- The importance of having international experts, with emergency field experience and who can adjust to the countries' community level needs, are culturally sensitive, and preferably know the local language of the affected country, was highlighted.
- The need to have a warehouse or stock-pile of health-related items in the Region for meeting the urgent needs rapidly and effectively was stressed.
- The importance of including an early warning disease surveillance system in the Emergency Preparedness and Response Plan at country

level in order to respond to natural events and new risks, such as the Avian Influenza Emergency, was emphasized.

- The response to any large emergency or disaster needs to be carried out in a multisectoral manner, wherein the Ministry of Health must play a relevant role as a part of the National Emergency Response Plan.
- The need for enhancing media training for health sector officials was pointed out, as the world often gets its information about global disasters through the media. This would help the health professionals to brief the media properly to enable it to report more correctly on health issues during emergencies.
- Mr Eric Schwartz, Deputy Special Envoy to the UN Secretary-General said that the Tsunami Global Consortium initiatives had been launched to assess the impact of post-tsunami rehabilitation measures. The Consortium was looking for opportunities to work with affected countries to restore and improve what had been destroyed. He stressed the need for transparency and accountability in utilization of funds provided by donors for post-tsunami relief and rehabilitation measures. He said his participation in the meeting had given him an opportunity to learn many things, including the fact that there were no major disease outbreaks due to the capacity building and preparedness activities carried out prior to the tsunami.

Recommendations

- (1) The recommendations of the 10th Meeting of Health Secretaries, which specially stressed the importance of institutionalization of the Emergency Preparedness and Response Programmes or Units within the Ministry of Health at a high level, were endorsed.
- (2) Preparedness and response should be carried out on a multisectoral manner wherein all health-related activities should be coordinated by the Ministry of Health as part of the National Emergency Response Plan.
- (3) The Emergency Response activities should be carried out at all levels with participation of the communities, taking into consideration their specific needs and participation by international experts must take into account cultural sensitiveness.

- (4) Inter-country collaboration and exchange of information must be strengthened using existing mechanisms, not only among Ministries of Health but with all other national and international agencies, ensuring the wide dissemination of accurate technical information.
- (5) The development and implementation of guidelines should include the incorporation of early warning disease surveillance systems into the Emergency Preparedness and response Plans, in order to respond efficiently and effectively to natural events and to new risks.
- (6) Participation by international experts must take into account emergency field experience, capacity to adjust to the countries' community-level needs and cultural sensitivities.
- (7) The development and implementation of guidelines should include the incorporation of early warning disease surveillance systems to Emergency Preparedness and Response Plans, in order to respond efficiently and effectively to natural events and to new risks.
- (8) Media relations with international and national media need to be strengthened and health sector professionals need to be provided media training including risk communication for more competent dealing with media, enabling journalists to report more accurately on health issues during emergencies.

4.2 Strengthening Public Health Infrastructure, with Emphasis on Education and Practice

Regional Director's introductory remarks

The Regional Director noted that various initiatives had been taken to boost the public health situation in the Region over the years. He also enlarged on some of the main constraints that inhibited further progress in the public health field. He stated that an assessment made recently concluded that public health services in many countries of the Region were in a state of disarray.

In this context, it was highlighted that the efforts initiated recently to re-invigorate public health in the Region, inter-alia, through the "South-East Asia

Public Health Initiative: 2004-2008” deserved careful consideration. The overall goal of this initiative was to strengthen public health capacity in the Member States.

It was noted that the Institutes of Public Health involved in education and training were not producing professionals who could tackle the new health challenges. It was emphasized that adequately trained public health professionals could and should provide useful inputs in their countries’ plans for economic growth, poverty alleviation and social cohesion. Towards this end, actions were needed at the highest policy levels in the countries to demonstrate governments’ support and commitment to move ahead.

Gist of the presentation

It was highlighted that SEARO had taken decisive action by launching a Public Health Initiative to focus on academic institutions and the service sector. It was explained that the background paper on the subject defined public health and the public health workforce and focused on public health functions before describing the current health scenario in the Region. The background paper identified the specific role of public health and the importance of a multi-professional and multi-disciplinary approach in tackling public health challenges. It also noted the actions taken by WHO in the Region and listed the key regional conferences, inter-country meetings, and informal meetings in the five-year period since the Calcutta Declaration on Public Health.

It was highlighted that the goal of the “South-East Asia Public Health Initiative” was to position public health high on the regional and national agendas and generate strong political commitment to public health at country level. The overarching goal was to have a strengthened national public health capacity to provide strategic direction for planning, implementation and management of an efficient and effective public health service. It was noted that a South-East Asia Public Health Education Institutes Network (SEAPHEIN) was in operation since April 2004.

The role of governments, as custodians of public health, through attention to essential public health functions was highlighted. It was noted that the performance of this role required affirmation that public health

professionals were mandatory for public health positions. To address the current imbalance in public health, efforts were needed to strengthen training, deployment, continuing education and management, monitoring the performance of academic Public Health Institutions, identification of essential public health functions that collectively constitute “public good” and foster research in health systems and public health. A Public Health Task Force to oversee these actions and advise the Ministry of Health and other relevant Ministries should be set up by the Member States.

Discussions

- The initiative taken by WHO-SEAR in taking leadership in public health infrastructure development, support to new public health institutions and strengthening of existing programmes was appreciated.
- It was emphasized that WHO must look into the needs of the individual countries and their dependence on other countries for training and promote access to relevant educational institutions.
- The importance of public health workforce was stressed in view of emerging conditions and increase in noncommunicable diseases. The training needs of the countries were changing. In some Member countries, management training for public health personnel was being initiated in the faculties of health sciences.
- Concern was expressed regarding lack of public health competencies of doctors recruited from abroad by some countries and the problem of retention of trained professionals.
- The relevance of public health infrastructure for health development was emphasized, especially in the area of major communicable diseases.
- WHO support was sought for strengthening human resources for primary health care and the need for improving scientific and technical standards of medical universities, curricula and laboratories stressed.
- Strengthening of public health capacity in remote areas as well as the need for community participation was emphasized.
- It was proposed that public health training should be open to graduates other than medical graduates as well and appropriate councils should be

established to ratify accreditation. A joint mechanism involving nursing and other health professional groups was proposed.

- It was felt that public health positions in the countries should only be taken up by public health professionals and cadres should be established in countries with appropriate career structures.

Recommendations

- Specific public health needs and availability of human resources in countries should be assessed to develop priorities and strategic objectives to improve public health.
- Public health positions need to be created with appropriate career structures for public health practitioners.
- Public health education needs to be considered in the context of the level of development of the country and educational programmes should be developed within the existing systems in the countries.
- Public health education should be considered as multidisciplinary and multi-sectoral and a joint mechanism should be established to ratify accreditation of public health programmes with medical, nursing and allied health professions.
- Educational programmes in smaller countries should be supported, to provide training of appropriate multi-skilled human resources for primary health care, with emphasis on public health.
- A National Public Health Task Force should be set up to oversee developments on “public good” functions.

4.3 Access to Medicines and Vaccines: Implications of Intellectual Property Protection and Trade Agreements

Regional Director's introductory remarks

The Regional Director observed that globalization was inevitable and trade, as one of its major pillars, had an impact on health related issues. He said that it was important to ensure that the process of globalization was used for improvement in basic human rights, particularly health.

Though the World Trade Organization agreement had moved medicines from the purview of national affairs to a global framework with broad guidelines, developing countries insisted on national prerogatives in health, specifically in the TRIPS agreement. The Regional Director quoted the Doha declaration: "The TRIPS Agreement does not and should not prevent Members from taking measures to protect public health". He, therefore, observed that the Agreement should be interpreted and implemented to support the right of the countries to protect public health and, in particular, to promote access to medicines for all.

The Regional Director said that four SEAR countries, which were members of WTO and which were required to comply with the TRIPS agreement, had modified their legislations to be public-health-friendly. He advised that the experience of these countries should be used by the other countries, who were hoping to join WTO.

Gist of the presentation

It was explained that the World Trade Organization Agreement, which came into force in 1995, brought globalization of trade into SEAR countries and medicines and vaccines were a part of this process as the Trade Related Intellectual Property Agreement (TRIPS) was a part of the overall agreement. In this context, attention was invited to the deliberations on WTO in Doha in 2001, and particularly to the Doha Declaration, which reaffirmed the right of WTO member countries to use the flexibility in the provisions of the TRIPS Agreement to protect public health.

It was indicated that there were examples where SEAR countries have used these flexibilities to ensure access by their people to the medicines and vaccines. At the same time, there were examples where the IPR had hampered access to needed medicines.

It was highlighted that India, Thailand, Indonesia and Sri Lanka had enacted legislation with safeguards for public health. The lessons from the experiences of these countries could be learnt by others hoping to develop their own legislation.

Ministries of Health need to ensure that "Patients over Patents" prevails when necessary and that a "Health Space" is created where trade negotiations impinge on health.

Discussions

- The inclusion of this topic in the agenda of the meeting was appreciated, as it was topical and relevant to the Region.
- Bangladesh supported the philosophy of “Patients over Patents”. The National Drug Policy 2005 of Bangladesh had addressed many of these issues in medicines. Among the 49 Least Developed Countries, Bangladesh had the most advanced pharmaceutical industry. Bangladesh would be able to assist these countries until 2016, when the IPR provisions of WTO would come into effect for them. The Bangladesh Government was doing a difficult balancing act of providing quality medicines relevant to health care needs at affordable prices, while supporting the development of a viable pharmaceutical industry.
- Bhutan appreciated the initiatives of WHO in Intellectual Property Rights and Access to Medicines and Vaccines. It was now negotiating to join WTO and requested technical assistance in areas related to health.
- The Ministry of Health in Myanmar was closely involved in trade related to medicines and vaccines and had taken a proactive stance. A draft IPR law had been developed in collaboration with the Ministries of Finance, Customs, and Trade. Since Myanmar imported a majority of its medicines and vaccines, this issue had an important bearing on the supply to the country. Traditional medicine, which also had an IPR dimension, posed a difficult issue as there were no rules and procedures for it.
- Access to essential medicines and vaccines was a crucial issue in Timor-Leste and the country would appreciate assistance from WHO as well as other countries of the Region.
- Maldives endorsed the concept of a “Health Space” in trade negotiations and highlighted the difficulty of human resources in this area. Collaboration between countries and sharing of experiences would be beneficial. While 80% of the essential medicines are out of patent and, therefore, available without IPR restrictions, the pharmaceutical industry was unfortunately contributing to avoidable increases in the expenditure on health services by promoting new drugs with no additional therapeutic benefit, which were under patent and expensive.

The problem that could arise if avian influenza were to become an epidemic and if the only drug available for it was under patent, was also highlighted.

- Thailand appreciated the importance of this issue and informed that it had submitted a draft resolution in this area for the consideration of the WHO Executive Board in 2006. Thailand was negotiating a Free Trade Agreement and the Ministry of Public Health had successfully insisted on limitation to TRIPS and no extension to TRIPS Plus. The threat of avian influenza would require stockpiling and generic manufacturing of oseltamivir; Thailand had discussed with India regarding production of the needed drug(s). How the TRIPS flexibilities had been used to lower the price of ARVs was also mentioned.
- India had enacted Product Patents on 1st January 2005, as required by its membership of WTO. The ordinance promulgated on 1st January had been widely discussed and the TRIPS flexibilities of Parallel Imports, Compulsory Licensing and Bolar Provision incorporated. The criteria for patenting a potential medicine had also been included in the Act and the DOHA Paragraph 6 provision had been comprehensively implemented by allowing export to any country that requests a drug needed on public health grounds. A WTO cell had been established in the Ministry of Health for monitoring the applications for potential new medicines at the Patents Office, and to provide an early opinion. India would also monitor the prices of medicines that were under patent to evaluate whether monopolistic prices were being charged.

Recommendations

- (1) WHO should continue to work in the area of Intellectual Property Rights and its effect on access to medicines and vaccines. A comprehensive strategy addressing Intellectual Property and Public Health, in particular, addressing access to affordable medicines and vaccines should be developed.
- (2) WHO should provide technical assistance, including human resource development, to the Ministries of Health of Member States in these areas.

- (3) Inter-country activities in this area should be encouraged to share experiences and to develop a regional perspective.
- (4) WHO should assist Ministries of Health during their participation in trade negotiations that have a bearing on access to medicines and vaccines.
- (5) WHO should explore mechanism of cooperation and collaboration in ensuring medicines and vaccines security in the Region.

5. Any Other Item

5.1 Address by Dr LEE Jong-wook, Director-General, WHO

The Director-General, Dr LEE Jong-wook noted the progress made by countries affected by the tsunami and commended Member States for having avoided major outbreaks of disease.

He, however, cautioned them about a possible impending avian influenza pandemic. Dr LEE said that the reservoir of the virus had moved from domestic poultry to ducks and had now been established in migratory birds in China. He explained that the danger of the expanding geographical range of the virus increased possibilities of human cases to occur: thus, increasing the possibility for it to become more contagious.

The Director-General highlighted that WHO's strategic action plan recommended action during the three phases of a possible pandemic. For the first phase, the need was for improved case detection and diagnostic capacity in affected and at-risk countries, as an early warning system. In the second phase, at the emergence of a pandemic virus, the need was to mobilize the international stockpile of antiviral drugs to treat emerging cases. In the third phase, during the pandemic spread, the priority would be to speed up vaccine development, technology transfer and manufacturing capacity.

Communication of risk would be important in informing the public about latest developments and steps to be taken for quarantine and other necessary, public health protective measures without causing panic.

(For full text of the address, see Annex 7)

5.2 Release of the Publication “Moving Beyond the Tsunami: The WHO Story”

At the request of the Regional Director, the Director-General graciously released the publication, “Moving Beyond the Tsunami: the WHO Story”. At this juncture, the Regional Director observed that the tsunami was probably the worst natural disaster in living memory. The challenge was tremendous, but health workers across the Region worked heroically to ensure that there was no disease outbreak and to meet the health needs of the affected people. He added that it was timely to document these efforts.

In conclusion, the Regional Director noted that the tsunami was, above all, a human tragedy. The book covered the story of the disaster and the relief and rehabilitation efforts and paid a tribute to those who set aside their personal sorrow and loss and contributed to the relief efforts. The tsunami brought out the best of the human spirit.

5.3 Elective posts of 59th World Health Assembly and Membership of WHO Executive Board

Regional Director’s introductory remarks

The Regional Director recalled that every World Health Assembly had posts of Presidents, Vice Presidents and Chairman/Vice Chairman and members of several committees. He observed that these posts were usually distributed among the various regions of WHO. He noted that to facilitate the process of election to the various posts of a World Health Assembly, the countries of each WHO Region arrived at a consensus in respect of the posts allocated to it.

The Regional Director informed that the countries of WHO South-East Asia Region have five posts for the 59th World Health Assembly. These are – one post of Vice President, Chairman of Committee A, one post on the Committee on Credentials and two posts on the Committee on Nominations. He noted that the Region also has to nominate the country which would represent it on the WHO Executive Board in place of Nepal.

The Regional Director mentioned that Mr B.S. Lamba had informally consulted the delegation of each country regarding the above and requested the Chairman to give him the floor to present the outcome of the informal exercise.

Gist of presentation

It was pointed out that while there was complete unanimity regarding the posts of Vice President, Chairman of Committee A and regional nominees on the Committees on Credentials and Nominations, there were differences regarding the country which should represent the Region on the WHO Executive Board in place of Nepal.

Discussions and decisions

The matter was discussed in a free and frank manner and maintaining the spirit of regional solidarity. The decisions were as follows:

59th World Health Assembly

Vice President	-	Indonesia
Chairman, Committee A	-	India
Committee on Credentials	-	DPR Korea
Committee on Nominations	-	Thailand & Nepal

WHO Executive Board

Nomination from SEAR countries in place of Nepal, whose term expires in 2006	-	Sri Lanka
--	---	-----------

6. Adoption of the Report

The Regional Director's advice that, in view of the time constraints, the recommendations pertaining to each of the substantive agenda items should be considered and the secretariat may take care of the rest of the report as prepared by the Drafting Group, was accepted.

Accordingly, the recommendations on the three substantive agenda items were considered. It was decided that the final draft report should be prepared incorporating the observations and comments made by the participants and

the same circulated to all Member States for their perusal and further comments, if any, in 15 days. The report may be finalized after taking into account the comments received from the countries.

7. Closing Session

The Government of Sri Lanka, and especially its Health Minister, was profusely thanked for hosting the meeting. The warm welcome, the excellent arrangements for the meeting and generous hospitality were specially mentioned. The role and the contribution of the Health Minister of Sri Lanka, as the Chairman of the meeting, towards the successful conduct and conclusion of the meeting, was especially applauded. Gratefulness was expressed towards the Prime Minister of Sri Lanka for inaugurating the meeting and also for his inspiring inaugural address. Gratitude was placed on record towards Her Excellency the President of Sri Lanka for receiving the Health Ministers and heads of other delegations.

The Director-General of WHO was thanked for his participation and for his very thoughtful address. The Regional Director was thanked for outstanding technical support in organizing the meeting. It was noted that the agenda items were topical and relevant to the needs of the countries. It was observed that the background papers were concise and comprehensive and their introduction by the Regional Director, followed by detailed presentations, were illuminating.

The Drafting Group was thanked for its hard work. Appreciation for the Organizing Committee was also placed on record.

The Health Minister of Sri Lanka observed that he was touched by the kind views and thoughts expressed by his Hon'ble colleagues and other delegates. He observed that the smooth conduct of this meeting and its success was entirely due to the contributions of the Hon'ble Ministers and other participants and the cooperation extended by them. He also placed on record the valuable contributions of the Health Minister of Bangladesh, as the Co-Chairman, towards the success of the meeting.

The Health Minister of Sri Lanka placed on record his grateful thanks to the Regional Director for his tireless efforts and valuable contribution in

organizing this meeting. He also recorded his appreciation for the hard work put in by the Drafting Group. He sought the cooperation of his Hon'ble colleagues in discharging his responsibilities as the Chairman of the Health Ministers' Forum for the current year.

The Health Minister of Bangladesh announced that the Ministry of Health and Family Welfare, Government of Bangladesh, would be honoured to host the next meeting of the Health Ministers and the next session of the Regional Committee in Dhaka in 2006. This gracious offer was accepted by applause.

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

Annexes

Annex 1

Agenda

1. Joint Inaugural Session
2. Introductory Session
3. Health action in emergencies, including response to earthquakes and tsunamis of 26 December 2004
4. Strengthening public health infrastructure, with emphasis on education and practice
5. Access to medicines and vaccines: implications of intellectual property protection and trade agreements
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

Maldives

H.E. Mr Ilyas Ibrahim
Minister of Health
Government of the Republic of Maldives, Male

H.E. Dr Abdul Azeed Yoosuf
Deputy Minister of Health
Ministry of Health
Government of the Republic of Maldives, Male

Myanmar

H.E. Professor Dr Kyaw Myint
Minister of Health
Government of the Union of Myanmar, Yangon

Sri Lanka

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

Timor-Leste

H.E. Mr Luis M.R.F. Lobato
Vice Minister of Health
Democratic Republic of Timor-Leste, Dili

ADVISERS

Bangladesh

Professor (Dr) Md Shahadat Hossain
Additional Director-General
(In-charge of Director-General)
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of the People's Republic of
Bangladesh, Dhaka

Dr Md Tajul Islam
Director (Planning and Research)
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of the People's Republic of
Bangladesh, Dhaka

Bhutan

Mr Jamtsho
Deputy Chief
Human Resources Development
Ministry of Health
Royal Government of Bhutan, Thimphu

DPR Korea

Mr Choe Il
WHO Focal Person
International Organizations Dept.
Ministry of Foreign Affairs
Government of the Democratic People's
Republic of Korea, Pyongyang

Dr Sok Yong Guk
Officer, External Affairs Department
Ministry of Public Health
Government of the Democratic People's
Republic of Korea, Pyongyang

Mr Choe Yong Su
Officer, Ministry of Public Health
Government of the Democratic People's
Republic of Korea, Pyongyang

Maldives

Ms Shehnaz Fahmy
Deputy Director
International Health
Ministry of Health
Government of the Republic of Maldives, Male

Mr Yoosuf Naleez
Assistant under Secretary
Ministry of Health
Government of the Republic of Maldives, Male

Myanmar

U Than Aung
Deputy Director General
Ministry of Health
Government of the Union of Myanmar, Yangon

Dr San Shway Wynn
Director (Public Health)
Department of Health
Government of the Union of Myanmar, Yangon

U Thet Lwin
Deputy Director
International Health Division
Ministry of Health
Government of the Union of Myanmar, Yangon

Sri Lanka

Mr Ranjith Maligaspe
Secretary
Ministry of Healthcare, Nutrition and
Uva Wellassa Development
Government of the Democratic Socialist
Republic of Sri Lanka, Colombo

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

Dr H.A.P. Kahandaliyanage
Director General Health Services
Ministry of Healthcare, Nutrition and
Uva Wellassa Development
Government of the Democratic Socialist
Republic of Sri Lanka, Colombo

Dr H.S.B. Tennakoon
Deputy Director General (Planning)
Ministry of Healthcare, Nutrition and
Uva Wellassa Development
Government of the Democratic Socialist
Republic of Sri Lanka, Colombo

OBSERVERS

India

Mr P. Hota
Secretary
Ministry of Health and Family Welfare
Government of India, New Delhi

Mr B.P. Sharma
Joint Secretary (International Health)
Ministry of Health and Family Welfare
Government of India, New Delhi

Indonesia

Dr Sri Astuti Suparmanto
Director General of Community Health
Ministry of Health
Government of the Republic of
Indonesia, Jakarta

Dr Gunawan Setiadi
Chief, Bureau of Planning and Budgeting
Ministry of Health
Government of the Republic of
Indonesia, Jakarta

Dr Mulya Hasjmy
Chief of Center for Health Emergency
Preparedness and Response
Ministry of Health
Government of the Republic of
Indonesia, Jakarta

Mr Imam Subekti MPH
Chief Division of International Cooperation
Bureau of Planning and Budgeting
Ministry of Health
Government of the Republic of
Indonesia, Jakarta

Nepal

Mr Lava Kumar Devacota
Secretary
Ministry of Health and Population
His Majesty's Government of Nepal, Kathmandu

Dr Babu Ram Marasini
Sr. Public Health Administrator
Policy, Planning and International Cooperation
Division
Ministry of Health and Population
His Majesty's Government of Nepal, Kathmandu

Thailand

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

Dr Siripon Kanshana
Inspector-General
Royal Thai Government, Nonthaburi

Dr Songyot Chaichana
Senior Medical Officer
Bureau of Policy and Strategy
Royal Thai Government, Nonthaburi

Dr Sopida Chavanichkul
Director
International Health Group
Royal Thai Government, Nonthaburi

Mrs Piyachat Chelintrakool
Administrative Officer
Royal Thai Government, Nonthaburi

SPECIAL INVITEE

Mr Eric Schwartz
Deputy Special Envoy to the
UN Secretary-General

WHO SECRETARIAT

Secretary

Dr Samlee Plianbangchang
Regional Director

Members – SEARO Staff

Dr Poonam Khetrpal Singh
Deputy Regional Director

Dr Bjorn Melgaard
Director, Programme Management

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

Dr P.T. Jayawickramarajah
Ag. Director, Family and Community Health

Dr Myint Htwe
Chief, Internal Review and Technical Assessment

Dr Luis Jorge Perez-Calderon
Regional Adviser, Emergency Preparedness
and Response

Mr B. S. Lamba
Sustainable Health Policy Officer

Dr Arun Thapa
Regional Adviser, Expanded Programme
on Immunization

Dr K. Weerasuriya
Regional Adviser, Essential Drugs and Medicines

Mr Francisco J. Dy
Administrative Service Officer

Ms Rekha Anand
Administrative Assistant

Members – WHO Country Office Staff

Dr Agostino Borra
WHO Representative to Sri Lanka

Mr M.R. Kanagarajan
Administrative Officer
WR Sri Lanka

Dr Akinori Kama
Administrative Officer
WR India

Members – WHO-HQ Staff

Dr Margaret Chan
Director
Communicable Diseases Surveillance and
Response
WHO Headquarters
Geneva

Annex 3

Full Text of Welcome Address by the Minister of Healthcare, Nutrition and Uva Wellassa Development, Government of the Democratic Socialist Republic of Sri Lanka

Venerable Maha Sangha,
HE Hon Prime Minister,
Hon Ministers of our South East Asia Region,
WHO Regional Director, Dr Samlee Plianbangchang
Advisers to the delegations,
Distinguished Invitees,
Ladies and Gentlemen:

It is a great honour and a privilege for us in Sri Lanka to host the Twenty-third Meeting of the Ministers of Health and the Fifty-eighth Session of the WHO Regional Committee for South-East Asia. Let me take this opportunity to extend a very warm welcome to all my distinguished fellow Ministers, the Regional Director, Dr Samlee Plianbangchang, the Advisers and other delegates, and the WHO staff members.

Honourable Ministers of Health and distinguished delegates, we feel greatly privileged to have you amongst us today. On earlier occasions too we had the pleasure of hosting your predecessors at a similar meeting. We are grateful to you for sparing your valuable time to come to our country, and contribute your wealth of experience and wisdom, in spite of your pressing responsibilities. I sincerely hope that your stay in our country would be happy, rewarding and enjoyable. I also hope that we have been able to provide you with pleasant and conducive surroundings that will facilitate a successful meeting.

We would also have liked to welcome the Director-General of WHO, Dr Lee but due to pressing engagements he could not be present with us today, and he will join the meeting tomorrow.

It is indeed a singular honour and inspiration for us that the Hon Prime Minister, who is the potential Presidential Candidate from my party in the upcoming Presidential elections, has kindly accepted our invitation to grace this occasion – this in spite of his heavy schedule today, including the meeting of the important Central Committee of the party that is going on right now. He is the Chairperson of the National Health Council, the prime level multi-sectoral body which decides on all of the major health policies in the country. His presence here bears testimony to the great importance he gives to the health and well being of the people of our Region. Hailing from a rural constituency of our country, health and welfare of the people of Sri Lanka has always been very close to his heart. Therefore, while expressing my respect for his commitment and visionary leadership, I wish to express deep gratitude to the Hon Prime Minister 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. Today, health systems in all our countries are overburdened. While we are working together to control priority communicable diseases crossing borders, non-communicable diseases (NCDs) have emerged mainly due to unwholesome 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 from NCDs, road accidents, mental illness and disasters. Hence, our Region needs more resources to improve our health systems to meet these daunting challenges. We need to renew our collective will and dedication to this uphill task.

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 all of our collective wisdom and mobilize more resources and to make the best use out of these.

Excellencies and distinguished ladies and gentlemen, Sri Lanka has achieved several noteworthy strides in health during the past few decades. We have already reached several Millennium Development Goals. People are living healthier than any time in our history, enjoying a lifespan of well over 70 years, comparing well with the Regional average of around 60 years, with lower infant, maternal and adult mortality rates than ever before. There are

abundant opportunities for our people to educate themselves, make their livelihoods and prosper with improved health. Of course we have our share of problems too.

We have managed to significantly improve the health situation in the North-East of the country, which has been under a conflict situation for many years, to be equivalent and comparable to that of the South. The institutions in the previous conflict-prone areas have been renovated, they are better staffed, the supply and logistics systems function regularly, and improved health outcomes are clearly visible. In the past few years of tranquillity the progress has been significantly accelerated and we hope to fully restore and rehabilitate all of the health services in the entire North-East Province in the shortest possible time.

Many of the achievements in health in Sri Lanka have been predicated by a long tradition of investment in the social sector, predominantly in health and education. The relatively high health status that our people enjoy, as indicated by the vital indicators, can be directly attributed to these far-sighted policies of our predecessors. We have recognized that due to competing priorities in the past two decades we have been under constant strain to maintain these investments at these levels. Three years ago we established a National Macroeconomics and Health Commission at the highest level to study the health financing issues and recommend policy directions. I am glad to inform you that in the past year my President, the Hon Chandrika Kumaratunga, who has an abiding interest in health issues, and my cabinet colleagues, were fully convinced of the need to increase our investment in health. They agreed that an increase in the health budget was not consumption expenditure, but a productive and worthwhile investment that is critical for sustained socioeconomic development. As a result we managed a substantial increase in our health budget from 29 billion rupees to 44 billion rupees.

We need these increased investments as we prepare ourselves to meet the newer challenges posed by the rapidly changing demography and disease patterns, the technology, and the challenges posed by the new global social and economic order.

Excellencies and distinguished delegates, this is an opportune moment for me to place on record the invaluable support we received from all of you, the WHO and other UN and other agencies, and all of our other friends, right from the moment the tsunami catastrophe visited us until today. We deeply appreciate this very spontaneous outpouring of goodwill and humanism and the people of the whole of Sri Lanka are thankful to you for these kind gestures, which so vividly demonstrated the oneness and the essential goodness of humankind. We are very grateful that the Director General, Dr Lee, and the Regional Director, Dr Samlee, immediately visited us, shared our grief, and offered valuable advice and help. So too the invaluable cooperation of the WHO Representative and his team in Sri Lanka – WHO stood with us shoulder to shoulder in all of this demanding work and still does.

The tsunami taught us so many lessons; it also tested us beyond any limit. We were heartened by the fact that we seemed to have the fundamentals of a resilient health system in place, low cost and under-resourced no doubt, and that we were able to meet the ravages of tsunami and emerge in reasonably good shape and begin the recovery without much delay. Now we all need to work together to set in place Regional and National Health Sector Disaster Management Masterplans to make sure that we are well prepared for any emergency of such magnitude in the future.

Pharmaceuticals are fast becoming expensive and this trend will continue. In Sri Lanka, we have been able to develop a National Medicinal drugs policy which will come into force very soon. This will help in some measure to ensure a more cost-effective, rational and equitable supply of medicines to the community. There it is pertinent that we discuss the Trade Related Aspects of Intellectual Property Rights as they pertain to Medicines and Vaccines at this meeting.

We have also taken action to expand the Nursing and other paramedical education programmes, also starting degree level programs for these professions. We have planned to add 13000 newly trained nurses and 5000 new paramedical personnel to the health services in the next three years. The overall situation with regard to the doctors is satisfactory, although we still require specialists in a number of areas. Sri Lanka is a country that has seen the adverse effects of the health sector “brain drain”, and we still continue to witness many of our exceedingly talented, best qualified doctors and nurses

taking wing to the developed world. I would like to propose we collectively develop a Covenant or Charter that will enable us to negotiate a more systematic flow of health personnel, and to persuade the recipient countries also to share some of the pains of such movement. We would welcome greatly the advice and technical support of the WHO in formulating such initiatives.

While the public sector is the mainstay of our health system, we are constantly encouraging the private sector to participate in a meaningful way in health care. The public-private partnership in health is growing in Sri Lanka, and to ensure that the community receives acceptable and ethical health care, we are adopting a Private Medical Institutions Bill that will facilitate and at the same time regulate the growth of the private sector.

The enormous mental health challenges of the tsunami gave us the opportunity to revise our Mental Health Policy that will lead to the establishment of a community based mental health service in my country. This work also has been supported a great deal by the work that we have undertaken with WHO and other UN partners in the post-tsunami period.

No other disease in recent times has generated as much public concern as the HIV/AIDS epidemic. HIV/AIDS is a catastrophe in slow motion, and has rightly been declared a global emergency. It poses formidable challenges to human life and dignity. It results in the denial of effective enjoyment of human rights. We know that our developing countries, including those of South-East Asia, are the hardest hit with the majority of new infections occurring in the most sexually active and highly productive age group.

Although the prevalence of HIV in my country is low, there is a potential of rapid spread due to the existence of high risk behaviours and most of the known risk factors. The government is providing HIV treatment free of charge to the positives on an experimental basis and this will continue as a national program. We are determined to maintain the current low prevalence state in my country.

As the host, let me conclude these words of welcome, by mentioning to you one other aspect of Sri Lanka. Steeped in rich history, Sri Lanka offers a rich combination of sights and interests; the lush, green hills of Nuwara Eliya

with the tea plantations; the royal city of Anuradhapura, previously the Capital of Sri Lanka for 1400 years; then the unique Sigiriya fortress which offers an amazing feat in architecture and engineering fortress upon a rock which stands 640 ft. high.

Then, in the heart of our island we have the salubrious city of Kandy, abundant with tradition and culture, it is also a center-point for many Buddhists who wish to pay homage to the Temple of the Tooth which is located there. Hopefully many of you will get to experience first-hand the uniqueness of Kandy, following our meeting, with the field trip which has been organized on Tuesday.

I hope I did not sound like a travel guide but wanted to touch on a few facets of Sri Lanka, and that we are extremely proud of, to discover and enjoy. As your hosts we would be delighted to further enrich your experience of Sri Lanka during your stay.

Finally, I sincerely hope, and have no doubt, that this meeting will be a great success. May I wish you all Honourable Ministers and distinguished delegates, a wonderful stay in Sri Lanka. Please let my Sri Lankan colleagues and staff know if there is any little extra thing that we can do to make your stay in my country happy and enjoyable.

I will be remiss if I do not say a big thank you to the WHO Representative to Sri Lanka, Dr Ago Borra, and his team for the willing and unstinted cooperation that they gave us to make all of the arrangements for this meeting.

Thank you very much.

Annex 4

Full Text of Inaugural Address by the Prime Minister of the Democratic Socialist Republic of Sri Lanka

On behalf of our President, Her Excellency Chandrika Bandaranaike Kumaratunga, and the people of Sri Lanka, I would like to welcome you all warmly to Sri Lanka and to the 23rd Meeting of Ministers of Health. It is an honour for all of us that Sri Lanka has been selected this year to host this important event, and we can look forward to your collective wisdom, knowledge and inspiration. We are sure that this event will provide a major catalyst for further achievements in the area of health and medicine in our Region.

I would also like to take this opportunity to thank the World Health Organization and its partner UN agencies for their prompt and consistent support to Sri Lanka in the wake of the Asian tsunami of last year, which tragically affected many countries within our region. Dr Lee, the WHO Director-General, and the Regional Director visited us immediately after this heartbreaking event and inspired us, advised us, and supported us in numerous ways to come to terms with the tragedy. Despite the catastrophic effects suffered by all in this disaster, we can draw some comfort from the expression of solidarity that the affected countries of this region displayed in their response to the victims and each other – this significantly contributed to the immediate response actions, both extensively and effectively.

The implementation of an early warning system for the region will be extremely advantageous in the preparation and response to national and man-made disasters, and for the containment of emerging communicable diseases throughout providing an essential step in ensuring our countries possess mutual preparedness in light of impending adversities.

Your Excellencies are of course aware that Sri Lanka has been, and remains a high performer in health status terms, with relatively good indicators than other similar low and middle-income countries. Mortality is low and continues to decline, fertility is already below replacement level, and is

expected to reach 1.4 – 1.6 by 2015 by current trends. Life expectancy is high and projected to reach current US levels by 2015–2020.

We have also seen that despite low expenditures on the health sector, we have been able to provide health care of technically acceptable quality, free of user charges in Sri Lanka. We have with great care been able to maintain reasonable equity under the current difficult circumstances. The wide coverage by the health services, the good education, particularly of the mothers and the social sector policies that have been adopted for over five decades, have all contributed to the impressive health outcomes that are seen in the country. Further, there is a constructive partnership between the public and private sectors in health care, although undoubtedly much more needs to be achieved. The private sector has been able to cater to a segment of the population that can afford consumer quality and responsiveness, and thereby relieved to a certain extent the pressure on the public sector services.

Both this gathering of Health Ministers, and the forthcoming WHO Regional Committee meeting, where our teams take the opportunity to meet and further discuss the fundamental health issues of the region, provide a strong platform whereby we can continue to unite, share and advance our knowledge and can only lead us to stronger and enduring cooperation. All our countries are so rich in knowledge and wisdom, possess immense resources and goodwill, we have so much to learn from, and to share with each other, not only in health but in each and every field of human endeavour. We must make use of all available opportunities to optimize these gains and to realize our collective potential. I am confident that this meeting will become a landmark event in the health development history of our South-East Asia Region. Sri Lanka will be very pleased to make its contribution to this effort.

I have no doubt that my colleague, the Hon'ble Minister of Health, with his customary efficiency and organization skills, has made sure that all of you have a very productive meeting and a wonderful time in our country. Please let his team know if there is any little thing that we could do to make your stay comfortable and happy.

I wish all of you every success.

Thank you.

Annex 5

Full Text of Address by the Regional Director, WHO South-East Asia Region

It is a great pleasure that the Hon'ble Prime Minister of Sri Lanka is graciously inaugurating these two highest-level regional meetings of WHO in South-East Asia. I extend my heartiest greetings and a very warm welcome to the Hon'ble Health Ministers and distinguished representatives. On behalf of the World Health Organization, may I thank the Government of the Democratic Socialist Republic of Sri Lanka, and especially H.E. Mr Nimal Siripala de Silva, for hosting these meetings.

Sri Lanka joined WHO in 1948. We have witnessed remarkable progress in her national health development, as mentioned by the Hon'ble Health Minister, Mr de Silva, in his welcome address. For example, life expectancy at birth, which stood at 67 years for males and 72 for females in 1980, increased to 72 and 76 respectively in 2001. The infant mortality rate decreased significantly from 34 per 1000 live births in 1980, to 11.1 in 2003. The country has been polio-free since 1993. Leprosy has been eliminated since 1995. We must congratulate the Government of the Democratic Socialist Republic of Sri Lanka for these impressive achievements that were contributed, among others, by a sound health system, based on equitable access to health care by all people.

During the past decade, we have observed significant changes at all levels of development in the health area. However, infectious diseases continue to cause a very large proportion of morbidity and mortality in South-East Asia. Simultaneously, we have to deal with the health risks relating to unhealthy lifestyles and environmental degradation. The issue that needs to be urgently addressed is how to effectively meet these challenges in the face of resource and other constraints.

A comprehensive expression of governments around the world for achieving the most reasonable well-being of their people is clearly reflected in

the Millennium Development Goals. The MDGs identify a set of inter-related targets for addressing extreme poverty and its many related dimensions, with health being placed at the centre. We have effective technical interventions to attain these goals. We only need innovative strategies and more effective approaches in the implementation of these interventions.

The deliberations at the Meetings of Health Ministers and the Regional Committee will be productive, as usual. All of us will stand to benefit from the wisdom and guidance of the Hon'ble Health Ministers on topical health issues.

WHO, as an Organization of Member States, always stands ready to provide any required support to governments in their efforts to pursue the development of health for all people.

Thank you.

Annex 6

Vote of Thanks by the Secretary, Ministry of Healthcare, Nutrition and Uva Wellassa Development

Hon. Mahinda Rajapakshe, Prime Minister of the Democratic Socialist Republic of Sri Lanka,
Hon. Nimal Siripala de Silva, Minister of Healthcare, Nutrition & Uva Wellassa Development,
Hon. Health Ministers of the countries of WHO South East Asia Region,
Hon. Ministers and Deputy Ministers of Ministries of the Government of Sri Lanka,
Regional Director of WHO,
Observers and Advisers to the Health Ministers,
Members of the Diplomatic Community,
Representatives of UN Agencies, development partners and Donor Agencies,
Representatives of NGOs and the Media
Distinguished invitees,
Ladies and Gentlemen,

As the Secretary of the Ministry of Health of Sri Lanka, it is a matter of great honour and privilege for me to propose the Vote of Thanks.

First of all, on behalf of all of us present here, let me place on record our deep gratitude to the Chief Guest, Hon. Mahinda Rajapakshe, Prime Minister of the Democratic Socialist Republic of Sri Lanka, for gracing this occasion in spite of his very busy schedule. Honourable Sir, your presence here, is a tremendous source of strength to us. Your speech is a source of real inspiration to all of us in the Health Sector. I am sure that your views and thoughts, which were very constructive, would set the tone and guide the deliberations at the meetings of the Health Ministers and the Regional Committee.

Let me thank Hon. Nimal Siripala de Silva, the dynamic Minister of Health of Sri Lanka, for his presence here and for his warm and thoughtful welcome address. He has guided, directed and supervised all the preparations

and the arrangements for meetings commencing today. Sir, your leadership and guidance are warmly appreciated by us.

The presence here today of Hon. Ilyas Ibrahim, Minister of Health of the Republic of Maldives, the current Chairman of the Health Ministers' Forum is most welcome.

I would also like to express my appreciation to all the Health Ministers of the countries of WHO South-East Asia Region, for their presence here. Honourable Ministers, we are grateful that you have travelled to our beautiful island to attend this important meeting in spite of your heavy responsibilities. The presence of the Ministers of Health is a sure signal that productive deliberations could be expected during the next few days. Furthermore, the participation of the Health Ministers is a show of strength of our regional solidarity.

The organization of today's inauguration and the meetings to follow was a joint exercise by the Ministry of Healthcare, Nutrition & Uva Wellassa Development and the World Health Organization. Our special thanks are due to Dr LEE Jong-wook, WHO Director-General, who will be with us tomorrow. Our thanks go also to Dr Samlee Plianbangchang, the Regional Director, for all the solidarity and support provided in arranging these meetings. Our appreciation also is extended to all WHO staff located in the Regional Office at the New Delhi and in Country Office at Colombo for all the assistance given.

Let me also thank the other delegates, who are present here, for their enthusiasm in participating in these important meetings and for their interest in contributing to their deliberations. The presence of Hon. Ministers and Deputy Ministers of other Ministries of Sri Lanka, the members of the Diplomatic Community, Heads of local UN Organization, development partners, donor agencies, NGOs Media and Trade Unions is also very encouraging. I thank all of you for being with us today on this occasion.

We have today with us Heads and Representatives of various Ministries, Departments and government agencies. On behalf of the Ministry of Health, I thank all of them for responding to our invitation and for participating at this function. All these agencies have assisted the Ministry of Health in ensuring

effective arrangements relating to these meetings, and the role they played is highly commendable.

Today's inaugural session and the meetings to be held in the next few days would not have been a reality but for the tremendous support and assistance given by all sections of the staff of Ministry of Healthcare, Nutrition & Uva Wellassa Development. All the staff, who were involved in making these arrangements, toiled day and night, some times under very difficult circumstances, in order to ensure that today's inauguration and subsequent meetings are a success. Let me commend them for the keenness and enthusiasm.

Last, but not the least, let me thank all others, too numerous to mention here individually, who contributed to the successful conclusion of this inauguration. Even their role might have been small, it contributed in a big way to the success of this significant event. Their role is very much appreciated.

Finally, let me once again thank all of you, distinguished invitees, for your attention.

Annex 7

Full Text of Address by the Director-General, WHO

Honourable Ministers of South-East Asia,
Regional Director,
Colleagues,

It is a great pleasure to be back here. Thank you, Honourable Minister Nimal Siripala de Silva, for your invitation.

So much progress has been made since that terrible day of devastation in December last year. You have rebuilt homes and health facilities. The potential disasters of the aftermath have been almost completely avoided. Although so many lives were lost to the sea, people's lives were successfully protected from major outbreaks of disease.

Of the appeal for 70.3 million dollars to address health needs, 90% of funds have already been committed. They will all have been used for the reconstruction process by the end of this year. The main focus has been on building national capacity within health protection and disease prevention; health policy and coordination; and on health services delivery. We will continue to work with you and others to extend this work as needed.

The Tsunami touched all our lives, whether we live here or not. It was a humbling reminder to millions of people throughout the world of our human fragility. Nature has the power to change our lives in one sweeping event. We are reminded again of those effects by Hurricane Katrina.

Right now we have the opportunity to prepare for another natural disaster. Avian flu. We don't know when it will strike, or how hard it will hit. But we have the chance to put our action plan into place to save thousands, maybe millions of lives.

Since January 2004, H5N1 has caused at least 112 human cases and almost 60 deaths in four South-East Asian countries. Last year we discovered

that domestic ducks had become a silent reservoir of the virus. They can excrete large quantities of virus in its most deadly form, yet show no sign of illness. This means that there are no warning signs for families in rural areas - where the majority of human cases have occurred. This makes the control of outbreaks in poultry far more challenging. The virus has a new niche in domestic birds in Asia. It has also got a firm foothold in migratory birds. At least 6000 wild birds died in the last outbreak in China. Prior to this event, deaths of migratory birds from any flu virus were extremely rare.

The expanding geographical range of the virus increases opportunities for human cases to occur. This in turn increases opportunities for it to become more contagious.

Our response is outlined in the WHO strategic action plan for all Member States. It has three phases with recommended actions. In the first, we need to improve case detection and diagnostic capacity in affected countries and countries at greatest risk. This is the early warning system. The warnings may originate from single countries, but they have global implications.

In the second phase, at the emergence of a pandemic virus, we need to build up the international stockpile of antiviral drugs. This will be used to treat the emerging cases. They will provide protection until a vaccine is available.

In the third phase, during pandemic spread, the priority is to find ways to speed up vaccine development, and technology transfer, expand manufacturing capacity and ensure that all countries have access to sufficient vaccine at affordable prices.

Health workers have to be trained to deal with a pandemic. There are communication issues to address: the general public needs to understand what is going on without panic and know what to do if quarantine measures are needed, if schools or other public places have to close.

We know, from India's recent success in stamping out type 1 poliovirus with its new monovalent vaccine, that it is possible to develop new products quickly, and use them to great effect. We have the experience, from previous outbreaks, of mobilizing rapid response teams to "mop up". Indonesia has

done an excellent job in its recent national immunization days, drawing on 750 000 volunteers and health workers to vaccinate 24 million children across the country to squash transmission of imported virus. This is a lesson for the future: we must work to establish the "early warning" reporting systems. We must deliberately and without fail build up health worker resources.

There are other important political and social dimensions to such a pandemic. There are central issues to face, for example, of equity of access to life-saving vaccines or medicines. The wealthier countries need to act now, generously, to make sure that no population is disadvantaged. We have an opportunity here to live up to our ideals of health for all. Who here could choose which people are protected against flu and which we allow to die? We have to avoid those impossible questions by making sure, as best we can, that there enough supplies of medicine and vaccine for everyone, equally.

The issue of universal access is central to our efforts to combat disease. The "3 by 5" initiative has made a start in changing the global mind set that access to drugs is only for those who can afford it. The G8 recently set an even more ambitious target. This was to get "as close as possible to universal access to treatment for all those who need it by 2010". Access for everyone to the treatment they need is now recognized as not only absolutely necessary for people who live with HIV, but entirely feasible.

Disease outbreaks in one country are everyone's business. The International Health Regulations 2005 recognized this. It will be increasingly important to coordinate information and activities on disease prevention and control. You are already doing this successfully with your close neighbours in the Western Pacific, in several areas. Next week I will be attending the meeting of ASEAN Heads of States in New York. I will speak there on the issues I have raised this morning and on the fruits of our discussions today.

We face today some truly challenging issues in health security and health equity. They will take all our resolve and strength of purpose to achieve. It is a pleasure to be back with you all in this Region and to discuss with you how best WHO can provide support.

Thank you.