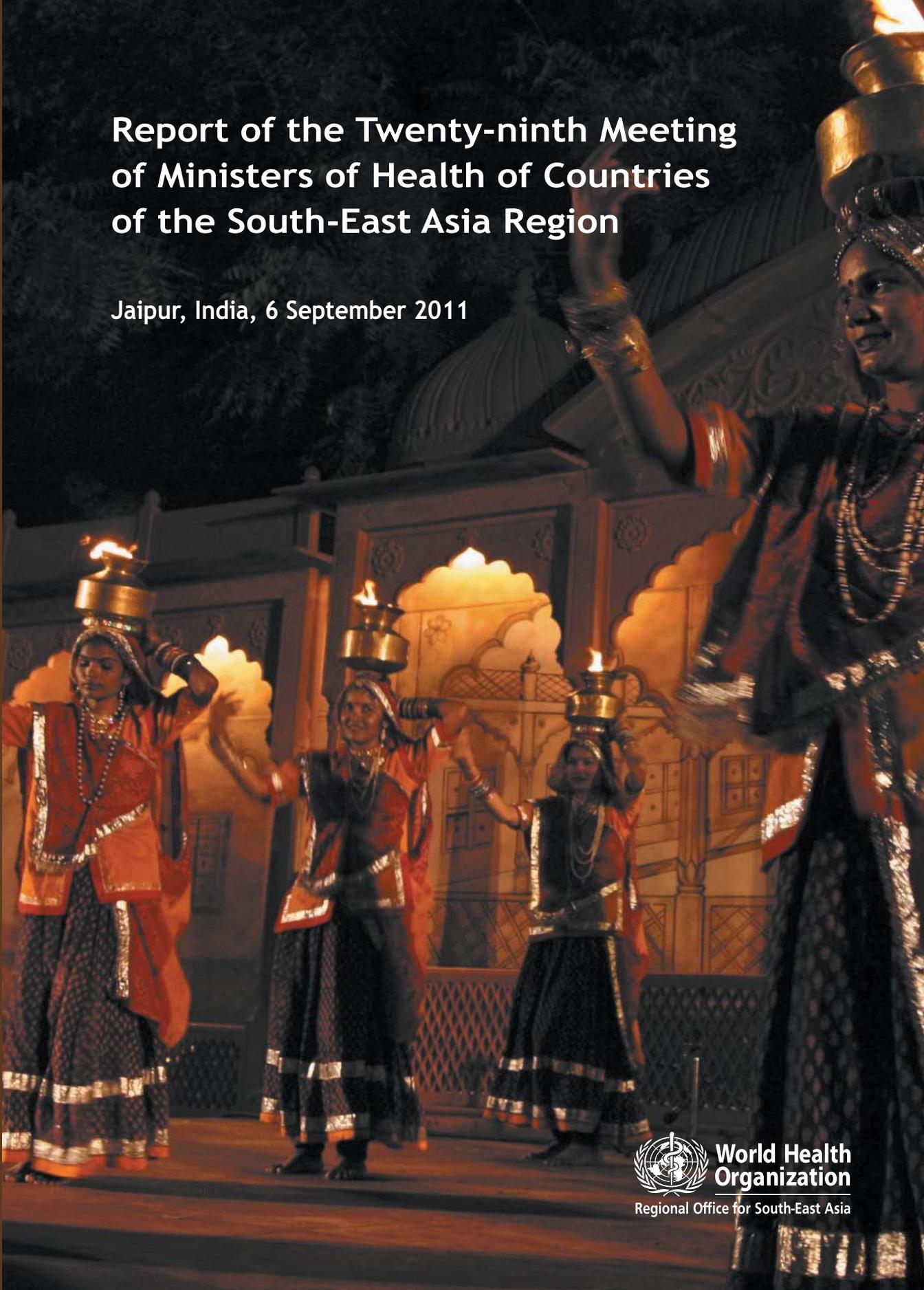


# Report of the Twenty-ninth Meeting of Ministers of Health of Countries of the South-East Asia Region

Jaipur, India, 6 September 2011



**World Health  
Organization**

Regional Office for South-East Asia

*Cover: Rajasthani folk dance presented at the cultural evening during the Health Ministers' meeting.*

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## Part 1

# Introduction

1. The first meeting of the Ministers of Health of countries of the WHO South-East Asia Region was held in 1981 in Jakarta, Indonesia. Since then the ministers have been meeting regularly. The meetings of the ministers of health of the countries of the WHO South-East Asia Region provide a forum to discuss important health issues in the Region and to forge bilateral and intercountry cooperation and regional solidarity.

2. The objectives of the meetings of the Ministers of Health are:

- (1) To reinforce the commitment of the Member States to the attainment of the highest possible level of health for their people.
- (2) To exchange national experiences on the social, political and economic dimensions of health in the process of national development.
- (3) To explore and identify new avenues for further intercountry cooperation and collaboration in health and health-related fields.

3. Over the years, the meetings of the ministers of health have focused attention on priority health issues and have provided leadership on several important initiatives in Member States of the WHO South-East Asia Region.

4. These meetings have also immensely contributed towards enhancing cooperation, reinforcing political commitment and, providing an opportunity for Member States to ensure regional accord and coherence in relation to important health concerns.

5. In keeping with the spirit of cooperation, with effect from the Twenty-fourth Meeting Ministers of Health held in Dhaka, Bangladesh, the practice of adopting a 'ministerial declaration' on the current World Health Day theme was started. These 'ministerial declarations', which have since been adopted in successive meetings of the Ministers of Health, have served as an effective basis for Member States and WHO for working together towards achievement of the results stipulated in the World Health Day themes.

6. For example, the Twenty-eighth Meeting of the Ministers of Health held in Bangkok in September 2010, keeping in view the fact that unplanned urbanization is one of the major threats to public health in the Twenty-first century deliberated on urbanization and health. It also adopted the Bangkok Declaration on the subject. The Declaration expressed the commitment of the Member States to initiate necessary steps in this direction and urged the Director-General and the Regional Director to continue to provide leadership and technical support in building partnerships in this area.

7. Furthermore, concerned with rising incidence of noncommunicable diseases (NCDs), and the desire to consolidate positions the ministers discussed the need for effective strategies that can be adopted in the prevention and control of noncommunicable diseases.

8. The Twenty-ninth Meeting of Ministers of Health of Countries of the WHO South-East Region was held in Jaipur, India, on 06 September 2011, at the invitation of the Government of India.



H.E. Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India, delivered the inaugural address at the joint inauguration of the Twenty-ninth Meeting of Ministers of Health and the Sixty-fourth Session of the WHO Regional Committee for South-East Asia.

9. Honourable Ministers from Bangladesh, the Democratic People's Republic of Korea, India, Maldives, Myanmar, Sri Lanka and Thailand participated in the meeting. The other four countries were represented by senior officials. His Excellency Mr Ghulam Nabi Azad, chaired the meeting. His Excellency Dr AFM Ruhul Haque, Honourable Health Minister, Bangladesh was the Co-chair.

10. The agenda of the meeting included the following three items:

- Review of Bangkok Declaration on Urbanization and Health/ Follow-up actions on the decisions and recommendations of the Twenty-eighth Meeting of Ministers of Health
- Antimicrobial resistance
- Prevention and control of noncommunicable diseases

11. The agenda, as adopted by the ministers, and the list of participants are contained in Annexes 1 and 2, respectively.



## Part 2

### Inaugural session

12. A joint inauguration of the Twenty-ninth meeting of Ministers of Health and the Sixty-fourth session of the WHO Regional Committee for South-East Asia was held in Jaipur, India, on 6 September 2011.

**Welcome address by Dr V.M. Katoch, Director-General, Indian Council of Medical Research and Secretary, Department of Health Research, Government of India.**



13. Dr V.M. Katoch, welcomed the Honorable Ministers and distinguished delegates for the Twenty-ninth Meeting of the Health Ministers and the Sixty-fourth session of the Regional Committee to the historic and cultural city of Jaipur and extended a warm welcome to Dr Margaret Chan, Director-General of the World Health Organization, and Dr Samlee Plianbangchang, Regional

Director, WHO Regional Office for South-East Asia.

14. He referred to the crucial role that a strong WHO can play in collaborating with national governments to address the various health challenges, those related to noncommunicable diseases (NCDs) in particular, faced by the people of the South-East Asia Region. NCDs being the pre-eminent health concern of our times, Dr Katoch drew the attention of the delegates to the Jakarta Declaration and Moscow call for action on NCDs as well as the

resolutions passed by the Sixty-fourth World Health Assembly. The United Nations General Assembly has also scheduled an exclusive High Level Meeting on NCDs (UN HLM) due to be held in New York in September 2011. He also referred to the National Summit on NCDs organized by the Government of India in August 2011 with participation of all stakeholders which led the New Delhi Declaration.

15. Referring to Antimicrobial Resistance, which is the theme of the World Health Day, Dr Katoch referred to the formation of a Task Force on Antimicrobial Resistance in India. Based on the recommendations of this Task Force, for development of suitable policies, various multi-pronged studies are being undertaken by research institutions network across the country. Polio eradication and routine immunization are also major thrust areas in the field of health for the Government of India. WHO has earmarked 2012 as the Year for Intensification of Routine Immunization.

16. In conclusion, D Katoch expressed his earnest hope that deliberations at the Health Ministers Meeting and at the Regional Committee would contribute to the formulation of strategies and priority actions to address health problems faced by the people of the South-East Asia Region. *(For the full text of the address, please see Annex 3)*

**Address by Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia**

17. Dr Samlee Plianbangchang, Regional Director for South-East Asia, welcomed the Honourable Ministers and other distinguished representatives, and conveyed his grateful thanks to the Government of India for hosting the meeting in Jaipur.



18. Calling India “a dynamic member of WHO,” the Regional Director recognized that India had consistently demonstrated unwavering commitment to the mandate of the Organization in promoting the attainment by all peoples of the highest possible level of health. The National Rural Health Mission

launched in India in 2005 to revitalize the primary health-care approach in the country is a shining example of this commitment, Dr Samlee added while expressing WHO's deep appreciation of India's long-standing involvement in its work.

19. Key health indicators provide clear evidence of significant progress in health development in the SEA Region. Among other achievements, all countries have reached leprosy elimination targets. HIV and TB prevalence are showing a downward trend in most countries and the Region is very close to achieving the goal of polio eradication. However, in the areas of maternal, newborn and child health some countries still face formidable challenges in their efforts to meet targets of Millennium Development Goals 4 and 5. There are also troublesome trends which require urgent attention, such as the burden of chronic NCDs which is expected to rise steeply in the next decade. Injuries, disabilities and mental disorders also rank high on the list of concerns. Mortality due to NCDs has already surpassed that of communicable diseases in South-East Asia, reflecting the inability of health systems to mainstream health promotion along with disease prevention through the population-based primary health care approach. Furthermore, the Regional Director pointed out, most chronic NCDs need long-term or even life-long medical treatment that creates an additional "economic burden" on individuals and families and significantly contributes to skyrocketing health-care costs. He urged delegates attending the UN NCD Summit in New York to voice regional concerns in this regard.

20. On antimicrobial resistance, the Regional Director said that WHO has continually advocated "rational use of medicines" including antibiotics to effectively control microbial resistance to antibiotics and not allow "superbugs" to develop in the Region. Environmental threats to health due to rapid population growth and urbanization are critical challenges while climate change will certainly exacerbate the heavy burden on overstretched health systems. Immunization is the most cost-effective public health intervention to prevent infectious diseases among children. In comparison to the global average, the South-East Asia Region records low coverage of routine immunization. This calls for concerted action to intensify efforts. This, he said, was the main reason for declaring 2012 to be the Year of Intensification of Routine Immunization in the South-East Asia Region.

21. In conclusion, the Regional Director stressed the need for public health work to be given due emphasis in national health policies and in allocation of national health resources so that national health development endeavours reach their full potential. *(For the full text of the address, please see Annex 4)*

### **Address by Dr Margaret Chan, Director-General, World Health Organization**

22. The Director-General of the World Health Organization, Dr Margaret Chan, expressed pleasure to be in Jaipur and thanked the Government of India, especially His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, for hosting these meetings.



23. Dr Margaret Chan said all the three issues on the agenda of the Health Ministers Meeting that is: follow-up of the Bangkok Declaration on Urbanization and Health; Strategies for Combating Antimicrobial Resistance; and Preparations for the UN High-Level Meeting on NCDs (UN HLM) all represent health challenges that are distinctly of the 21st century. Effective responses to these challenges will depend on policies and actions which transcend the health sector.

24. With regard to NCDs, the Director-General said that diseases such as heart disease, stroke, diabetes and cancer are already the world's biggest killers, with diabetes and stroke responsible for half of all disabilities worldwide. Developing countries face a major challenge from these diseases, which are spreading with stunning speed due to several factors including modernization, population ageing, rapid unplanned urbanization and the global spread of unhealthy lifestyles. The Director-General hoped that the UN HLP would serve as wake-up call to the Heads of States on the enormity of the costs involved in tackling NCDs since these diseases have the capacity to devour the benefits of economic growth. For prevention of NCDs she emphasized the need for complete implementation of the WHO Framework Convention on Tobacco Control and initiating preventive measures and cost-effective treatments through broad-

based policies, multisectoral collaboration and participation of all sections of society.

25. On the major issues on the agenda of the Regional Committee, the Director-General noted that more concrete steps need to be taken on essential drug policies including rational use of medicines both at the global and country levels. On antimicrobial resistance, she cautioned that the world is on the brink of losing its miracle cures due to irrational and inappropriate use of antibiotics leaving the world defenseless against new and virulent microbes. Easy availability of antibiotics and their inappropriate use are major factors behind drug resistance. She cautioned that drug resistance had the potential to become the next major global crisis if remedial action was not taken urgently. She also expressed concern over the large-scale routine use of antibiotics to promote growth of food, including on food-producing animals. *(For the full text of the address, please see Annex 5)*

### **Inaugural Address by His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India**



26. His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India, extended a warm welcome to the ministers of health of Member States of the WHO SEA Region, the WHO Director-General and the Regional Director, and all distinguished delegates to the historic city of Jaipur.

27. The Minister of Health and Family Welfare highlighted that countries of the WHO South-East Asia Region comprise one fourth of the world's population and therefore have a significant imprint on the health map of the world. He expressed his satisfaction with the theme of this year's Health Ministers' Meeting, calling antimicrobial resistance and irrational use of antibiotics issues of great concern. Despite technological advancements in the field of health, there has been negligible development of new antimicrobial agents over the past few decades. Inadequate attention to this problem

will be a critical impediment to the attainment of the Millennium Development Goals, he said.

28. The Health Minister also reiterated that the Regional Committee will discuss very important issues including routine immunization, malnutrition, essential drug policy including rational use of drugs, regional health sector strategy on HIV and strengthening of the community-based health workforce in the context of revitalization of primary health care. He drew attention to the ongoing global economic crisis and its adverse impact on the WHO budget, as well as the need to strengthen WHO so that Member States continue to receive adequate technical and innovative inputs from it.

29. With regard to NCDs, H.E. Mr Azad mentioned the mounting challenges faced by countries such as India, which has not yet fully reversed communicable diseases. He stressed the need to institute effective measures to prevent, control and manage NCDs as they are the main causes of mortality and disability worldwide, and the major cause of premature deaths that strike the poor hardest. He expressed hope that the UN High-Level Meeting on NCDs in New York in September 2011 will effectively draw the world's attention to this major public health challenge.

30. Elaborating on the steps taken by the Government of India to tackle NCDs, he mentioned the ongoing nationwide screening for diabetes and hypertension which is underway, and the Prime Minister's commitment to increase the allocation for health in the 12th Five Year Plan commencing in April 2012. The Ministry of Health and Family Welfare is in the process of drafting its recommendations to the 12th Plan, the focus of which will be health. While reiterating India's strong commitment to polio eradication, he expressed satisfaction for the substantial progress made by India in this regard in 2011. So far there had been only one case of wild poliovirus in the country in 2011 as compared to 741 cases reported in 2009 and 42 in 2010.

31. He thanked the Hon'ble Chief Minister and Government of Rajasthan for extending their cooperation and assistance in organizing the meetings as well as to WHO for its efforts and cooperation.

32. In conclusion, His Excellency conveyed his greetings and best wishes for the success of the meetings. *(For the full text of the address, please see Annex 6)*

**Vote of Thanks by Mr B.N. Sharma, Principal Secretary (Health and Family Welfare), Government of Rajasthan.**



33. Mr B.N. Sharma, Principal Secretary (Health and Family Welfare), Government of Rajasthan, proposed the vote of thanks.

34. He thanked the Honourable Ministers, and distinguished delegates, as well as Dr Margaret Chan, and Dr Samlee Plianbangchang, of the World Health Organization, for their presence in Jaipur. He extended his deep appreciation for the efforts put in by staff from the Ministry of Health & Family Welfare, New Delhi and Government of Rajasthan for organizing both the high level meetings. He also thanked the staff of WHO for its active role and cooperation in organizing these meetings.

## Part 3

# Business session

### Introductory Session

35. In the absence of the outgoing Chair of the Health Ministers' Forum, the Regional Director, Dr Samlee Plianbangchang welcomed the honourable ministers and other distinguished representatives to the Twenty-ninth Meeting of the Ministers of Health. Dr Samlee thanked the Hon'ble Union Minister of Health and Family Welfare, Government of India, H.E. Mr Ghulam Nabi Azad, for inaugurating the Health Ministers' Meeting and for his inspiring keynote address. He also thanked Dr Margaret Chan, Director-General, WHO, for her inspiring address at the inaugural session and for her invaluable guidance.



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

36. His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India, expressed his sincere thanks to the honourable ministers for electing him as Chairman for the Twenty-ninth Meeting of Ministers of Health and as the chair of the Health Minister's Forum for 2011-2012.

37. He extended a warm welcome to the honourable ministers to the historic and colourful city of Jaipur. The honourable minister said that he was conscious of the challenges facing all countries in the Region. He expressed the hope that through cooperation, a solution to overcome their common health problems would be found.

38. He reiterated that significant progress had been made in the health sector. Many remarkable achievements had been made in the prevention and control of communicable diseases, prolonging life expectancy etc. Such achievements would not have been possible without close WHO-country collaboration at the country, regional and global levels.

39. With reference to the Bangkok Declaration, the Chair stated that Member States had made good progress with regard to promoting healthy lifestyles. Antibiotics played a vital role in reducing the burden of communicable diseases. Organisms resistant to these important antibiotics were difficult to control. Antimicrobial drug resistance, posed a global challenge and required concerted action. The theme of this year's World Health Day is, thus, very timely.

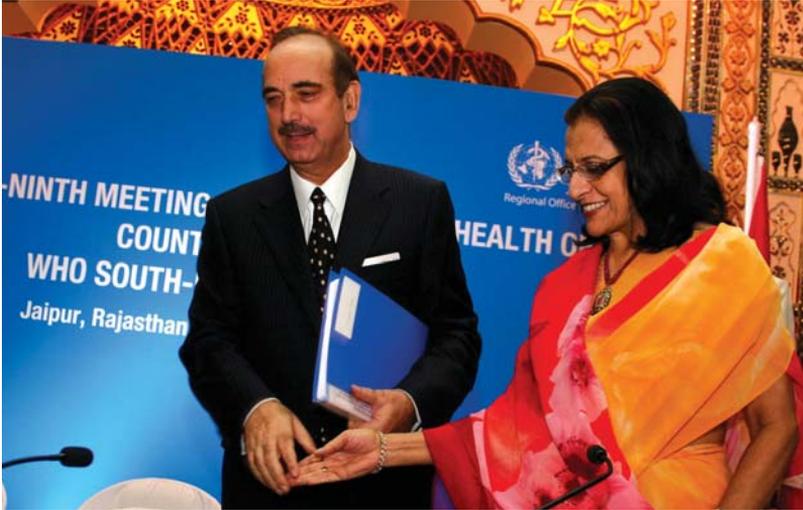
40. He expressed confidence that this meeting will prove to be an important milestone to strengthen health development and that the bonds of fraternity will be further strengthened.

41. Dr Margaret Chan reiterated the vital importance of the agenda items and the need to find appropriate solutions to the challenges confronting the Region.

42. His Excellency expressed confidence that the meeting would prove an important milestone in strengthening mutual goodwill and cooperation for health development and that bonds of fraternity and friendship would be strengthened among Member States.

## Nomination of Co-Chair and Rapporteur

43. The honourable ministers nominated His Excellency Dr AFM Ruhul Haque from Bangladesh as the Co-chair and Mr Keshav Desiraju, India as the Rapporteur for the Twenty-ninth Meeting of Ministers of Health.



### **Review of Bangkok Declaration on Urbanization and Health/Follow-up actions on the decisions and recommendations of the Twenty-eighth Meeting of Ministers of Health** (*Agenda item No. 3(i)*)

44. Dr Poonam Khetrapal Singh, Deputy Regional Director, WHO South-East Asia, made a presentation on the subject.

45. She summarized the developments and achievements since the Twenty-eighth Meeting of the Ministers of Health where the Bangkok Declaration on Urbanization and Health was adopted.

46. Dr Poonam Khetrapal Singh said that the Regional Office was committed to collaborate with Member States in improving their national health policies, strategies and health plans for strengthening health systems based on primary health care approach. Urbanization and health was an important aspect of such health-related policies, strategies and plans.



47. She mentioned that there was a need for increased advocacy for effective policy development and to promote investment in pro-poor policies and strategies in order to reduce the health equity gap, and develop linkages between health and social services.

48. Dr Poonam Khetrupal Singh informed that the following activities were carried out following the Bangkok Declaration on Urbanization and Health:

- (1) Advocacy for a holistic and multidisciplinary approach in all sectors of the government to address urbanization and health has been initiated in Bangladesh, India and Thailand.
- (2) Increase in capacity in all systems takes time in most countries. However, progress has been made in Thailand through a series of seminars, workshops and technical collaboration with other sectors, particularly the municipalities.
- (3) Advocacy with the government and municipalities to invest in health-promoting cities is showing results in Thailand. A network of multistakeholders for urban health has been created along with a health promoting city concept.

- (4) Planning on urban health addressing social, psychological and mental health issues was discussed at the Third National Health Assembly in Thailand. In Indonesia, some local urban governments used the poverty-eradication project as a mechanism to address health from a social perspective with multisectoral partnerships.

49. Dr Poonam Khetrupal Singh mentioned that future actions to be implemented according to the Bangkok Declaration, included the following:

- (1) Advocate for policy development through health impact assessment and promotion of better urban planning. Improve the understanding of decision-makers on the negative impact of unplanned urbanization.
- (2) Promote investment in pro-poor policies and strategies to reduce the health equity gap among urban dwellers, including expanding health services coverage for the urban poor.
- (3) Develop linkages between health and social services to address health problems in the most vulnerable groups in urban areas.

50. Dr Poonam Khetrupal Singh assured the ministers that the Regional Office would make every effort to extend required technical assistance to Member States according to country-specific priorities and needs in line with the spirit of the 'Bangkok Declaration on Urbanization and Health'.

51. The ministers were informed that the item had been discussed at the Senior Advisers Meeting and that the main discussion points and recommendations of the Senior Advisers had been circulated.

52. Distinguished delegates were informed that the working paper on this item also included follow-up actions initiated on the other substantive agenda item(s) discussed at the last meeting of the honourable ministers.

### ***Discussions***

- Owing to the involvement of a multitude of agencies in urban affairs, implementation of the Bangkok Declaration was a complex challenge. Combating challenges of

urbanization requires multisectoral approached in planning to establish appropriate infrastructure especially for water supply, sanitation, housing, transport, better lifestyles and anti-pollution strategies. It requires extensive collaboration between various ministries and agencies especially the local civic bodies/government agencies.

- Many urban services are provided through local civic bodies such as municipal committees. Active involvement of these civic bodies in planned urbanization is essential.
- Because of better opportunities and services in urban areas, there is mass migration of people from rural to urban areas. Strengthening of health systems in towns and districts would facilitate reduction of such migration.
- There is a strong need for health promotion activities in urban settings to prevent both communicable and noncommunicable diseases. The quality of health services in urban areas requires improvement to achieve better health outcomes.
- National capacity for managing health issues related to urbanization should be strengthened through organized and sustained trainings. These will be critical to ensure implementation of the healthy cities concept.



### ***Recommendations for WHO***

- Implementation of the Bangkok Declaration, and other similar Declarations, should be regularly reviewed for several years after their adoption.
- WHO should establish a Regional Expert Group on Urbanization to provide guidance on implementation of the Bangkok Declaration.
- WHO should develop and disseminate operational guidelines for implementation of the Bangkok Declaration as well as measurable indicators to monitor the progress made.
- WHO should facilitate information exchange between Member States on experiences in the area of urbanization and health.
- WHO should assist the Health Ministers' Forum in follow-up of the Bangkok Declaration.
- WHO, especially its country offices, should continuously undertake advocacy with national authorities for improving health of the people living in urban areas.
- WHO should assist Member States in mobilization of resources from international development partners for implementation of the Bangkok Declaration.
- The existing Health Ministers' Forum should be utilized to strengthen intercountry cooperation and to oversee the follow-up of the Bangkok Declaration and facilitate exchange of information between Member States.

### ***Recommendations for Member States***

- Planned urbanization should be mainstreamed in the national planning process with active involvement of all stakeholders including local governments/urban authorities for efficient utilization of resources.
- Stronger advocacy should be undertaken with local civic bodies/governments for their support in strengthening urban infrastructure in a planned and coordinated way to improve health of the people.
- Promoting the health of urban populations should be integrated in primary health care activities and harmonized with national health programmes.

## Antimicrobial Resistance *(Agenda item No. 3(ii))*

53. Dr Poonam Khetrupal Singh, Deputy Regional Director, WHO South-East Asia Region, introduced the subject which is also this year's World Health Day theme.

54. She mentioned that antimicrobial agents have been the mainstay of mankind's battle against infectious diseases. During the last century these drugs have substantially reduced morbidity and mortality due to infectious diseases. However, appearance of resistance in most of the microorganisms is making several of these agents ineffective. Irrational and indiscriminate use of antimicrobial agents has also resulted in several organisms becoming resistant to multiple agents.

55. Accumulation of resistance to several drugs in the same microorganism makes it multiple-drug resistant, usually termed as "superbug" by the lay media. Diseases due to resistant organisms take longer to treat, require expensive and, at times, toxic drugs for longer periods, often making the disease untreatable. The resistant organisms can also move across countries through travel and trade. In that sense, antimicrobial resistance is a global challenge with profound impact particularly on the health of people in developing countries.

56. She cautioned that this trend, unless urgently contained, may lead to the same situation as had existed before antibiotics became available, characterised by high mortality and morbidity



due to communicable diseases. Such a situation would negate the outcomes of modern technologies such as complex surgeries and organ transplantation.

57. Given the importance of this subject, and to enhance global advocacy and coordinated action on rational use of antimicrobial agents, antimicrobial resistance was chosen as the theme of this year's World Health Day.

58. Dr Poonam Khetrpal Singh stressed that SEARO has been working vigorously on this subject. Recognizing that antimicrobial resistance has a multifactorial origin, is a cross-cutting issue and needs a comprehensive strategic approach, SEARO in 2010 developed a simple but practical regional strategy through extensive consultation with regional experts. The strategy addresses issues of legislation and policies governing the use of antimicrobial agents, establishing laboratory-based networks for surveillance of resistance and ensuring the rational use of medicines at all levels of health-care settings. The prime objective is to prolong and preserve the effectiveness of antimicrobial agents in the treatment and prevention of microbial infections.

59. Dr Poonam Khetrpal Singh informed that the Sixty-third session of the Regional Committee last year also adopted a resolution, SEA/RC/R4, calling for urgent and concerted efforts for preventing and containing antimicrobial resistance.

60. Keeping in view the importance of the topic and the need to pool and prioritize efforts/resources in this regard, the Senior Advisers Meeting had recommended consideration and adoption of the Jaipur Declaration on Antimicrobial Resistance.

61. Dr Poonam Khetrpal Singh highlighted the key points of the Jaipur Declaration and requested the honourable ministers to consider adoption of the Jaipur Declaration on Antimicrobial Resistance which, while taking into account the challenges ahead, expresses commitment of the Member States to initiate certain steps and jointly advocate and effectively follow-up on all aspects of the Jaipur declaration on Antimicrobial Resistance.

62. In this regard, she placed on record WHO's appreciation for the Minister for Health and Family Welfare, H.E Mr Ghulam Nabi Azad's



initiative in sharing the draft Jaipur Declaration with his counterparts in the Member States of the Region.

63. Dr Poonam Khetrupal Singh further mentioned that this item had been discussed by the Senior Advisers at their meeting and that the discussion points and recommendations arrived at were included in their report.

### *Discussions*

- Antimicrobial resistance (AMR) is recognized as a major, multidimensional and complex problem in SEA Region. Emergence and spread of resistant microorganisms will negate the impact of achievements of public health programmes.
- Combating AMR requires serious, long-term commitment by national authorities for scaling up known and tested interventions.
- Being the theme of World Health Day 2011 provided an important advocacy opportunity for the entire Region.
- Member States of the SEA Region have initiated actions to mitigate the impact of AMR. National consultation processes and formulation of national policies, strategies, plans and standard treatment guidelines have begun.

- National capacity for surveillance of AMR to gauge the extent of the problem is being strengthened in all Member States.
- There is urgent need to educate prescribers and users of antimicrobial agents to reduce irrational use of these agents.
- The use of antimicrobial agents in sectors other than health is significant and needs to be regulated.
- The Jaipur Declaration on Antimicrobial Resistance articulates a comprehensive approach to meet the challenge of AMR in the SEA Region.

### ***Recommendations for WHO***

- WHO, and its Country Offices, should assist Member States in implementation of the Jaipur Declaration on Antimicrobial Resistance.
- WHO should assist Member States in building national capacity in all aspects of AMR.
- WHO should establish a regional mechanism for sharing of data on drug resistance to assist in policy formulation.

### ***Recommendations for Member States***

- Comprehensive, well-coordinated and sustainable national activities should be planned and implemented in line with the Jaipur Declaration on AMR based upon strong legislation and effective regulations.
- A multisectoral approach and active cooperation of all stakeholders for preventing and containing AMR should be adopted.
- National capacity for surveillance of AMR and rational use of quality antimicrobial agents at all levels of health care, both in the public and private sectors, should be strengthened.
- Extensive community-based activities should be launched to promote rational use of medicines.



## Jaipur Declaration on Antimicrobial Resistance

64. We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Twenty-ninth Health Ministers' Meeting in Jaipur, India, appreciate the efforts being made by Member States and partners in the South-East Asia Region to adopt a holistic and multidisciplinary approach towards prevention and containment of antimicrobial resistance to improve public health. We also recognize that it is imperative that national governments accord utmost priority to this hitherto neglected problem to preserve efficacy of the antimicrobial agents - in our fight against microbial diseases.

65. *Concerned that* emergence and spread of antimicrobial resistance is negating the achievements made in protecting human life and health from microbial diseases; especially newly emerging infectious diseases;

66. *Aware that* the most important driver of antimicrobial resistance is irrational use of antimicrobial agents;

67. *Recognizing that* antimicrobial resistance can be a critical impediment in global efforts towards achieving UN Millennium

Development Goals (MDGs), specially MDG 6 that addresses containment of HIV/AIDS, tuberculosis, malaria and other diseases;

68. *Considering* that while antimicrobial resistance is a global public health problem, its major brunt is being borne by people in the developing countries;

69. *Acknowledging* that in spite of significant technological advances, development of new antimicrobial agents is negligible;

70. *Aware* that non-therapeutic use of antimicrobial agents in the veterinary and fishery sectors has a profound effect on emergence of resistance in microorganisms and their spread to human beings through the food chain;

71. *Noting* that health care facilities featuring the combination of highly susceptible patients, intensive and prolonged antimicrobial use, and inadequate infection control practices are potential "hot spots" for the emergence of highly resistant micro-organisms;

72. *Concerned* at the impact of resistant organisms in the efficient utilization of modern technological and scientific advances in improving human health through complex surgeries and transplantation procedures;

73. *Further noting* the inadequate regulatory mechanisms that allow unauthorized prescription of antimicrobial agents;

74. *Aware* of extensive irrational prescription of these medicines by physicians and poor adherence by the communities themselves; and

75. *Recognizing* that resistance in microorganisms leads to loss of lives, long-term suffering, disability, reduced productivity and earnings, and also threatens to undermine the effectiveness of health delivery programmes in all Member States;

**76. We, the Health Ministers of Member States of the WHO South-East Asia Region agree to:**

- (1) acknowledge antimicrobial resistance as a major global public health issue;

- (2) institute a coherent, comprehensive and integrated national approach to combat antimicrobial resistance;
- (3) develop national antibiotic policy and formulate multisectoral national alliances against antimicrobial resistance;
- (4) advocate for a multidisciplinary approach by all sectors of the government, with the private health sector providing desired information and following national guidelines;
- (5) study the emergence and spread of antimicrobial resistance and assess accurately its impact on public health;
- (6) regulate the use of antimicrobial agents, both in public and private sectors to prolong and preserve their efficacy;
- (7) strengthen legislation to prevent the manufacture, sale and distribution of spurious and substandard/not-of-standard-quality and poor quality antimicrobial agents and the sale of antibiotics;
- (8) promote behavioural change in prescribers and communities through continuous training, educational campaigns with process and outcome measures for rational use of antimicrobial agents and emphasizing antimicrobial resistance in medical, dental, veterinary and pharmacy curricula;
- (9) build increased capacity for efficient surveillance of antimicrobial resistance and its effective use in modifying antibiotic policy;
- (10) strengthen diagnostic facilities for microbial diseases to facilitate evidence-based antimicrobial prescription;
- (11) strengthen infection control practices in health care facilities to reduce the burden of microbial diseases and health-care associated infections;
- (12) ensure use of antimicrobial agents included in National Essential Drugs List, regulate non-therapeutic use of antimicrobial agents and irrational use in the veterinary and fishery sectors;

- (13) encourage basic and operational research in areas that enhance application of various measures to combat antimicrobial resistance;
- (14) support research and development of new antimicrobial agents especially for neglected tropical diseases and facilitate their cost-effective production in the public sector and making them affordable for the poor;
- (15) advocate healthy lifestyle, cost-effective and essential immunization and other non-pharmaceutical measures to reduce the disease burden due to microbial diseases;
- (16) develop national and regional mechanisms for regular data sharing, regulating cross-border transfer of infectious materials and bacterial isolates, sharing best practices of laboratory-based surveillance of antimicrobial resistance and practices promoting rational use of antibiotics;
- (17) set up a regional mechanism for sharing of mutually agreed antimicrobial resistance data of public health importance relevant to policy making; and
- (18) develop a regional mechanism for a regular intercountry consultative process for reviewing issues related to antimicrobial resistance including tracking of international movement of resistant organisms both within the Region and among regions.

77. We, the Health Ministers of Member States of the WHO South-East Asia Region, urge all other WHO Member States as well as the Director-General and the Regional Director to continue to provide leadership and technical support in building partnerships between governments, the United Nations agencies and the relevant global health initiatives and with academia, professional bodies, nongovernmental organizations, related sectors, the media and civil society, to jointly advocate and effectively follow-up on all aspects of this Jaipur Declaration on Antimicrobial Resistance.

6 September 2011

## Prevention and control of noncommunicable diseases *(Agenda Item 3(iii))*

78. Dr Poonam Khetrpal Singh, Deputy Regional Director, while making a presentation on this item said that four major noncommunicable diseases (cardiovascular diseases, chronic respiratory diseases, cancer, and diabetes) account for 80% of the mortality due to NCDs. These are largely attributable to a few preventable risk factors – tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol.

79. Noncommunicable diseases are the most common cause of death globally as well as in the South-East Asia Region. Their risk factors are highly prevalent in the Region and are rising rapidly. Unless addressed urgently, the NCD burden is expected to increase by 15% globally and by 21% in the Region over the next decade.

80. Since 2000, several global and regional initiatives have paved the way to mounting a response against the NCD pandemic, including: development of the global strategy for prevention and control of NCDs in 2000; the Framework Convention on Tobacco Control in 2003; and the Global Strategy to Reduce Harm from Alcohol in 2010. At the regional level, the South-East Asia Regional Network on NCDs was established in 2005 and it meets every two years to facilitate intercountry exchange of information on policies and practices related to prevention and control of NCDs. Discussions on NCDs have been held at the Sixtieth and Sixty-third sessions



of the Regional Committee in 2007 and 2010, respectively, and at the Thirty-first session of the SEA Advisory Committee on Health Research in 2009. Earlier this year, a regional meeting on health and development challenges of NCDs was conducted in Jakarta, Indonesia with participation of all 11 Member States of the Region, civil society, NGOs and academia. The meeting culminated in the Jakarta Call for Action on prevention and control of NCDs and preparation of key messages (*please see below*) for the UN High-level Meeting emanating from the South-East Asia Region.

81. Dr Poonam Khetrupal Singh reminded ministers that world leaders would come together at the High-level meeting of the United Nations General Assembly on the Prevention and Control of NCDs between 19-20 September 2011 in New York. This would be a unique opportunity for Heads of State and Governments to set a new global agenda, exercise leadership and call for action to promote growth and protect health. Member States from the South-East Asia Region could contribute to the global momentum to the fight against NCDs by being represented at the level of Heads of State and Government at UN HLM and by participating in the plenary and roundtable sessions to voice regional and country-specific perspectives and to call upon the international community to accord the highest priority to the prevention and control of NCDs.

82. After the UN HLM, a regional multisectoral regional meeting on 14-16 November 2011 was planned in New Delhi to apprise Member States and regional partner agencies on the outcomes of the UN HLM, and to identify key follow-up actions in the Region.

83. In conclusion, Dr Poonam Khetrupal Singh mentioned that this item was discussed at the Senior Advisers meeting and their report contains the discussion points and recommendations.

### **Discussions**

- All Member States have accorded priority to NCDs in their national efforts to mitigate their impact. The focus is on lifestyle improvements, advocating primary prevention and strengthening national capacity for managing those living with NCDs. National policy, plans, legislation and strategies are being developed. Adequate resources are also being allocated in national budgets for NCDs.

- NCDs are being incorporated into the broad agenda of primary health care to improve access and quality of services.
- The risk factors and determinants of major NCDs are also well established and associated with lifestyle changes in the communities. Vigorous behavioural change activities need to be carried out to prevent NCDs.
- Cost-effective interventions are available against most NCDs. Scaling up requires enhancing national capacity as well as availability of resources. All Member States are striving for this.
- International development partners continue to focus on communicable diseases as priority areas for support. This needs to be changed. It is hoped that after the UN High Level Meeting in September 2011, more resources would be made available for prevention and control of NCDs.
- The UN HLM should give impetus for greater advocacy and efforts to prevent and control NCDs.
- Community-based health promotion activities are critical for mitigating the risk factors associated with NCDs. Primary prevention of NCDs will require strengthening of health education and health promotion activities, which need to be delivered through multisectoral approaches on a sustainable basis.



### ***Recommendations for WHO***

- WHO should sustain the momentum for advocacy for NCDs and develop comprehensive long-term plans to provide technical support to the countries.
- WHO should facilitate technology transfer to Member States for the production of affordable medicines for NCDs.
- WHO should support Member States in mobilizing resources from international development partners for scaling up of cost-effective and tested interventions against NCDs.
- WHO should provide a platform for information exchange and sharing of best practices in Member States of the Region, as well as for providing information on technical advances in these areas.
- WHO should share the revised 10 Key Messages on NCDs from Health Ministers of the South-East Asia Region (as listed below) with the UN Secretariat for dissemination at the UN HLM.

### ***Recommendations for Member States***

- National health plans should accord priority to the prevention and management of NCDs and allocate appropriate resources to combat these through a multisectoral approach.
- The focus in prevention of NCDs should be on reducing/mitigating risk factors at community level through sustained health education/promotion activities for behavioural change integrated with primary health care services.
- National capacity to provide services to manage NCDs should be strengthened at all levels of health care services.
- Efforts should be made to make available affordable drugs/interventions pertaining to NCDs for all those who need them.

## 10 Key Messages for the UN HLM from the Ministers of Health of the SEA Region

- (1) Declare NCDs as a global health and development emergency requiring an urgent multisectoral response and declare 2011-2020 as the Decade of Combating NCDs, ensuring specific indicators with timeline for actions.
- (2) Include NCDs in the current UN Millennium Development Goals and any subsequent global commitments.
- (3) Strengthen health systems based on primary health care to combat NCDs focusing on population-wide, individual care interventions, and social determinants of health.
- (4) Advocate, mobilize, facilitate and monitor multisectoral involvement among government agencies, nongovernmental organizations (NGOs), civil society, and the private sector while ensuring avoidance of potential conflict of interest.
- (5) Develop and implement multisectoral national NCD policy and strategies, and integrate them into the existing national health plans and development programmes.
- (6) Establish a high-level national NCD mechanism with multisectoral involvement in order to plan, coordinate, implement, monitor and evaluate national NCD control programmes, headed by the highest (possible) office.
- (7) Ensure sufficient resource allocation for NCDs at all administrative levels and prioritize allocation for health promotion, primary prevention, early diagnosis, treatment and rehabilitation based on cost-effective, evidence-based interventions and research.
- (8) Pursue innovative sustainable financing through an earmarked fund for universal access to prevention and control of NCDs, and provide appropriate incentives for health interventions.
- (9) Generate resources for NCDs through domestic and international sources and ensure that NCDs are an essential part of official development assistance budgets.

- (10) Create a Commission on Information and Accountability on NCDs and monitor progress based on measurable targets for prevention and control of NCDs at regular intervals, at the national, regional and global levels.

### **Any Other Business** (*Agenda item No. 4*)

#### ***Elective Posts for the Sixty-fifth Session of the World Health Assembly and 131<sup>st</sup> Session of WHO Executive Board***

84. Dr Poonam Khetrupal Singh, Deputy Regional Director, introduced the agenda item related to the nomination of countries for elective posts for the Sixty-fifth World Health Assembly, the 131<sup>st</sup> Session of the WHO Executive Board and its Programme Budget and Administration Committee.

85. She placed before the Health Ministers Meeting a graphical presentation of the lists of office bearers from the SEA Region who had been nominated during the last few years, for discussion and consensus.

86. The Ministers, after due consideration of the presentation, endorsed the following positions and requested the Regional Director to inform WHO Headquarters accordingly.

Office	Member State
<b>Sixty-fifth World Health Assembly – May 2012</b>	
Vice-President	Indonesia
Chairman, Committee A	Bhutan
Member, Committee on Credentials	Thailand
<b>131<sup>st</sup> Session of the WHO Executive Board – May 2012</b>	
Vice-Chairman	Maldives
Nomination of a Member State from the SEA Region in place of India, whose term expires in May 2012	Maldives
<b>Programme Budget and Administration Committee (PBAC)</b>	
Myanmar, for a term of two years in place of India	

## **Adoption of the Report** (*Agenda item No. 5*)

87. The Regional Director suggested that to make the best use of time, it would be advisable if the ministers focused their attention on the ten key messages for the UN HLM and the Jaipur Declaration. The draft report would be finalized by the WHO Secretariat and shared with the ministers prior to its issuance.

88. The ministers accepted the suggestion of the Regional Director. They reviewed the ten key messages for the UN HLM and the Jaipur Declaration and approved the same with certain modifications.

89. It was decided that the final draft report should be circulated to all Member States and finalized after incorporating the comments received. With this guidance, the report as presented was adopted.

## **Closing session** (*Agenda item No. 6*)

90. The Government of India and His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, were sincerely thanked by the participating delegations for hosting the meeting in Jaipur. They appreciated the warm hospitality and excellent arrangements that had been made. The honourable ministers placed on record



their special thanks to His Excellency for inaugurating the meeting and for his inspiring inaugural address.

91. Dr Margaret Chan, Director-General, World Health Organization, conveyed her thanks for the opportunity to participate in the Twenty-ninth Meeting of the Ministers of Health and the Sixty-fourth Session of the WHO Regional Committee for South-East Asia.

92. Dr Samlee Plianbangchang, the Regional Director, congratulated the Honourable Health Ministers for the successful conduct of their meeting. He stated that the meeting had fully achieved its objectives and would contribute to further strengthening of bonds of friendship among the health leaders in the Region. He placed on record his thanks to His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, who, as Chairman, had guided the proceedings most efficiently. He also acknowledged the contribution of His Excellency, Dr AFM Ruhul Haque as Co-Chair. The contribution of the Rapporteur Mr Keshav Desiraju was also acknowledged.

93. The honourable ministers appreciated the selection of agenda items and also commended the Jaipur Declaration on Antimicrobial Resistance, which should serve as a wake-up call within the Region and beyond for this important issue.

94. It was noted that the Thirtieth Meeting of Ministers of Health and the Sixty-fifth Session of the WHO Regional Committee for South-East Asia will take place in Indonesia, in 2012.

95. His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, thanked the honourable ministers, the Director-General, WHO, Regional Director and other representatives of WHO for their continued cooperation and the successful conduct of the meeting. He also extended his thanks to the Rapporteur for preparing a good-quality report of the meeting proceedings. His Excellency also placed on record his thanks to the Regional Director of WHO South-East Asia for making excellent arrangements in organizing the meeting.

96. As Chairman of the Health Ministers' Forum, 2011-2012, His Excellency assured the meeting that he would do his best to foster further progress in health development and strengthen regional solidarity. He also sought cooperation and guidance of his colleagues in discharging his responsibilities as the Forum's Chairman. His Excellency also hoped that the Ministries would establish direct contact with each other through bilateral visits and urged WHO to play a catalytic role in strengthening intercountry cooperation in the Region.

97. In conclusion, the Chair declared the Twenty-ninth Meeting of Ministers of Health of Countries of the WHO South-East Asia Region closed.

## **Annexes**



## Annex 1

# Agenda

- (1) Joint Inaugural Session of the Twenty-ninth Meeting of Ministers of Health and Sixty-fourth Session of the WHO Regional Committee for South-East Asia
- (2) Introductory session
- (3) Business session
  - (i) Review of Bangkok Declaration on Urbanization and Health/ Follow-up actions on the decisions and recommendations of the Twenty-eighth Meeting of Ministers of Health
  - (ii) Antimicrobial resistance
  - (iii) Prevention and control of noncommunicable diseases
  - (iv) Any other business
- (4) Concluding session
  - (i) Adoption of the report
  - (ii) Closing

## Annex 2

# List of participants

### 1. Ministers

#### **Bangladesh**

H.E. Dr A.F.M. Ruhul Haque  
Minister of Health and Family  
Welfare  
Ministry of Health and Family  
Welfare  
Government of the People's  
Republic of Bangladesh

#### **DPR Korea**

H.E. Mr Choe Chang Sik  
Minister of Public Health  
Ministry of Public Health  
Democratic People's Republic of  
Korea

#### **India**

H.E. Mr Ghulam Nabi Azad  
Minister of Health and Family  
Welfare  
Ministry of Health and Family  
Welfare  
Government of India

#### **Maldives**

H.E. Dr Aminath Jameel  
Minister of Health and Family  
Ministry of Health and Family  
Republic of Maldives

H.E. Mr Abdul Bari Abdulla  
Minister of State for Health and  
Family  
Ministry of Health and Family  
Republic of Maldives

#### **Myanmar**

H.E. Professor Dr Pe Thet Khin  
Union Minister for Health  
Ministry of Health  
The Government of the Union  
of Myanmar

#### **Sri Lanka**

H.E. Mr Lalith Dissanayake  
Deputy Minister of Health  
Ministry of Health  
Democratic Socialist Republic of  
Sri Lanka

#### **Thailand**

H.E. Mr Torphong Chaiyasan  
Deputy Minister of Public Health  
Ministry of Public Health  
Royal Thai Government

### 2. Observers

#### **Bhutan**

Mr Jayendra Sharma  
Planning Officer  
Planning and Policy Division  
Ministry of Health  
Royal Government of Bhutan

## **Indonesia**

Dr Supriyantoro  
Director General of Health  
Effort Care  
Ministry of Health  
Republic of Indonesia

## **Nepal**

Dr Balkrishna Suvedi  
Chief  
Policy, Planning and  
International Cooperation  
Division  
Ministry of Health and  
Population  
Government of Nepal

## **Timor-Leste**

Dr Odete Maria Freitas Belo  
Deputy Director for External  
Funds  
Ministry of Health  
Democratic Republic of Timor-  
Leste

## **3. Advisers**

### **Bangladesh**

Prof. Dr Abul Kalam Azad  
Additional Director General  
(Planning and Development)  
and Line Director (MIS)  
Directorate-General of Health  
Services  
Ministry of Health and Family  
Welfare  
Government of the People's  
Republic of Bangladesh

Mr Md. Azam-E-Sadat  
Deputy Secretary (WHO)  
Ministry of Health and Family  
Welfare  
Government of the People's  
Republic of Bangladesh

### **Bhutan**

Dr Kezang Namgyel  
Medical Specialist  
Mongar Eastern Regional  
Referral Hospital

## **DPR Korea**

Mr Pak Jong Min  
Director  
Department of External Affairs  
Ministry of Public Health  
Democratic People's Republic of  
Korea

Mr Kim Jae Hon  
Senior Official  
Department of International  
Organizations  
Ministry of Foreign Affairs  
Democratic People's Republic of  
Korea

Mr Choe Yong Su  
Official  
Ministry of Public Health  
Democratic People's Republic of  
Korea

## **India**

Mr V.M. Katoch  
DG-ICMR and Secretary  
Department of Health Research  
Government of India

Dr N.K. Ganguly  
President  
Jawaharlal Institute of  
Postgraduate Medical Education  
and Research

Mr R.K. Shrivastava  
DGHS  
Dte.GHS  
Ministry of Health and Family  
Welfare  
Government of India

Mr Keshav Desiraju  
Additional Secretary (Health)  
Ministry of Health and Family  
Welfare  
Government of India

Mr B.N. Sharma  
Principal Secretary (Health and  
Family Welfare)  
Government of Rajasthan

Dr Sharat Chauhan  
 PS to HFM  
 Ministry of Health and Family  
 Welfare  
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 Director (International Health)  
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### **Indonesia**

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 Chief  
 Center of Health Promotion  
 Ministry of Health  
 Republic of Indonesia

Dr Bambang Sardjono  
 Director of Primary Health  
 Effort Care  
 Director General of Health  
 Effort Care  
 Ministry of Health  
 Republic of Indonesia

Dra Niniek K. Naryatie  
 Chief  
 Center of International  
 Cooperation  
 Ministry of Health  
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Dr Ekowati Rahajeng  
 Director of Noncommunicable  
 Disease Control  
 Directorate General of  
 Communicable Disease Control  
 and Environmental Health  
 Ministry of Health  
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Dr Widiyarti  
 Head of Bilateral and  
 Multilateral Division Center of  
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Dr Sri Wahyuni  
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Dr Wita Nursanthi  
 Staff  
 Subdirector of Referral  
 Health Care Service at  
 Specialist Hospital and Other  
 Health Facilities  
 Directorate of Referral Health  
 Effort Care  
 Directorate General of Health  
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 Ministry of Health  
 Republic of Indonesia

### **Maldives**

Ms Aishath Samiya  
 Deputy Director  
 Ministry of Health and Family  
 Republic of Maldives

### **Myanmar**

Dr Htun Naing Oo  
 Director General  
 Department of Health  
 Ministry of Health  
 The Government of the Union  
 of Myanmar

Dr Min Than Nyunt  
Director (Occupational Health)  
Department of Health  
Ministry of Health  
The Government of the Union  
of Myanmar

Dr Ko Ko Naing  
Director, International Health  
Division  
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The Government of the Union  
of Myanmar

Dr Nyi Nyi Latt  
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Ministry of Health  
The Government of the Union  
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### **Nepal**

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Ministry of Health and  
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### **Sri Lanka**

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### **Thailand**

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Ministry of Public Health  
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Minister of Public Health  
Ministry of Public Health  
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Mr Apidol Kanyamanon  
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Inspector-General (Region 5)  
Office of the Inspector –  
General  
Office of the Permanent  
Secretary  
Ministry of Public Health  
Royal Thai Government

Dr Phusit Prakongsai  
Director, International Health  
Policy Programme  
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Secretary  
Ministry of Public Health  
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Medical Officer, Advisory Level  
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Bureau of Technical Advisor  
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Ms Sirinad Tiantong  
Foreign Relations Officer, Senior  
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Bureau of International Health  
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Ministry of Public Health  
Royal Thai Government

Dr Attaya Limwattanayingyong  
Medical Officer, Senior  
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National Vaccine Committee  
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Department of Disease Control  
Ministry of Public Health  
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Ms Naphaporn Puripunyanich  
Pharmacist, Professional Level  
Bureau of Drug Control  
Food and Drug Administration  
Ministry of Public Health  
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Ms Orratai Waleewong  
Pharmacist, Practitioner Level  
International Health Policy  
Programme  
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Ministry of Public Health  
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Mr Nipat Suksaensamran  
Pharmacist, Practitioner Level  
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Food and Drug Administration  
Ministry of Public Health  
Royal Thai Government

Ms Cholluedee Sootsukon  
Foreign Relations Officer,  
Practitioner Level  
Bureau of International Health  
Office of the Permanent  
Secretary  
Ministry of Public Health  
Royal Thai Government

Mr Kittti Sukantho  
Pharmacist  
Bureau of Drug Control  
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Ministry of Public Health  
Royal Thai Government

Mr Somsak Deeying  
Audio Visual Technical Officer  
Bureau of Information and  
Public Relations  
Office of the Permanent  
Secretary  
Ministry of Public Health  
Royal Thai Government

## **Timor-Leste**

Dr Floriati O. D. Fernandes Do  
Rego  
Dentist Medical in CHC  
Ministry of Health  
Democratic Republic of Timor-  
Leste

## **4. WHO SECRETARIAT**

### **Secretary of the meeting**

Dr Samlee Plianbangchang  
Regional Director

### **Members – SEARO Staff**

Dr Poonam Khetrupal Singh  
Deputy Regional Director

Ms Dianne L. Arnold  
Director, Administration and  
Finance

Dr Monirul Islam  
Director, Department of Family  
Health and Research

Dr Athula Kahandaliyanage  
Director, Department of Health  
Systems Development

Dr N. Kumara Rai  
Adviser to the Regional Director

Mr Bernard H. Chandra  
Senior Management Adviser

Dr Rajesh Bhatia  
Regional Adviser, Blood Safety  
and Laboratory Technology

Dr Suvajee Good  
Programme Coordinator, Health  
Promotion

Dr Rui Paulo de Jesus  
Regional Adviser,  
Communicable Disease Control

Mr James Lattimer  
Programme Management  
Officer

Dr Thushara Fernando  
Planning Officer

Ms Maria Manuela Enwerem  
Bromson  
Acting Technical Officer,  
Strategic Alliances and  
Partnerships

Mr Paramjeet Singh  
Senior Administrative Secretary

**Members- WHO Country  
Office Staff- India**

Dr Nata Menabde  
WHO Representative to India

Dr J.S. Thakur  
National Professional Officer,  
Noncommunicable Diseases

## Annex 3

### Full text of welcome speech by Dr V.M. Katoch, Director-General, Indian Council of Medical Research and Secretary, Department of Health Research, Government of India



Respected Sri Ghulam Nabi Azad, Hon'ble Union Minister of Health and Family Welfare, Sri Ashok Gehlot, Hon'ble Chief Minister of Rajasthan, Dr. Margaret Chan, Director-General, World Health Organization, Dr. Samlee Plianbanchang, Regional Director, WHO South-East Asia Region, Sri B.N. Sharma, Principal Secretary Health, Government of Rajasthan,

Your Excellencies, the Health Ministers from the South-East Asia Region, delegates from the South-East Asia Region, distinguished delegates from the other UN Bodies, media, officials from the Government of Rajasthan and Government of India,

Ladies and Gentlemen,

It is an honour and privilege to welcome you all to the joint inauguration in the historic city of Jaipur of the Twenty-ninth Health Ministers' and the Sixty-fourth Regional Committee Meetings of the South-East Asia Region of the World Health Organization.

Delegates would be aware that though India is the seat of the SEARO headquarters, the privilege of hosting these meetings has come to us after nearly three decades. Jaipur is, in substantial measure, the epitome of the cultural heritage of India and we are glad that you are here.

Excellencies, Ladies and Gentlemen,

We see WHO as the mirror of the collective will of the international community on health matters. For decades, countries and organizations have come together on the platform provided by the WHO to fight disease. We have won several of our battles. Many issues continue to be debated. If the Region is strong and vibrant we would be better able to place our concerns before a global body. We also need to have a strong WHO which is financially secure and mandated to do all that is required to protect public health. Making it so is a challenge before the Member States. WHO reform is a subject before these meetings. Some tough decisions will have to be taken. We believe the deliberations during the RC will bring us closer in our approach to making WHO a stronger, fitter and a more responsive organization.

Noncommunicable diseases dominate this year's discussions on public health platforms the world over. Our Region has deliberated this in Jakarta in early March and released the Jakarta Declaration. Moscow was a very successful meeting on NCDs followed by the Sixty-fourth World Health Assembly where we adopted the resolution for the UN High Level Meeting. We too have been working with all the stakeholders on this issue and have just concluded a conference in New Delhi where we adopted the New Delhi Declaration on NCDs. We are sure that our discussions here will help us emerge with further consensus on a regional framework for collaboration.

Excellencies, Ladies and Gentlemen,

Our Government is taking the challenge posed by antimicrobial resistance very seriously. Our Minister has set up a taskforce on this subject which has submitted its recommendations. We are going to follow-up on these recommendations. Public health experts not only need to discuss ways and means to curb the rampant use of antibiotics, but also to study its policy inter-linkages with pesticides in food, animal feed etc. We have also set up a special research programme on drug resistance and several multi-centric

projects have been selected. We also need to discuss what needs to be done to spur research in new antibiotics.

We have taken several steps to strengthen our routine immunization programme and are fully geared to intensify this in the coming year. Our coverage will improve substantially in the coming years. Hopefully, once we are through with polio eradication, we would be in a position to devote more energy to routine immunization.

The National Rural Health Mission, which is now seven years old has made possible unified policy interventions. The Central Government is partnering with the States to reach out to those who seek care in the public health facilities. We are making the public health facilities more responsive to the needs of the people. We are hopeful that we would be able to achieve our MDG goals. Rajasthan has made rapid progress in its public health delivery system. Together we will do much more.

Excellencies, Ladies and Gentlemen,

Once again, may I say how delighted we are that you are here. We have made all possible arrangements to ensure that you have a comfortable stay in Jaipur. Should you have any problems please do let us know.

We look forward to important discussions at the Twenty-ninth HMM and the Sixty-fourth RC. Thank you very much. Jai Hind !

## Annex 4

### Full text of address by Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region



Excellency, Ghulam Nabi Azad, Minister of Health and Family Welfare, the Government of India; Excellencies, Ministers of Health from countries of WHO SEAR; Distinguished country representatives; Dr Margaret Chan, Director-General, World Health Organization; Dr V.M. Katoch, Secretary (HR), Ministry of Health and Family Welfare, Government of India; Mr B.N. Sharma, Principal Secretary (HFW), Government of Rajasthan;

Honorable guests; Ladies and gentlemen;

On behalf of WHO-SEAR, it is my privilege to warmly welcome you all to the Twenty-ninth Meeting of Health Ministers of Health and the Sixty-fourth Session of the WHO Regional Committee for South-East Asia. I sincerely thank the Government of India for hosting these two important meetings in this beautiful city of Jaipur.

Excellencies,

As a dynamic member of WHO and as host of the WHO Regional Office for South-East Asia, India has consistently demonstrated unwavering commitment to the mandate of the Organization in promoting the attainment by all peoples of the

highest possible level of health. The National Rural Health Mission launched in 2005 to revitalize the primary health care approach in the country is another shining example of this commitment. I wish to put on record WHO's deep appreciation of India's long-standing involvement in the work of the Organization.

Excellencies, ladies and gentlemen,

The current key health indicators provide clear evidence of significant progress in health development in SEAR. Among other achievements, all countries have reached the leprosy elimination targets. HIV and TB prevalence are showing a downward trend in many countries. And we are very close to achieving the goal of polio eradication. However, in the area of maternal, newborn and child health, a few countries are facing formidable challenges in their efforts towards MDGs 4 and 5.

There are also troublesome trends which need our urgent attention. It is evident that the burden of chronic noncommunicable diseases in the Region is expected to rise steeply during the coming decade. These also include among others injuries; disabilities; and mental disorders.

Mortality due to NCDs has already surpassed that of communicable diseases.

This situation reflects the inability of our health systems to mainstream health promotion along with disease prevention through a population-based primary health care approach.

Most chronic noncommunicable diseases need long-term, or even life-long medical treatment, a situation that creates an additional "economic burden" for individuals and families. This trend will significantly contribute to increasing or even skyrocketing health care cost. We need to do much more in "primary prevention" of NCDs through the efforts of multiple stakeholders and partners; the efforts that can be efficiently coordinated by robust health systems. I hope that Your Excellencies, when attending the UN NCD Summit in New York later this month would voice our regional concerns in this regard.

Excellencies,

Antimicrobial resistance is the theme of this year's World Health Day.

WHO has been continually advocating “rational use of medicines”, including antibiotics. In order to effectively control microbial resistance to antibiotics and in order not to allow “superbugs” to develop in our Region we need to exert much more effort in advocating the “rational use of antibiotics”. Environmental threats to health due to rapid population growth and urbanization are becoming critical challenges to the majority of countries in the Region. And climate change will certainly exacerbate the already heavy burden on our over-stretched health systems. We need to effectively mitigate the health impact of climate change through urgently strengthening our public health programmes.

Immunization is the most cost-effective public health intervention to prevent infectious diseases among children. Compared with other WHO Regions; South-East Asia has a relatively low coverage of routine immunization. Concerted action is urgently required to intensify our efforts on routine immunization. We have the most rational reason to agree that 2012 be the Year of Intensification of Routine Immunization in SEAR.

Ladies and gentlemen,

Public health interventions place health promotion and disease prevention at their core; these interventions are vital in controlling and reducing disease burden be it communicable or noncommunicable diseases. For this to happen, we need to strengthen our public health systems for effective support to the implementation of PHC principle. And, critically important, public health work has to be given due emphasis in national health policies and in allocation of national health resources. We need to ensure that public health work will not lag behind in our national health development endeavours.

Ladies and gentlemen,

I wish the Honourable Health Ministers and distinguished country representatives very fruitful deliberations during the course of their meetings.

I sincerely thank the local organizing committee for the excellent arrangements made for the two meetings. And I wish you all an enjoyable stay in Jaipur.

Thank you.

## Annex 5

### Full text of address by Dr Margaret Chan, Director- General, World Health Organization



Honourable ministers, distinguished guests, Dr Samlee, ladies and gentlemen,

Let me join others in thanking India for hosting this session of the Regional Committee for South-East Asia. I will be commenting on some of your agenda items tomorrow.

The Twenty-ninth Health Ministers Meeting will discuss the follow-up to the Bangkok Declaration on Urbanization and Health, strategies for combating antimicrobial resistance, and preparations for the high-level meeting on noncommunicable diseases to be held shortly during the UN General Assembly.

All three topics are distinctly 21st century challenges to health. And solutions for all three of these challenges depend on policies and actions in multiple sectors of government, not just health.

Policies in the international systems that govern how this world works are especially important for the prevention of chronic noncommunicable diseases. Worldwide, diseases like heart disease,

stroke, diabetes, and cancers are already the world's biggest killers.

These diseases, especially diabetes and stroke, are already responsible for half of all disabilities worldwide.

Future trends are ominous, especially for developing countries undergoing rapid modernization, as seen in many parts of this Region. Most noncommunicable disease develop slowly. But the forces that drive the rise of these diseases are spreading with a stunning speed and sweep.

These forces are nearly universal, powerful, and difficult to reverse. Namely: population ageing, rapid unplanned urbanization, and the globalization of unhealthy lifestyles.

We all hope that the high-level meeting will be a wakeup call. And I do not mean for the health sector. We are already wide awake to the magnitude of the problem, with its multiple and heavy costs to health, societies, and economies.

And these burdens are frightening, especially in the many countries that are still fighting to control high-mortality infectious diseases.

In my view, the meeting needs to be a wake-up call right up to the level of heads of state. They need to be confronted with the facts right now, and how things will look very soon if the right actions are not taken immediately.

They need to understand the costs. These are the diseases that break the bank. In some countries, for example, care for diabetes alone consumes as much as 15% of the national health care budget.

Estimates from the USA indicate that diagnosed diabetes costs the country \$174 billion a year, of which \$116 billion goes for direct medical costs. That is a huge pile of money for a largely preventable disease.

To put it bluntly, these disease have the capacity to literally devour the benefits of rapid modernization and economic growth.

We need to emphasize population-wide preventive measures as well as cost-effective treatments, ideally delivered at the community level through primary health care.

The right actions need to be broad-based, including high-level government policies touching multiple sectors, and engaging industries, civil society organizations, medical associations, and patients' groups.

Without question, full implementation of the WHO Framework Convention on Tobacco Control would bring the single biggest boost to the prevention of these diseases.

Ladies and gentlemen,

The Regional Committee, which starts tomorrow, has an outstanding report on national essential drug policies, including the rational use of medicines.

As the report notes, most efforts in the Region to promote the rational use of medicines have been educational in nature, small-scale, and fragmented, with very limited impact. I can readily confirm that this observation holds true at the global level as well.

Combating antimicrobial resistance was the theme for this year's World Health Day, under the slogan: No action today means no cure tomorrow.

This is the stark reality the world faces. We have taken antibiotics and other antimicrobials for granted. And we have failed to handle these precious, yet fragile medicines with appropriate care. The message is clear. The world is on the brink of losing its miracle cures.

As clearly set out in the document before the Regional Committee, the responsibility for turning this situation around is entirely in our hands.

Irrational and inappropriate use of antimicrobials is by far the biggest driver of drug resistance.

This includes overuse, when drugs are dispensed too liberally. Sometimes this occurs because doctors want “to be on the safe side”. Sometimes this occurs in response to patients demands.

The problem includes underuse, especially when economic hardship encourages patients to stop treatment as soon as they feel better.

The problem includes misuse, when drugs are given for the wrong disease, usually in the absence of a diagnostic test.

Region-specific data, prepared for tomorrow’s session, document widespread improper use of antibiotics, especially for childhood killers like diarrhoeal disease and pneumonia, the use of unsterile injections, and the availability of many antibiotics over-the-counter, without any input whatsoever from prescribers.

The problem also includes the massive routine use of antimicrobials, to promote growth and for prophylaxis, in the industrialized production of food. In several parts of the world, more than 50% in tonnage of all antimicrobial production is used in food-producing animals.

Drug resistance costs vast amounts of money, and affects vast numbers of lives. At a time of multiple calamities in the world, we cannot allow the loss of essential medicines, essential cures for many millions of people, to become the next global crisis.

Thank you.

## Annex 6

### Full text of inaugural address by His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India



Honourable Colleague Health Ministers  
from South-East Asia Region,

Honourable Chief Minister of  
Rajasthan, Shri Ashok Gehlot,

Madam Director-General, WHO,  
Dr. Margaret Chan,

Regional Director, Dr. Samlee  
Plianbangchang,

Secretary to Government of India, Department of Health  
Research, Dr. V.M. Katoch,

Principal Secretary to Government of Rajasthan, Deptt of  
Health, Shri B.N. Sharma,

Distinguished Ambassadors,

Representatives from UN Agencies, donor partners, distinguished delegates from South-East Asia Region Member States, nongovernmental organizations, media, ladies and gentlemen,

It is my privilege to welcome all of you to the Twenty-ninth Health Ministers' Meeting and the Sixty-fourth Regional Committee Session of the South-East Asia Region of the World Health Organization, being held in India. I am particularly happy that the venue of these meetings is Rajasthan, which is famous around the world for its rich culture, history and hospitality.

Two years ago, in Kathmandu, I had made a request to all the members of the SEA Region to allow India to host these meetings. I would like to thank all of you for having graciously accepted my invitation. Incidentally, before the 2000 meeting in New Delhi, India had hosted the Regional Committee Meeting in Srinagar in 1976. At that time too the Union Health Minister was from my State - Jammu & Kashmir, Mr. Karan Singh, so the tradition of hospitality is all pervasive in India from Jammu & Kashmir to Rajasthan! The historic and lovely city of Jaipur, renowned as the "Pink City" has picked up the baton from Srinagar.

Excellencies, ladies and gentlemen,

Though the South-East Asia Region countries, as a group, are only eleven in number, we are extremely significant on the world stage because of our population size, disease burdens and public health challenges. The Region has almost one quarter of the world population and is witnessing rapid economic growth. Therefore, it is important that we continue to find solutions specific to problems affecting the health of our people.

I am glad that the theme for this year's Health Minister's meeting is Antimicrobial Resistance.

Besides many other factors affecting health, the emergence and spread of antimicrobial resistance is negating the achievements made in protecting human life and health from communicable diseases. As you are aware, the most important driver of antimicrobial resistance is irrational use of antimicrobial agents.

It is also a matter of great concern that, despite technological advancements in the field of health there has been negligible development in the field of new antimicrobial agents.

Lack of attention to this problem has the potential to become a critical impediment in the attainment of the Millennium Development Goals (MDGs).

Excellencies, ladies and gentlemen,

I am happy to state that the Regional Committee would be discussing some very crucial issues like:

“2012: Year of intensification of routine immunization in the South-East Asia Region”

“Addressing malnutrition and micronutrient deficiencies”

“National essential drug policy including rational use of medicines”

“Regional health sector strategy on HIV, 2011-2015” and

“Recommendations arising out of the technical discussions on strengthening of the community-based health workforce in the context of revitalization of primary health care”

The reform of the WHO as well as its future financing is another important topic being taken up for discussion in the Sixty-fourth Session of the Regional Committee. These reforms, as proposed by the DG, WHO, have a crucial bearing on how this Organization will function in the future.

The economic crisis and its impact on the WHO budget is now telling, with revenues substantially less than the expenditures. Attention will have to be paid on the state of finances, for all of us to continue to get assistance in the areas of technical and innovative inputs.

In fact, immediately after Jaipur meetings, the heads of states and governments, including health ministers, will assemble in New York to discuss another major public health challenge facing the world – Noncommunicable Diseases (cardio-vascular diseases, diabetes, cancer and stroke being the four major noncommunicable diseases) - on the UN General Assembly platform.

Developing countries like ours face a multiplicity of concerns. While not yet having been able to fully control communicable

diseases, we are facing the mounting challenge of noncommunicable diseases and new & re-emerging infections.

In order to work towards the highest attainable standards of physical and mental health, we need to institute effective measures to prevent, control and manage noncommunicable diseases since they are now the main causes of mortality and disability at global and national levels. In countries like ours, they are the major cause of premature deaths, which strike the poor the hardest.

Noncommunicable diseases are not only a health issue but also a development issue as they impact the productivity and also impoverish the society due to high health expenditures. Recognizing this, we have launched a national programme under which a nationwide screening for diabetes and hypertension is currently underway, ahead of the UN General Assembly discussion.

Excellencies, ladies and gentlemen!

The Government of India is fully committed to provide adequate resources for the health sector. The Prime Minister of India, Dr. Manmohan Singh, said during his speech to the nation on the 65<sup>th</sup> Independence Day, wrote "*I have often referred to the 11<sup>th</sup> Five Year Plan as an education plan. We will lay the same emphasis on health in the 12<sup>th</sup> plan as we laid on education in the 11<sup>th</sup> plan. I will propose to the National Development Council that the 12<sup>th</sup> plan should be specially focused on health*". Unquote.

We in the Health Ministry are in the process of drafting our recommendations for the 12<sup>th</sup> Plan where we will substantially scale up our investment in the health sector. I hope that, in the coming years, we will be in a much better position to reach those who need care.

Excellencies, ladies and gentlemen,

I am glad to share with you our achievement in controlling polio. We are now at the end of the peak season and have had just one case this year, as against 741 cases in 2009 and 42 cases in 2010. Though this gives us a lot of hope, we are not letting our guard down and remain ever vigilant. I can assure you that we will not spare any effort to eradicate polio from the country.

Before I conclude, I once again welcome Honourable Ministers of Health from South-East Asia Region and Director-General, WHO for attending these meetings. The Health Ministers' and Regional Committee meetings are a unique platform where countries from different cultural, linguistic, ethnic, religious and economic backgrounds sit together to find common solutions to the health problems of the Region.

I would like to thank the Hon'ble Chief Minister and Government of Rajasthan for extending all cooperation and assistance in organizing these meetings. I hope the arrangements will be to your satisfaction and will lead to fruitful deliberations and successful outcomes.

I would like to request the WHO Regional and Country Offices and officers of my Ministry to give you reasonable time off to enjoy the rich culture, sight-seeing and shopping in this wonderful and globally famous city of Jaipur.

I am sure that these meetings, over the next four days will become events to be recalled with much joy and nostalgia in the years to come by all of us.

Thank you and all the best!

## Annex 7

# Bangkok Declaration on Urbanization and Health

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Twenty-eighth Health Ministers' Meeting in Bangkok, Thailand, appreciate the efforts being made by Member States and partners in the South-East Asia Region to adopt a holistic and multidisciplinary approach to ensure planned urbanization that would improve public health. We also recognize that it is imperative that national governments invest in pro-poor policies and strategies in order to reduce the urban equity gap.

Concerned that globally by 2030, six out of every 10 people will be living in cities, and that unplanned urbanization is one of the major threats to public health in the 21<sup>st</sup> century, affecting all urban dwellers, irrespective of socio-economic status, but more so the poor;

Aware that rapid urbanization is due to natural growth in populations, and due to migration as a result of people searching for better opportunities for education, jobs, social mobility and services in cities;

Recognizing that many people who move to cities are trapped in marginal situations as a significant proportion of them are poor, have large families and are not well educated;

Considering that the health of the urban poor suffers most both because of their living conditions and because of the high and sometimes prohibitive cost of health services;

Acknowledging that urban people, especially the poor, face illnesses and premature death from preventable diseases due to lack of safe drinking water, sanitation, health facilities, safety, security and health information;

Noting that closing the urban equity gap and promoting healthy cities requires urgent actions including efforts from both the rich and the poor;

We, the Health Ministers, commit ourselves to:

- (1) acknowledge unplanned urbanization as a major public health concern;
- (2) assess the public health impact of major development projects, particularly in urban and suburban areas;
- (3) advocate for a holistic and multidisciplinary approach by all sectors of the government, including local government, and industry and the community;
- (4) promote investment in pro-poor policies and strategies in order to reduce the health equity gap among urban dwellers;
- (5) extend resources and coverage of services to all urban populations particularly the urban poor to improve health outcomes and reduce the social costs of inequity;
- (6) promote improved transportation, infrastructure and greener technologies that enhance the urban quality of life, including fewer respiratory ailments and accidents and better health for all;
- (7) build increased capacity in all systems, infrastructure and service delivery in view of inevitable urban growth, in order to reduce the risk of further damage to health;
- (8) advocate to governments and municipalities to invest in health-promoting cities and to take actions that encourage social connectedness among city dwellers irrespective of their social status;
- (9) foster among all urban dwellers an understanding of the negative effects of unplanned urbanization and the shared responsibility for balancing resources and services;

- (10) work in collaboration with all other sectors and stakeholders to reduce and close the urban equity gap and promote healthy cities;
- (11) while planning for urban health, in addition to physical health, address social, psychological and mental health; and
- (12) take appropriate steps to address the causes of rural urban migration and alleviate the pressures driving such migration.

We, the Health Ministers of Member States of the WHO South-East Asia Region, urge all other WHO Member States as well as the Director-General and the Regional Director to continue to provide leadership and technical support in building partnerships between governments, the United Nations agencies and the relevant global health initiatives and with academia, professional bodies, nongovernmental organizations, related sectors, the media and civil society, to jointly advocate and effectively follow up on all aspects of this Bangkok Declaration on Urbanization and Health.

7 September 2010



This publication is the report of the Twenty-ninth Meeting of Ministers of Health of Countries of the South-East Asia Region, which took place in Jaipur, India on 6 September 2011.

At the meeting, the health ministers reviewed follow-up actions agreed at the previous meeting and progress in implementing the *Bangkok Declaration on Urbanization and Health*. The ministers also discussed antimicrobial resistance and the prevention and control of noncommunicable diseases.

Key outputs of the Twenty-ninth Meeting of Ministers of Health of Countries of the South-East Asia Region include the *Jaipur Declaration on Antimicrobial Resistance* and Ten Key Messages for the United Nations High Level Meeting on Noncommunicable Diseases from the Ministers of Health of the South-East Asia Region.



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