

Meeting of Ministers of Health of the WHO South-East Asia Region



Report of the Thirty-second Meeting

Dhaka, Bangladesh, 9 September 2014

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Introduction

1. The first meeting of Ministers of Health of Countries of the WHO South-East Asia Region was held in 1981 in Jakarta, Indonesia. Since then, the ministers have met every year, except for 1988 and 1990. The meetings of the ministers of health of the WHO South-East Asia Region provide a forum to discuss important health issues in the Region, forge bilateral and intercountry cooperation, and promote regional solidarity.
2. The objectives of the meeting of the Ministers of Health are to:
 - (1) reinforce the commitment of Member States to the attainment of the highest possible level of health for their people;
 - (2) exchange national experiences on the social, political and economic dimensions of health in the process of national development; and
 - (3) explore and identify new avenues for further intercountry cooperation and collaboration in health and health-related fields.
3. The meetings of the Ministers of Health have focused attention on priority issues and have provided leadership on several important initiatives in countries of the WHO South-East Asia Region. The meetings have also contributed

towards enhancing cooperation and reinforcing political commitment in respect of regional health concerns and policies.

4. In keeping with the spirit of regional cooperation, with effect from the Twenty-fourth Meeting of the Ministers of Health held in Dhaka, Bangladesh, in the year 2006, 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 the South-East Asia Region as an effective advocacy tool for Member States and WHO to work together towards the achievement of the results stipulated in the World Health Day themes.

5. The Thirty-second Meeting of Ministers of Health of Countries of the WHO South-East Region was held in Dhaka, Bangladesh, on 9 September 2014, at the invitation of the Government of the People’s Republic of Bangladesh. Her Excellency Sheikh Hasina, Prime Minister of the People’s Republic of Bangladesh, delivered the inaugural address at the joint inauguration of the Thirty-second Meeting of Ministers of Health and the Sixty-seventh Session of the WHO Regional Committee for South-East Asia.

6. Honourable Ministers of Health from Bangladesh, Bhutan, the Democratic People’s Republic of Korea, India, Maldives, Myanmar, Nepal, Sri Lanka and Timor-Leste as well as senior health officials from Indonesia and Thailand participated in the meeting. His Excellency Mr Mohammed Nasim, Minister of Health and Family Welfare, Government of the People’s Republic of Bangladesh, chaired the meeting. His Excellency Lyonpo Tandin Wangchuk, Minister of Health, Bhutan was the Co-chairperson and Mr M.M. Neazuddin, Secretary, Ministry of Health and Family Welfare, Government of the People’s Republic of Bangladesh was the Rapporteur.

7. The Agenda of the meeting included the following substantive items:

- Review of New Delhi Declaration on High Blood Pressure (2013) and recent earlier HMM declarations
- Draft Dhaka Declaration on Vector-borne Diseases
- Environmental health and climate change
- Implementation of WHO reforms: harmonization of regional committees

8. The Agenda, as adopted by the honourable ministers of health, and the list of participants are contained in Annexes 1 and 2 respectively.

Inaugural session

9. The joint inauguration of the Thirty-second meeting of the Ministers of Health and the Sixty-seventh session of the WHO Regional Committee for South-East Asia was held in Dhaka, Bangladesh, on 9 September 2014.



Welcome speech by Mr M.M. Neazuddin, Secretary, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh

10. In his welcome speech, Mr M.M. Neazuddin, Secretary, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, recalled Bangladesh's achievements in the health sector over the past few years under the leadership of the honourable Prime Minister, Her Excellency Sheikh Hasina. He also referred to the series of international awards received by the country for the improvement of health indices.

11. Mr Neazuddin strongly endorsed WHO's contribution in determining best practices in health and developing appropriate roles for health systems under the leadership of WHO Director-General, Dr Margaret Chan. He expressed the hope that under the visionary guidance of the new Regional Director, Dr Poonam Khetrpal Singh, health challenges will be addressed on a fast-track and effective basis. *(For full text of the address, please see Annex 3)*

**Address by Dr Poonam Khetrpal Singh, Regional Director,
WHO South-East Asia**

12. The WHO Regional Director for South-East Asia, Dr Poonam Khetrpal Singh, in



her address, welcomed the honourable ministers and other distinguished representatives, and conveyed her grateful thanks to the Government of the People's Republic of Bangladesh for hosting the meeting in Dhaka. She also conveyed her sincere thanks to Her Excellency Sheikh Hasina, Prime Minister of the People's Republic of Bangladesh, for consenting to inaugurate the joint session.

13. The Regional Director commended the health advances achieved in Bangladesh under the inspired leadership of the Honourable Prime Minister, especially the steep and sustained reduction in birth rates and mortality. She said that strategies such as improvement of health outcomes by ensuring gender equity and offsetting socioeconomic constraints through direct health interventions were worthy of emulation.

14. Dr Singh said that the polio-free certification of the Region was a defining moment and a cause for celebration. She congratulated the health ministers for their collective political commitment and expressed her appreciation for the untiring efforts of the thousands of unsung health workers who had dedicated themselves to bring about this achievement.

15. The Regional Director cautioned against complacency in the face of mounting challenges posed by noncommunicable diseases (NCDs), which threatened to destabilize the health systems and economies of Member States if not checked. She stressed that intersectoral partnerships were crucial to overcome the numerous challenges posed by NCDs.

16. Dr Singh reiterated that health equity should be the cornerstone of all policies, in recognition of the inalienable right of all people to health. Universal health coverage can only be achieved by putting people at the centre of health interventions.

17. Recognizing that the hard-won achievements in health could be wiped out by unexpected disasters and calamities, the Regional Director lauded the heroic efforts of

the national and international community in combating the unprecedented outbreak of Ebola fever in West Africa that had claimed more than two thousand lives.

18. The Regional Director reiterated her commitment to the four strategic directions outlined by her, which reflected the priorities of Member States and would guide the work of the Region. She highlighted the role that WHO could play in driving policy agendas for delivery of better health to the peoples of the Region and adding value to national health programmes.

19. In conclusion, the Regional Director thanked the Honourable Prime Minister for hosting and inaugurating the meetings and the Ministry of Health and Family Welfare, Government of Bangladesh for the extensive arrangements. She also welcomed the distinguished participants and conveyed her greetings and good wishes for fruitful and productive deliberations. *(For full text of the address, please see Annex 4)*

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

20. The Director-General of the World Health Organization, Dr Margaret Chan, expressed her pleasure to be in Dhaka and thanked the Government of Bangladesh, especially the Honourable Prime Minister, Her Excellency Sheikh Hasina, and His Excellency Mr Mohammed Nasim, Minister of Health and Family Welfare, Government of the People's Republic of Bangladesh, for hosting these important meetings.



21. Commending the significant improvements in the health system of Bangladesh, Dr Chan said that the medical community had witnessed a stunning rise in the overall health status and life expectancy with a woman at the helm.

22. The Director-General congratulated India on the monumental achievement of polio-free status that demonstrated the fact that with commitment and sustained efforts, nothing was impossible.

23. In conclusion, Dr Chan said that in an era of global movement of goods and people, the recent outbreak of Ebola fever in West Africa was a reminder that all countries were endangered. Only sound health systems and heightened vigilance could keep emerging diseases such as Ebola fever at bay. *(For full text of the address, please see Annex 5)*

Address by His Excellency Mr Mohammed Nasim, Minister of Health and Family Welfare, Government of the People’s Republic of Bangladesh



24. His Excellency Mr Mohammed Nasim, Minister of Health and Family Welfare, Government of the People’s Republic of Bangladesh, expressed his gratitude to the Honourable Prime Minister of Bangladesh for gracing the joint inaugural session. The honourable Minister said it was a privilege for Bangladesh to host the Health Ministers’ Meeting in Dhaka. He also thanked the Director-General of WHO and the Regional Director of the WHO South-East Asia Region for their leadership in global health.

25. While acknowledging the noteworthy support and guidance being provided by Her Excellency Sheikh Hasina for the all-round health development efforts of Bangladesh, The Honourable Minister commended Her Excellency for her vision and commitment to take not only Bangladesh but the whole of the Region forward on the road to progress. Conversant as she is with all important health issues facing the peoples of Member States of the Region, the honourable Minister was confident of the Prime Minister leading by example in setting the tone for successfully pursuing the health development goals and thereby providing better and sustainable health to all people.

26. In conclusion, His Excellency, Mr Mohammed Nasim stated that he looked forward to receiving positive and useful inputs and feedback from the discussions and deliberations at the Health Ministers’ meeting and the session of the Regional Committee. *(For full text of the address, please see Annex 6)*

Speech by His Excellency Dr Harsh Vardhan, Minister of Health and Family Welfare, Government of India

27. His Excellency Dr Harsh Vardhan, Minister for Health and Family Welfare, Government of India, recalled the historic relationship between Bangladesh and his country and sought the support of the health ministers to work to bring about the highest standard of health in the Region.

28. Recalling the long and arduous road to attain polio-free status for the Region in which he had a pioneering role at the national level, he reiterated that this achievement had infused the people of the Region with new hope, energy, enthusiasm and vision to take on greater challenges.

29. His Excellency informed the ministers that strong measures had been taken in India to intensify implementation of the WHO Framework Convention for Tobacco Control.

30. Highlighting the important features of the Indian traditional system of medicine, Ayurveda, Dr Vardhan noted with satisfaction that it was an important agenda item in the Regional Committee session, and that a bilateral agreement on traditional medicines was being signed with Bangladesh in this regard.

31. In conclusion, the Honourable Minister reiterated that investing additional resources into the health system, improving access to essential medicines, harnessing information technology, promoting traditional medicine systems, providing an essential package of preventive and promotive health services, and community participation and partnerships, would empower the governments to achieve greater health outcomes. *(For full text of the address, please see Annex7)*



Inaugural Address by Her Excellency Sheikh Hasina, Prime Minister, Government of the People's Republic of Bangladesh

32. The honourable Prime Minister of Bangladesh, Her Excellency Sheikh Hasina, shared some of Bangladesh's success stories in the health sector. "Since the time of the founding of the country by Bangabandhu Sheikh Mujibur Rahman, health has been accorded the highest priority and included in the Constitution as one of the five fundamental rights", she said. Her Excellency recalled that during the tenure of her government from 1996–2001, 4000 community clinics, 7000 hospital beds and 2000 doctors were added to the infrastructure, and that the private sector was involved for the first time in health care through a series of incentives. "Today, a total of 13 000 community clinics are operational with internet connectivity, e-health and telemedicine facilities, and a "pragmatic health policy" is in place", the honourable Prime Minister said.



33. Bangladesh received the South-South Award in 2011 for its robust health infrastructure, which Her Excellency described as “one of the world’s most extensive and equitably distributed with domiciliary care, primary clinics, and primary-, secondary-, tertiary- and specialized hospitals with upward and downward referral linkages”. Stressing the importance of the health of women and children in the making of a healthy nation, the honourable Prime Minister said that health policies must incorporate holistic dimensions of social, economic and environmental determinants, including poverty reduction, education, gender equality, women’s empowerment and family planning. “Poverty reduction can aid in ensuring food and nutrition security”, Her Excellency added.

34. The honourable Prime Minister said that Bangladesh met the targets of the Millennium Development Goal (MDG) 4, three years ahead of the 2015 deadline, and is on track to meet the goals of MDG-5 by 2015. While the South-East Asia Region was certified polio-free in March 2014, Bangladesh has also eliminated leprosy and reduced mortality and morbidity due to tuberculosis, avian influenza, anthrax, Nipah, severe acute respiratory syndrome (SARS), dengue and malaria through its nationwide effective public health measures. Nutrition, noncommunicable disease control, autism and mental health programmes have been mainstreamed into primary health care, and screening, identification and follow-up systems have been strengthened. Bangladesh has a robust pharmaceutical sector that meets 97% of domestic demands and exports medicines to about 87 countries.

35. Her Excellency acknowledged the role of WHO and other development partners in the achievement of these successes, and in sharing global knowledge and best practices. Given that the Member States of the WHO South-East Asia Region share largely similar economic and socio-cultural situations and challenges, she hoped the meeting of health ministers and the Regional Committee session will provide effective guidance and best solutions to better health.

36. Referring to the side-event on autism on 11 September 2014, where Her Excellency’s daughter and child psychologist Ms Saima Wazed Hossain will deliver the keynote address, Her Excellency hoped that it would help mobilize crucial global support for autism. “It is imperative that individuals with autism and other developmental disabilities must find easy access to improved diagnosis and services”, Her Excellency said.

37. In conclusion, Her Excellency renewed the commitment to universal health coverage as an essential precondition to ensuring sustainable growth. “Bangladesh has been an active participant in all discussions of WHO and will continue to do so”, the Honourable Prime Minister added. *(For full text of the address, please see Annex 8)*

Vote of Thanks by His Excellency Mr Zahid Maleque, State Minister, Ministry of Health and Family Welfare, Government of the People’s Republic of Bangladesh

38. Delivering the vote of thanks, His Excellency Mr Zahid Maleque, State Minister of Health, Ministry of Health and Family Welfare, Government of the People’s Republic of Bangladesh, extended a warm welcome to the Prime Minister of Bangladesh, Her Excellency Sheikh Hasina, honourable health ministers of the WHO South-East Asia Region, WHO Director-General, Dr Margaret Chan, WHO Regional Director, Dr Poonam Khetrpal Singh and all other distinguished delegates from the Member States. The honourable minister welcomed all delegates to Bangladesh, “the beautiful country of diverse flora and fauna, and with mighty rivers flowing through it”, and wished them a very comfortable and memorable stay in Dhaka.



39. The honourable Minister extolled the extraordinary leadership and guidance being provided by Her Excellency Sheikh Hasina; it was due to Her Excellency’s monumental support and commitment that Bangladesh had made commendable progress in recent years, especially in agriculture and food production. From being a food-deficit country until not too long ago, Bangladesh was now a food-surplus nation.

40. Furthermore, the literacy rate had gone up, road and highway infrastructure had improved, telecommunication and connectivity had expanded and child and maternal mortality rates had declined.

41. In conclusion, His Excellency Mr Maleque expressed confidence that the Dhaka Declaration would prove to be very beneficial to all tropical countries in the Region, such as Bangladesh, in tackling the growing challenges posed by vector-borne diseases. *(For full text of the address, please see Annex 9)*

Business session



Introductory session

42. The Regional Director, Dr Poonam Khetrpal Singh, in her address at the business session of the Thirty-second Meeting of Ministers of Health of Countries of the WHO South-East Asia Region thanked the honourable Prime Minister of the People's Republic of Bangladesh, Sheikh Hasina, for inaugurating the Health Ministers' Meeting and for her inspiring keynote address. She also thanked Dr Margaret Chan, Director-General, WHO, for her visionary address at the inaugural session and for her invaluable guidance. This, she said, reinforced the political commitment of leaders of Member States of the WHO South-East Asia Region to collectively and jointly work towards improving the health of their people. She hoped that the meeting of health ministers would be an effective tool for WHO to exchange national experiences on social, economic and other dimensions of health.



43. The Director-General, Dr Margaret Chan, in a brief address drew the attention of the distinguished ministers to the debilitating health impacts of climate change, which she warned would be the health issue of the 21st century. Extreme weather events reinforce the fact that our resilience to climate change be increased. In 2012, seven million people died of exposure to air pollution, which she termed as the biggest environmental disaster that the international humanitarian community has to cope with in the immediate context. Dr Chan also stressed the enormity of the threat of vector-borne diseases, which kill more than one million people globally every year and leave many millions of survivors maimed, blinded or disfigured permanently. She urged governments and development partners to strengthen collaboration and to use the health ministers' meeting to address the key issues.

44. She also urged Member States to harmonize the regional committee sessions in line with the other regional offices just as the election process of the Regional Director for South-East Asia was aligned with that of other regions earlier this year.

Nomination of the Chairperson of the Health Ministers' Forum

45. His Excellency Mr Mohammed Nasim, Minister of Health and Family Welfare, Government of the People's Republic of Bangladesh, was elected Chairperson of the Thirty-second Meeting of Ministers of Health and Chairperson of the Health Ministers' Forum for 2014–2015. The Regional Director pledged the support of the WHO Regional Office for South-East Asia to the Chairperson of the Health Ministers' Forum.

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



Nomination of Co-Chairperson and Rapporteur

47. The honourable ministers nominated His Excellency Lyonpo Tandin Wangchuk, Minister of Health of the Royal Government of Bhutan, as the Co-chairperson, and Mr M.M. Neazuddin, Secretary, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, as Rapporteur for the Thirty-second Meeting of Ministers of Health.

Opening Address by Chairperson

48. The Chairperson, His Excellency Mr Mohammed Nasim, welcomed the honourable health ministers to the Thirty-second Health Ministers' Meeting and placed on record his gratitude to the Honourable Prime Minister of Bangladesh for Her Excellency's inaugural address. The honourable Chairperson thanked the Director-General for her leadership and reaffirmed the Region's support to all WHO's initiatives under her guidance.

49. His Excellency Mr Mohammed Nasim, expressed his sincere thanks to the honourable ministers for electing him as the Chairperson of the Thirty-second Meeting of Ministers of Health and as the Chair of the Health Ministers' Forum for 2014–2015 and said it was an honour and privilege to chair the meeting of the honourable ministers.

Review of New Delhi Declaration on High Blood Pressure (2013) and recent earlier HMM declarations *[Agenda item No. 3(i)]*

50. His Excellency Mr Mohammed Nasim, Minister of Health and Family Welfare, Government of the People's Republic of Bangladesh, while introducing the subject reminded ministers that to make their meeting more effective, a meeting of the Senior Advisers to the Ministers of Health was held the previous day (8 September 2014). His Excellency said that the Senior Advisers had deliberated at length on the items included in the Agenda of the Health Ministers' Meeting (HMM) and the proposed Draft Dhaka Declaration on Vector-borne Diseases, and that their discussion points and recommendations had been made available to all health ministers for their consideration.

51. His Excellency then drew the attention of the distinguished participants to the working paper that provided an overview on the implementation of the following declarations:

- (1) New Delhi Declaration on High Blood Pressure (Hypertension);
- (2) Yogyakarta Declaration on Ageing and Health;
- (3) Jaipur Declaration on Antimicrobial Resistance; and
- (4) Bangkok Declaration on Urbanization and Health.





52. The Regional Director assured the participants that the Regional Office would make every effort to continue to extend the required technical assistance to Member States according to country-specific priorities and needs in line with the spirit of the New Delhi Declaration and all other earlier HMM declarations.

53. The health ministers considered the discussions and recommendations as contained in the report of the Senior Advisers. These and additional points raised are given below.

Discussions

- Member States noted that the New Delhi Declaration has been instrumental in driving progress on prevention and control of NCDs, including high blood pressure, in the Region.
- Many countries in the Region are facing a double burden — the unfinished agenda of communicable diseases on the one hand and the rising burden of noncommunicable diseases (NCD) on the other – in their populations. Despite the double disease burden and limited resources, there is notable progress on several fronts including: increased public awareness; improved screening for high blood pressure; increased availability of essential NCD medicines and basic diagnostics; increased collaboration for development of multisectoral policies and action plans; and strengthened surveillance systems for prevention and control of NCDs including high blood pressure.

- As tertiary care for NCDs is too expensive, there is a need to prioritize health promotion, prevention and early diagnosis and treatment of NCDs, including high blood pressure, at the primary health care level. This will help save costs, ensure sustainability of health insurance schemes and reduce morbidity and mortality due to high blood pressure and its associated complications.
- It was recognized that a “total risk approach” is needed to tackle high blood pressure through a co-ordinated and comprehensive approach and an integrated strategy that addresses multiple risk factors shared by major NCDs, including tobacco use, harmful use of alcohol, physical inactivity, overweight and obesity, an unhealthy diet high in salt, free sugar and saturated fats and low in fruits and vegetables and cross-border marketing and sale of unhealthy food and tobacco products.
- Salt reduction is a proven and cost-effective intervention for reducing high blood pressure in the population. There is a need to prioritize locally appropriate interventions to reduce the overall consumption of salt among the population and to generate evidence on salt consumption.
- It was emphasised that strong surveillance systems are vital for estimating the burden of high blood pressure, devising appropriate strategies and monitoring the progress made. Updated data on NCDs and risk factors including high blood pressure should be collected through WHO STEPS surveys, demographic health surveys and other integrated population-based surveys, as appropriate.



- The health workforce in most Member States is adequately skilled to deal with communicable diseases and maternal and child health issues. There is a need to enhance capacity of the health workforce in health promotion, early detection and treatment of high blood pressure and other NCDs.
- Key challenges to address NCDs include limited financial resources, weak enforcement of legislations undue interference by the industry and limited capacity of health systems to respond to NCDs, including high blood pressure.
- On the provisions of the Yogyakarta Declaration on Ageing and Health adopted at the Thirtieth Health Ministers' Meeting in 2012, Member States observed that the ageing population in the Region is growing consistently and is expected to reach 22.5% of the overall population in 2015. In Bangladesh, the national constitution and all relevant national policies, plans and programmes including health and social safety nets duly recognize the rights and issues of ageing population, and new policies are being promulgated to address the ageing issues. Community clinics (one for every 6000 population) established in each small rural community, have created a wonderful opportunity to mainstream elderly health care; NCD screening and support programmes are already being provided through this set-up. Assistance from WHO has been requested to better utilize this set-up for ageing healthcare. Several countries have developed ageing-friendly policies to promote the health and well-being of their elderly populations. These include: legislation, education and advocacy, national action plans and community collective services.



- On the Jaipur Declaration on Antimicrobial Resistance (AMR), India provided a brief on the progress made in the country. A comprehensive national plan for containing AMR has been developed. The National Centre for Disease Control (NCDC) in New Delhi has been designated as the focal point. A multisectoral steering committee has been established. A national network for laboratory surveillance is being forged and laboratories in all provinces are being strengthened. Infection control guidelines and treatment guidelines are being produced to combat the menace of AMR. Legislative measures for the rational use of antibiotics and prescription audits are being initiated. In addition, rational use of antibiotics is being promoted in human and animal health sectors.

Recommendations for Member States:

- (1) To further strengthen primary health care systems to improve access to health promotion, prevention and early detection and management of high blood pressure.
- (2) To implement culturally appropriate and context-specific strategies for reducing population consumption of salt (sodium).
- (3) To increase domestic resources for prevention and control for NCDs, including high blood pressure, and increase resource allocation for health promotion, prevention and early detection and management of high blood pressure.

Recommendations for WHO:

- (1) To continue to provide leadership, technical support and build capacity of Member States in developing and implementing multisectoral policies, conducting surveillance and strengthening primary health care systems for prevention and control of NCDs including high blood pressure.
- (2) To support Member States in carrying out advocacy at national and international levels to mobilize resources for prevention and control of NCDs.
- (3) To continue to track progress on key indicators and targets for prevention and control of NCDs including high blood pressure.
- (4) To develop and provide tools as well as assist Member States in periodically evaluating progress made in prevention and control of NCDs including high blood pressure, and to encourage Member States to share the results and lessons learnt.



Vector-borne Diseases [Agenda item 3(ii)]

54. His Excellency Mr Mohammed Nasim, Minister of Health and Family Welfare, Government of the People's Republic of Bangladesh, introduced the subject, which was also the theme for World Health Day 2014.

55. His Excellency stated that vectors such as mosquitoes, flies and ticks, etc. transmit several diseases of public health concern to human beings. Globally, vector-borne diseases (VBD) account for more than 17% of all infectious diseases, causing more than one million deaths annually.

56. His Excellency said that in the South-East Asia Region vector-borne diseases include malaria, dengue, chikungunya, Japanese encephalitis, lymphatic filariasis and others. Many such diseases affect the poorest of communities. He stressed that effective control of these diseases can be a powerful poverty alleviation tool.

57. Keeping in view of the importance of the topic and the need to pool and prioritize efforts/resources in this regard, the Senior Advisers' Meeting had recommended the consideration and adoption of the Dhaka Declaration on Vector-borne Diseases.

58. His Excellency highlighted the key points of the Draft Dhaka Declaration and requested the honourable ministers of health to consider adoption of the said Declaration, which while taking into account the challenges ahead also expressed the commitment

of the Member States to initiate certain steps and jointly advocate and effectively follow up on all aspects mentioned therein.

59. In this regard, His Excellency Mr Mohamed Nasim informed that the Draft Dhaka Declaration had already been shared with his counterparts in the Member States of the Region.

60. In conclusion, the honourable minister said that this item was discussed by the Senior Advisers at their meeting and the discussion points raised and recommendations arrived at were included in their report.

61. The health ministers considered the discussions and recommendations as contained in the report of the Senior Advisers. These and additional points raised are given below.

Discussions

- It was unanimously felt that the Dhaka Declaration would enhance the Member States' commitment to prevent, control and eliminate vector-borne diseases as these had the maximum impact on the poor populations, the ones that had "no voice, no choice".
- Participants underscored the importance of building on, and sustaining national action plans on prevention and control of vector-borne diseases through greater intersectoral coordination and enhanced community participation. It was stressed that public health approaches to control of vector-borne diseases needed to be pursued with renewed vigour.



- The challenge is how to sustain the achievements made in the prevention and control of emerging and re-emerging vector-borne diseases. In this regard, the need to strengthen cross-border coordination and collaboration, especially in view of the risks associated with the spread of vector-borne diseases through migratory populations, was stressed.
- Both the geographical spread and reach of vectors is increasing, due to several factors including climate change; hence these aspects need to be taken into account.
- Concern was expressed on the expanding geographical spread of vector-borne diseases such as dengue and chikungunya, as a result of socioeconomic development, rapid urbanization, global warming and climate change.
- Despite heavy odds and huge challenges, considerable progress has been achieved by Member States in reducing the incidence of most vector-borne diseases. However, coordinated, multisectoral approaches need to be further strengthened in this regard. Also, cross-border surveillance aimed at tackling the challenges associated with migratory populations needs to be stepped up.

Recommendation for Member States:

- To continue to make efforts to prevent, control and eliminate vector-borne diseases.

Recommendations for WHO:

- To continue to provide technical support and to build capacity of Member States for vector control and management of vector-borne diseases.
- To support Member States in strengthening basic and operational research in the area of vector-borne diseases.

62. After deliberations, the following Dhaka Declaration on Vector-borne Diseases was unanimously adopted by the honourable ministers.

Dhaka Declaration on Vector-borne Diseases

63. We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Thirty-second Health Ministers' Meeting in Dhaka, Bangladesh, note with deep concern that more than 50% of the world's population is at risk of vector-borne diseases, and that while over a billion people are estimated to be infected, a million die from vector-borne diseases every year. We recognize that our Region has around 1.4 billion people at risk of malaria, 871 million exposed to lymphatic filariasis, and over



147 million at risk of kala-azar. Nearly 52% of the global population vulnerable to dengue lives in the South-East Asia Region. Other vector-borne diseases such as chikungunya, schistosomiasis, kysanur forest disease, scrub typhus and Crimean-Congo haemorrhagic fever, etc. also affect several Member States of our Region. We further note that some of these vector-borne diseases are among the 17 neglected tropical diseases that affect the poorest communities in the Region, pushing them further into poverty.

64. *Recognizing* that most vector-borne diseases are either preventable or curable with appropriate health interventions and that all Member States have programmes to prevent, control and eliminate these diseases;

65. *Noting* that the Region has made significant progress in preventing, controlling and eliminating several vector-borne diseases;

66. *Mindful* that we are already committed to elimination and control targets for most vector-borne diseases;

67. *Acknowledging* that vector control is a crucial element of vector-borne disease control programmes and there is a need to invest in vector management including human resources;

68. *Aware* that vector control tools are limited and that emergence of insecticide resistance is a real threat to the long-term control of disease-transmitting vectors;
69. *Concerned* that the number of entomologists and expertise in vector control is noticeably declining rapidly in the Region;
70. *Noting* the need to strengthen the regulatory systems in place to monitor efficacy, safety and quality of products used for vector control;
71. *Aware* that rapid and unplanned urbanization has been occurring in the Region leading to dengue upsurge;
72. *Acknowledging* the serious health and socioeconomic burden posed by vector-borne diseases;
73. *Concerned* with the emergence of artemisinin resistance in a few areas of the greater Mekong sub-region;
74. *Noting* the emergence of new vector-borne diseases in some areas due to several factors including climate change;
75. We, the Health Ministers of Member States of the WHO South-East Asia Region, commit ourselves to:



- (1) Further strengthening the coherent, comprehensive and integrated approach in preventing, controlling and eliminating vector-borne diseases;
- (2) Advocating for “Health in All Policies” to help ensure an intersectoral and multidisciplinary approach in preventing, controlling and eliminating vector-borne diseases by all sectors of the government in partnership with civil society and the private sector;
- (3) Empowering communities through awareness-building programmes, educational campaigns as well as sustained and effective behavioural change communication activities using appropriate technologies where applicable;

- (4) Developing and/or implementing, as appropriate, legal frameworks, regulatory mechanisms and policies to strengthen the vector control interventions including the regulation of importation, manufacture, storage, distribution and use of products for vector control and monitoring the associated health effects of its use;
- (5) Mobilizing appropriate financial and human resources for the prevention, control and elimination of vector-borne diseases;
- (6) Strengthening health systems for provision of diagnosis, timely treatment and to respond effectively to vector-borne disease outbreaks including training and re-training of health professionals, strengthening laboratories, management information systems, incorporating quality issues in programme management, procurement and supply chain management;
- (7) Building and sustaining national capacity on vector management by providing training to vector control teams including vector scientists, vector control specialists and technicians and providing an enabling environment and career development pathways;
- (8) Augmenting the capacity for effective and efficient surveillance and strengthening of national databases, with support from the WHO Regional Office for South-East Asia, for timely reporting on vector-borne diseases and providing regular information for appropriate guidance and assistance;
- (9) Developing and reinforcing national, regional and intercountry collaborating mechanisms for regular data sharing and supporting cross-border control of vector-borne diseases;
- (10) Banning artemisinin monotherapy for treatment of falciparum malaria; and
- (11) Encouraging and supporting basic and operational research on vector-borne diseases and disease control programmes and facilitating incorporation of evidence-based best practices into national programmes.



76. We, the Health Ministers of Member States of the WHO South-East Asia Region, urge all Member States as well as the WHO Director-General and the Regional Director for South-East Asia 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, provide technical and financial support and effectively follow up on all aspects of this Dhaka Declaration on Vector-borne Diseases.

Environmental health and climate change [*Agenda item 3(iii)*]

77. His Excellency Mr Mohammed Nasim, Minister of Health and Family Welfare, Government of the People's Republic of Bangladesh, introduced the subject, summarizing the evidence showing the large role that environmental risk factors have in more than 80% of diseases that are regularly reported by WHO. Globally, WHO reports that nearly one quarter of the global disease burden and more than one third of the burden among children can be attributed to environmental factors including those of a physical, chemical and biological nature. The honourable minister informed the health ministers that this item had been discussed by the Senior Advisers at their meeting, and that the recommendations arrived at were included in their report.

78. The health ministers considered the discussions and recommendations as contained in the report of the Senior Advisers. These and additional points raised are given below.

Discussion points

- Member States reviewed the recent and future actions that could be taken by health ministries and discussed the potential for tackling both environmental health and climate change as a higher priority by placing health more centrally in relevant policy discussions and giving greater importance to actions at national and regional levels. Several Member States appreciated the benefits of discussing environmental health in a holistic way rather than on an issue-by-issue basis recognizing the links and co-benefits of tackling issues more cohesively and making use of limited resources.
- A number of Member States referred to their vulnerability to climate change and the importance of preserving natural ecosystems to protect human health and livelihoods.
- Other Member States spoke of their work to increase resilience of health facilities and the need to greatly improve surveillance and monitoring of environmental health impacts.



- Several Member States reported on actions that they were taking to address the health burdens from both indoor and outdoor air pollution and reported that the new evidence that WHO had published on the burdens of disease from air pollution had been instrumental in this regard. Others spoke of the need for a more action-oriented agenda. The inclusion of household air pollution in the Regional NCD action plan was seen as a positive step forward in this regard. A number of Member States drew attention to tackling air pollution as an important aspect of climate change mitigation as well as reducing the burden to human health.
- Several initiatives to build capacity in the Region were highlighted, including creating a network of institutional cells on environmental and occupational health in one country and training and sensitization of health professionals in others.

Recommendations for Member States:

- To strengthen effective multisectoral engagement, on environmental health and climate change particularly with environment, energy, transport and agricultural sectors to ensure that the need to reduce impacts on human health are central to decision-making;
- To strengthen engagement with other sectors at national level and to actively participate in intergovernmental mechanisms at regional and global levels to



find solutions to address environmental health priorities and foster additional strategic actions.

- To promote greater awareness of environmental health and climate change, including at community levels.
- To promote the inclusion of health impact assessment as a tool in planning and policy deliberations of other sectors beyond health.
- To advocate for environmental health as part of the post-2015 sustainable development agenda.
- To improve the surveillance of environmental and occupational health through the establishment and improvement of monitoring systems and development of suitable indicators

Recommendations for WHO:

- To continue to provide leadership in the area of environmental health including air quality, water, sanitation and hygiene, management of toxic chemicals and pesticides, waste management, climate change and occupational health.

- To continue to share experiences, develop norms and guidelines and provide technical assistance in the area of environmental health including air quality, water, sanitation and hygiene, management of toxic chemicals and pesticides, waste management, climate change and occupational health.
- To continue to assist Member States to make health-care facilities disaster-resilient and more environment friendly, particularly with respect to the management of medical waste, water, sanitation and management of toxic chemicals.

Implementation of WHO reforms: Harmonization of regional committees *[Agenda Item 3(iv)]*

79. His Excellency Mr Mohammed Nasim, Minister of Health and Family Welfare, introduced the agenda item saying that WHO governance reform aims to achieve “better alignment between the global and regional governing bodies” including achieving “greater coherence between the regional and the global governing bodies, with better coordination of the respective agendas promoting complementarity and synergy and avoiding duplication of debate”. In addition to better alignment between the global and regional governing bodies, other changes have been initiated to better sequence the different governing body meetings and strengthen the engagement and participation of all Member States in the governance of the Organization.

80. The Honourable Minister said that this agenda item had been discussed in detail by the senior advisers at their meeting and the discussion points made and recommendations arrived at were included in their report.

81. The health ministers considered the discussions and recommendations as contained in the report of the Senior Advisers. These and additional points raised are given below.

Discussion points:

- The health ministers supported the proposal to consolidate the meeting of senior advisers, the health ministers’ meeting and the Regional Committee session into a single Regional Committee session of 4-5 days’ duration.
- In order to strengthen regional efforts on topics of interest to Member States, a special session for ministers was proposed to be included within the Regional Committee session.
- The extension of the Regional Committee session would improve the quality of technical discussions, avoid duplication and encourage better attention to health priorities in the Region.



- In response to a suggestion that the duration of the Regional Committee session be limited to four days, as it may be difficult for ministers to be away from their countries for five days, it was clarified that the agenda for the Regional Committee would be structured in such a way that the important items would be clustered in the first few days, enabling the ministers to participate in the discussions.

Recommendation for Member States:

- Health ministers of Member States are encouraged to attend the Regional Committee sessions.

Recommendations for WHO:

- In order to harmonize the Regional Committee sessions and make them more efficient, transparent and results-based, the meeting of senior advisers, the health ministers' meeting and the Regional Committee session should be consolidated into a single Regional Committee session of 4-5 days' duration. This new method of working should be implemented from the Sixty-eighth Session of the Regional Committee in 2015.

- The preparatory meetings for the Regional Committee, which are the High-level Preparatory (HLP) and the Subcommittee on Policy and Programme Development and Management (SPPDM) meetings be continued for discussing the Regional Committee agenda in detail.
- A special half-day session may be included in the Regional Committee session where ministers could discuss matters of priority interest to the Region.
- WHO may share the new format of the Regional Committee with the Member States in early 2015.

Any other business [Agenda item 3(v)]

Elective posts for the Sixty-eighth Session of the World Health Assembly and 136th Session of the WHO Executive Board

82. His Excellency Mr Mohammed Nasim, Minister of Health and Family Welfare, introduced the agenda item related to the nomination of Member States for the elective posts for the Sixty-eighth World Health Assembly in May 2015 and the 137th Session of the WHO Executive Board in January-February 2015.

83. The Chair drew the attention of the health ministers to the lists of office-bearers from the South-East Asia Region nominated during the last few years, which was placed before the meeting, for discussion and consensus.

84. The Ministers, after due consideration, endorsed the following positions and requested the Regional Director to inform WHO headquarters in Geneva accordingly.

| Office | Member State |
|--|--------------------------|
| Sixty-eighth World Health Assembly, May 2015 | |
| President, World Health Assembly | India |
| Vice-Chairman, Committee B | Nepal |
| Member, Committee on Credentials | Timor-Leste |
| 137th Session of the WHO Executive Board, May 2015 | |
| Member | Thailand (from May 2015) |
| Rapporteur | DPR Korea |
| Programme Budget and Administration Committee (PBAC) of the Executive Board | |
| Thailand for a two-year term in place of DPR Korea whose term expires in May 2015 | |

Concluding session

Adoption of the Report [*Agenda item 4 (i)*]

85. His Excellency Lyonpo Tandin Wangchuk, Co-Chairperson, suggested that in order to make the best use of the time available, it would be advisable if the honourable ministers focused their attention on the recommendations emerging from the deliberations. The draft report would then be further edited and finalized by the WHO Secretariat and shared with the ministers prior to its publishing.

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

Closing [*Agenda item No. 4 (ii)*]

87. The Regional Director, Dr Poonam Khetrpal Singh, congratulated the honourable ministers on the successful conclusion of the meeting, which she said was very efficiently conducted by the Chairperson with able support from the Co-Chairperson. She expressed her sincere thanks to the honourable health ministers for creating a conducive atmosphere for the proceedings.

88. The Regional Director welcomed the adoption of the Dhaka Declaration on Vector-borne Diseases by the

honourable health ministers, which she said reflected the high degree of their commitment to tackling vector-borne diseases in the Region in an integrated manner.

89. Dr Poonam Khetrpal Singh praised the strong regional solidarity and intense cooperation that contributed to the success of the meeting, and reiterated her gratitude to the Government of the People's Republic of Bangladesh for hosting the Thirty-second Health Ministers' Meeting.

90. Dr Singh expressed her gratitude to the health ministers for giving their consent to consolidate the senior advisers' meeting, the health ministers' meeting and the Regional Committee Session into a single session of the Regional Committee. The next task before WHO was to take action on this decision to restructure the Regional Committee and share the new format with the health ministers.

91. The Regional Director said that the Thirty-second Meeting marked a departure from the previous meetings in that it featured two side events – a Memorandum of Understanding on kala-azar between five countries of the Region and a ministerial roundtable on traditional medicine in which nine of the eleven Member States of the Region participated and gave their valuable inputs. She said that the Region was fortunate to have the WHO Director-General herself brief them on the Ebola fever outbreak and respond to their queries. She expressed her gratitude to Dr Chan for having spared her valuable time in spite of her preoccupation with an international public health emergency.

92. She placed on record her thanks to Her Excellency the Prime Minister of Bangladesh for inaugurating the meeting earlier in the day and to His Excellency the Minister of Health and Family Welfare of Bangladesh who, as Chairperson, had guided the proceedings very efficiently and effectively. She also acknowledged the contribution of His Excellency Lyonpo Tandin Wangchuk, Minister of Health, Royal Government of Bhutan as Co-Chairperson. The contribution of the Rapporteur, Mr M.M. Neazuddin, was also acknowledged.

93. His Excellency Lyonpo Tandin Wangchuk, Co-Chairperson, thanked the Government of Timor-Leste for offering to host the health ministers' meeting in 2015. He placed on record their gratitude to the Director-General, WHO, for her active and constructive guidance, and placed on record his deep appreciation of the tireless efforts of the Regional Director of WHO South-East Asia.

94. He thanked the honourable health ministers for their valuable and practical deliberations and placed on record his appreciation of the senior advisers whose work had considerably facilitated the discussions. He urged all Member States of the Region to recognize the commitment made by the adoption of the Dhaka Declaration on

Vector-borne Diseases. He also stressed the need for all honourable ministers to further strengthen the health systems of their respective countries to achieve the targets set in line with the health priorities of the Region.

95. In conclusion, he declared the Thirty-second Meeting of Ministers of Health of Countries of the WHO South-East Asia Region closed.

Annexes

Agenda

- (1) Joint Inaugural Session of the Thirty-second Meeting of Ministers of Health and Sixty-seventh Session of the WHO Regional Committee for South-East Asia
- (2) Introductory session
- (3) Business session
 - (i) Review of New Delhi Declaration on High Blood Pressure (2013) and recent earlier HMM declarations
 - (ii) Vector-borne Diseases
 - (iii) Environmental Health and Climate Change
 - (iv) Implementation of WHO Reforms: Harmonization of Regional Committees
 - (v) Any other business
- (4) Concluding session
 - (i) Adoption of the report
 - (ii) Closing

Annex 2

List of Participants

MINISTERS

Bangladesh

H.E. Mr Mohammed Nasim
Minister of Health & Family Welfare
Ministry of Health & Family Welfare
Government of the People's Republic of
Bangladesh

H.E. Mr Zahid Maleque
State Minister of Health & Family Welfare
Ministry of Health & Family Welfare
Government of the People's Republic of
Bangladesh

Bhutan

H.E. Lyonpo Tandin Wangchuk
Minister of Health
Ministry of Health
Royal Government of Bhutan

DPR Korea

H.E. Dr Kang Ha Guk
Minister of Public Health
Ministry of Public Health
Democratic People's Republic of Korea

India

H.E. Dr Harsh Vardhan
Minister of Health and Family Welfare
Ministry of Health and Family Welfare
Government of India

Maldives

H.E. Mr Hussain Rasheed
Minister of State for Health
Ministry of Health
Republic of Maldives

Myanmar

H.E. Dr Thein Thein Htay
Deputy Minister for Health
Ministry of Health
The Government of the Republic of the
Union of Myanmar

Nepal

H.E. Mr Khaga Raj Adhikari
Minister of Health and Population
Ministry of Health and Population
Government of Nepal

Sri Lanka

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

Timor-Leste

H.E. Dr Sergio G.C. Lobo
Minister of Health
Ministry of Health
Democratic Republic of Timor-Leste

OBSERVERS

Indonesia

Mr Bambang Guritno
Special Adviser to the Minister of Health
for International Cooperation and
Institution
Ministry of Health
Republic of Indonesia

Thailand

Dr Suriya Wongkongkathep
Inspector-General (Region 5)
Office of the Inspector-General
Ministry of Public Health
Royal Thai Government

ADVISERS

Bangladesh

Mr M M Neazuddin
Secretary
Ministry of Health & Family Welfare
Government of the People's Republic of
Bangladesh

Mr A.M. Badrudduja
Additional Secretary
Ministry of Health & Family Welfare
Government of the People's Republic of
Bangladesh

Ms Roxana Quader
Additional Secretary (PH & WHO)
Ministry of Health & Family Welfare
Government of the People's Republic of
Bangladesh

Dr Deen Mohd Noorul Huq
Director General
DGHS
Ministry of Health & Family Welfare
Government of the People's Republic of
Bangladesh

Prof Shah Monir
Former director General
DGHS
Ministry of Health & Family Welfare
Government of the People's Republic of
Bangladesh

Prof Benazir Ahmed
Director
Disease Control
Ministry of Health & Family Welfare
Government of the People's Republic of
Bangladesh

Prof. Abul Kalam Azad
Additional Director General, DGHS
Ministry of Health & Family Welfare
Government of the People's Republic of
Bangladesh

Dr Syed Abu Zafar Md. Musa
Director, PHC & Line Director
MNC&AAH, DGHS
Ministry of Health & Family Welfare
Government of the People's Republic of
Bangladesh

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

Professor Baizid Koorshid Riaz
Head, Public Health & Hospital
Administration
National Institute of Preventive & Social
Medicine (NIPSOM)
Ministry of Health & Family Welfare
Government of the People's Republic of
Bangladesh

Bhutan

H.E. Ms Pema Choden
Ambassador
Embassy of Bhutan in Dhaka
Bangladesh

Dr Ugen Dophu
Director-General
Department of Medical Services
Ministry of Health
Royal Government of Bhutan

Mr Kado Zangpo
Deputy Chief Planning Officer
Planning and Policy Division
Ministry of Health
Royal Government of Bhutan

Mr Kinzang Dorji
Second Secretary
Royal Bhutanese Embassy
Dhaka, Bangladesh

Democratic People's Republic of Korea

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

Mr Ri Jang Gon
WHO Coordinator
Ministry of Foreign Affairs
Democratic People's Republic of Korea

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

India

Mr Lov Verma
Secretary Ministry of Health and Family Welfare
Government of India

Mr Nilanjan Sanyal
Secretary (Ayush)
Ministry of Health and Family Welfare
Government of India

Dr (Prof) Jagdish Prasad
DGHS
Ministry of Health and Family Welfare
Government of India

Mr Amal Pusp
Director (IH)
Ministry of Health and Family Welfare
Government of India

Mr D N Singh
Private Secretary to Minister of Health and Family Welfare
Ministry of Health and Family Welfare
Government of India

Mr R Masakui
Counsellor
High Commission of India
Dhaka, Bangladesh

Dr Abhimanyu Kumar Sharma
Director
All India Institute of Ayurveda
Ministry of Health and Family Welfare
Government of India

Indonesia

Mr Bambang Guritno
Special Adviser to the Minister of Health
for International Cooperation and
Insitution
Ministry of Health
Republic of Indonesia

Dr Mohammad Subuh
Secretary of Directorate General of Diseases
Control and Environmental Health
Ministry of Health
Republic of Indonesia

Drg Tini Suryanti Suhandi
Head of Bureau of Planning and Budgeting
Minsitry of Health
Republic of Indonesia

Dr Ekowati Rahajeng
Director of Non-Communicable Disease
Control
Ministry of Health
Republic of Indonesia

Dra Budi Dhewajani
Head
Center for International Cooperation
Ministry of Health
Republic of Indonesia

Dr Andi Saguni
Head of Budget Revenues and State
Expenditures
Bureau of Budget and Planning
Ministry of Health
Republic of Indonesia

Dr Ratna Budi Hapsari
Head of Surveillance and Outbreak
Response Sub-Directorate
Directorate of Surveillance, Immunization,
Quarantine and Matra Health
Ministry of Health
Republic of Indonesia

Ms Naning Nugrahini
Head of Diarrhea and Digestive Infection
Sub-Directorate
Directorate of Communicable Diseases
Ministry of Health
Republic of Indonesia

Dr Yuniati Situmorang
Head of Alternative and Complementary
Health Services Sub-Directorate
Directorate of Traditional, Alternative
and Complementary Health Services
Management
Ministry of Health
Republic of Indonesia

Dr Yuslely Usman
Researcher at Center for Humanities,
Policies and Community Empowerment
Ministry of Health
Republic of Indonesia

Dra Hikmandari
Head of Bilateral and Multilateral Health
Cooperation Division
Center for International Cooperation
Ministry of Health
Republic of Indonesia

Mr Ferdinan Samson Tarigan
Head of Multilateral Health Cooperation
Sub-Division
Center for International Cooperation
Ministry of Health
Republic of Indonesia

Mr Himawan Roy
Head of Evaluation and Report Sub-Division
Secretariat of Directorate General of
Pharmaceutical and Medical Devices
Management
Ministry of Health
Republic of Indonesia

Mr Didik J. Zulhadji
Second Secretary for Political Affairs
Embassy of Republic of Indonesia
Dhaka, Bangladesh

Dwi Alifatul Hi'miyah
Staff, Multilateral Health Cooperation
Sub-Division
Ministry of Health
Republic of Indonesia

Mr Bahtiyar Efendi
ADC
Ministry of Health
Republic of Indonesia

Maldives

Ms Geela Ali
Permanent Secretary
Ministry of Health
Republic of Maldives

Ms Aishath Samiya
Deputy Director General
Policy Planning Division
Ministry of Health
Republic of Maldives

Ms Shareefa Adam Manik
Director General
Maldives Food and Drug Authority
Ministry of Health
Republic of Maldives

Myanmar

Professor Myint Han
Director General
Department of Food and
Drug Administration
Ministry of Health
The Government of the Republic of the
Union of Myanmar

Dr Maung Maung Than Htike
Deputy Director
International Health Division
Ministry of Health
The Government of the Republic of the
Union of Myanmar

Nepal

Dr Bimal Dhakal
Chief Specialist
Ministry of Health and Population
Government of Nepal

Dr P. B Chand
Chief Public Health Administrator
Policy, Planning and International
Cooperation Divison
Ministry of Health and Population
Government of Nepal

Dr Sushil Baral
Executive Director
Health Research and Social Development
Forum (HERD)
Ministry of Health and Population
Government of Nepal

Sri Lanka

Dr H R U Indrasiri
Advisor to the Honorable Minister
Ministry of Health
Democratic Socialist Republic of
Sri Lanka

Mr A G Abeysekera
Actg High Commissioner
High Commission of Sri Lanka in Dhaka

Mrs T A S S S Thanbugala
First Secretary
High Commission of Sri Lanka in Dhaka

Dr H S R Perera De Silva
Director, Organizational Development
Ministry of Health
Democratic Socialist Republic of
Sri Lanka

Dr A J A Lakkumar Fernando
Paediatrician
District General Hospital
Negombo
Democratic Socialist Republic of
Sri Lanka

Thailand

Dr Thavatchai Kamoltham
Director-General
Department of Development of Thai
Traditional and Alternative Medicine
Ministry of Public Health
Royal Thai Government

Dr Pasakorn Akarasewi
Medical Officer, Advisory Level
Department of Disease Control
Ministry of Public Health
Royal Thai Government

Dr Phusit Prakongsai
Director, International Health Policy
Programme
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Dr Anchalee Chuthaputti
Director, Office of International
Cooperation
Department of Development of Thai
Traditional and Alternative Medicine
Ministry of Public Health
Royal Thai Government

Asstt Prof. Dr Weerasak Putthasri
Deputy Director
International Health Policy Programme
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Mrs Sirinad Tiantong
Foreign Relations Officer,
Senior Professional Level
Bureau of International Health
Office of the Permanent Secretary
Ministry of Public Health
Royal Thai Government

Timor-Leste

Mr Ivo Irineu da C. Freitas
National Director
Plannning, Policy and Cooperation
Ministry of Health
Democratic Republic of Timor-Leste

Dr Ines Teodora da Silva Almeida
Services Director for Disease Control
Ministry of Health
Democratic Republic of Timor-Leste

Mr Fulgencio Jose Helvidio Corbafo
National Director for International
Organization
Ministry of Foreign Affairs
Democratic Republic of Timor-Leste

Mr Sergio Dos Santos
Officer, Protocol
Ministry of Foreign Affairs
Democratic Republic of Timor-Leste

Mr Francisco Gama Da Costa Oliveira
Personal Assistant to Minister of Health
Minsitry of Health
Democratic Republic of Timor-Leste

WHO SECRETARIAT

Secretary of the meeting

Dr Poonam Khetrapal Singh
Regional Director

Members – SEARO Staff

Dr Sangay Thinley
Ag Director, Programme Management and
Director
Department of Family Health and Research

Mr John M Kennedy
Director
Administration and Finance

Dr Rajesh Bhatia
Director
Department of Communicable Diseases

Dr Suchaxaya Prakin
Ag Director
Department of Health Systems
Development and
Coordinator, Gender, Equity and
Human Rights

Dr Pem Namgyal
Executive Officer
Office of the Regional Director

Dr Rui Paulo de Jesus
Regional Adviser, Leprosy

Dr Kathleen Holloway
Regional Adviser
Essential Drugs and Medicines

Dr Renu Garg
Regional Adviser
Non-Communicable Diseases

Dr Lesley Onyon
Regional Adviser
Occupational Health

Dr Aparna Singh Shah
Regional Adviser
Blood Safety and Laboratory Technology

Dr Thushara Fernando
Planning Officer

Dr Rajesh Pandav
Health Policy Advisor
WHO Country Office Timor-Leste

Dr Patanjali Dev Nayar
Programme Management Officer

Dr Jamsheed Mohammed
TIP- Vector-Borne and Neglected Tropical
Diseases Control

Dr Kim Sung Chol
TIP – Traditional Medicine

Mr Gulshan Malhotra
Administrative Assistant to
Regional Director

Mr R K Arora
Assistant
Programme Planning and Coordination and
Governing Bodies

Ms Parul Oberoi
Secretary
Programme Planning and Coordination and
Governing Bodies

WHO Country Office, Bangladesh

Dr Navaratnasamy Paranietharan
WHO Representative

Mr P P Singh
Administrative Officer

Annex 3

Text of the Welcome Speech by Mr M M Neazuddin, Secretary, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh



Respected Chairperson, Mr Mohammed Nasim, MP, Honourable Minister for Health and Family Welfare of Bangladesh, Honourable Chief Guest, Sheikh Hasina, the Honourable Prime Minister of the People's Republic of Bangladesh, Special Guest, Her Excellency Dr Margaret Chan, Director-General, World Health Organization, Special Guest Mr Zahid Maleque MP, Honourable State Minister for Health and Family Welfare of Bangladesh and Special Guest, Her Excellency Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia, Excellencies Ministers, heads and members of delegations, members of the diplomatic missions,

WHO technical staff, officers and staff of the Ministry of Health and Family Welfare, Bangladesh, and its agencies and institutions, dignitaries, invited speakers, experts, distinguished guests, representatives from the print and electronic media, ladies and gentlemen,

With great pleasure, I welcome you, on behalf of the Ministry of Health and Family Welfare of the Government of the People's Republic of Bangladesh, to this Joint Inaugural Ceremony of the Thirty-second Meeting of the Ministers of Health and the Sixty-seventh Session of the Regional Committee of WHO South-East Asia being held in Dhaka.

For the last several months, we under the leadership of our Honourable Minister and Sate Minister for Health and Family Welfare, have worked closely with the WHO Regional Office for South-East Asia under the leadership of the Regional Director and the WHO Country Office, Bangladesh under the leadership of the WHO Representative

to Bangladesh, to make these two great WHO regional events successful. Our great leader, Honourable Prime Minister Sheikh Hasina has the holy and committed blood of our late Father of the Nation, Bangabandhu Sheikh Mujibur Rahman, flowing in her veins. Her Excellency kept a constant watch on our preparation and progress. We are specially delighted that she, despite her very busy schedule, has kindly graced this Joint Inauguration and has given her warm consent to stay with us longer to express her full solidarity with WHO's efforts to change the health of our peoples. Our whole nation is overwhelmed to greet you in this sweet land of Golden Bangla. We will really feel fulfilled if you kindly find our heartiest efforts acceptable.

The Government of Bangladesh values WHO and its contribution over the past seven decades since its birth in 1948 in shaping the global good health through developing new knowledge, best practices and appropriate tools. We salute WHO for its remarkable achievement in the eradication of small pox, in attaining the last mile of global polio eradication, in ending all vaccine-preventable diseases, in promulgating International Health Regulations 2005, in controlling NCDs and in establishing intervening measures regarding autism and mental health.

WHO's magnificent leadership in the formulation and attainment of health-related MDGs, and towards adoption of the Post-2015 Development Goals are unique examples that WHO is always alert, and is present everywhere, in every moment, when the issue involved is health.

The WHO Regional Office for South East Asia undeniably shares all credits in translating and transferring the roles and successes of WHO across its Member States in the Region. This joy is also shared fully by all of our 11 regional Member States, as we actively participate, as State Parties, in all the major WHO policy decisions and their implementation.

The meetings of the health ministers are instrumental in expressing readiness of national governments to align their respective country positions to WHO's leadership and goodwill with a view to addressing regional health issues.

These meetings also act as an inspiration for the Regional Committee sessions towards taking bold and positive decisions for good health of our regional citizens, who comprise one quarter of the global population.

Given the importance of health ministers' meetings and the Regional Committee sessions, our Ministry of Health and Family Welfare is very happy to get the opportunity to host the Thirty-second Health Ministers' Meeting and the Sixty-seventh Session of the Regional Committee in Dhaka.

I warmly welcome Excellencies Health Ministers, WHO Director-General Her Excellency Dr Margaret Chan and the WHO Regional Director for South-East Asia, Dr Poonam Khetrupal Singh, senior officials and delegates from the health ministries of Member States of our Region, as well as from WHO headquarters, and from the WHO Regional Office and its country office to Bangladesh. We promise to do our best in extending our warm hospitality.

There will be several side-events during the two meetings, one of which will be on autism. Our Honourable Prime Minister has kindly consented to grace the autism side-event as the Chief Guest. I invite all Excellencies to kindly join our Honourable Prime Minister in this special and very important side-event.

In the end, I deeply acknowledge the generous support received by us from the Government of Bangladesh, WHO, and from all other partners, both at home and abroad, in organizing this very important event.

I wish that you feel at home during your stay here. Please inform us without any hesitation if you feel any inconvenience or have any requirement. We will do our best to make your stay smooth and enjoyable. I hope that you will like our traditional Bangladeshi hospitality and will be generous to pardon our unintended mistakes.

Thank you very much.

Text of Address by Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia



Your Excellency, Honourable Prime Minister of the People's Republic of Bangladesh Madam Sheikh Hasina, Mr Mohammed Nasim, Minister for Health and Family Welfare, People's Republic of Bangladesh, Dr Harsh Vardhan, Minister for Health and Family Welfare, Government of India, Dr Margaret Chan, Director-General, WHO, Honourable Ministers of Health of Member States of WHO South-East Asia Region, distinguished delegates, partners, friends from the media, ladies and gentlemen,

It is a privilege to welcome you all to the Thirty-second Meeting of the Health Ministers and the Sixty-seventh Session of the WHO Regional Committee for South-East Asia.

We are deeply honoured by your presence Madam Prime Minister. Under your leadership the health advances of Bangladesh have truly been remarkable. Despite many challenges, we have seen steep and sustained reductions in birth rates and mortality. Indeed, Bangladesh offers an object lesson in how gender equity can improve health outcomes, how innovations by government and NGOs can go to scale, and how direct health interventions can offset socioeconomic constraints. Madam Prime Minister, your presence at this occasion is an inspiration for us all.

Excellences, distinguished delegates, we have health achievements in this Region of which we can be very proud. Certification that the Region is now polio-free was a defining moment. It is a cause for celebration, and I congratulate you for your collective political commitment and the untiring efforts of the thousands of frontline workers that

could make this happen. Success on one front should make us pause for thought. The Region and, indeed the world is changing fast. We must be ahead of the curve if we are to confront the many issues that we face.

Let us think for a moment about the challenges. NCDs approach like a juggernaut, threatening communities, health systems and economies if we do not act now.

Antibiotic resistance if not checked and soon, can return us to an era where we will be stripped of tools that today we take for granted.

Expectations for better health are rising. Health has to be seen as a right for all, not a privilege for a few. Health equity must be a cornerstone of our policies: not tomorrow, but today.

Disasters, man-made and natural, something to which the Region is so prone, can destroy what we have worked so hard to build. We must not just expect the unexpected, we must have what it takes to do something about it, and fast.

At this point, I must mention about our colleagues in the national governments and the international community who are fighting to overcome the unprecedented outbreak of Ebola fever in west Africa, which has claimed nearly 2000 lives so far. We salute the efforts of the brave health workers and others battling this outbreak.

Excellencies, Health in the 21st century requires a 21st century approach.

The challenges I outline are not amenable to technical solutions alone. What we have learned in the fight against tobacco stands us in good stead. We cannot hope to outrun NCDs without action in the many sectors that impact health: finance, trade, agriculture and education among others. Partnership across all sectors of society is not an add-on in this fight. It is an absolute necessity. Ensuring access to medicines requires that we interact with legislators and trade negotiators. To fight antimicrobial resistance means working at the interface between health and agriculture. We must embrace new technologies. We will see some exciting examples of how this is being done during our meeting. We have to look beyond the health sector regarding the impact of the environment. Universal health coverage (UHC) promotes equity and is a key weapon in the fight against poverty. Support for universal health coverage is growing. This is good news. UHC can be a game changer, but it must become more than just a mantra. UHC must deliver results.

We need UHC to breathe life into the way we work by putting people at the centre of a joined-up approach that bridges the divides that have long bedevilled the health sector.

Excellencies, ladies and gentlemen, together we can be champions for health in our Region. When we met in May, I outlined the strategic directions that will guide our work. These are aligned to WHO's 12th General Programme of Work, but also reflect your priorities. I spoke then of four directions: addressing the persisting and emerging epidemiological and demographic challenges; advancing universal health coverage and robust health systems; strengthening emergency risk management for sustainable development; and articulating a strong regional voice in the global health agenda.

These directions define what we will do. Let me conclude with a few words about what this means for how we work together.

Global health is an increasingly crowded place. A bit of healthy competition is not a bad thing, of course. It keeps us all on our toes. But fragmentation and duplication is wasteful and costs lives. All of us in organizations that support health must focus on what we do best and where we add real value.

One of our core functions in the Region is to act as a convener, but I am convinced WHO can do more to drive policy agendas in the interest of better health. We must bring better analysis, better evidence and up-to-date science to the table.

Lastly, when resources are scarce, value for money has to be uppermost in our minds. I see this as a strategic function: It should not be just spending, but spending wisely – the right people, the right level of resources, deployed in the right places, to do the right things. Bringing staff and resources closer to countries is part of this picture.

Excellencies, better health is not a luxury; it is an investment. I salute you for the rise in levels of government spending in several of our Member States. I am determined that the WHO Regional office and the country offices will provide the support you need as governments invest more in the health of the people.

With these words, I once again welcome you all and thank Madam Prime Minister for hosting and inaugurating these meetings.

Thank you.

Annex 5

Text of Address by Dr Margaret Chan, Director-General, World Health Organization



Mr Chairman, Excellencies, honourable ministers, distinguished delegates, Dr Singh, colleagues in the UN family, ladies and gentlemen,

I thank the government of the People's Republic of Bangladesh for hosting this Regional Committee. I thank this country's friendly people for making us feel so welcome and at home.

Bangladesh has championed the importance of better health as a nation-building strategy. It has done so with the most appropriate emphasis — that is, on reaching the community at the grassroots level through its widespread network of community health workers.

This is a solid foundation for universal health coverage. It is one of the best ways to ensure that a country has the resilience to withstand shocks, whether from climate change, with its promise of more frequent and severe extreme weather events, or from a virus.

Like other parts of the world, countries in this Region are on high alert for any possible importation of the Ebola virus in an air traveller. Hardly a day goes by without rumours of an imported case at an airport or in an emergency room somewhere in the world. This is understandable. The virus is deadly. The disease is dreadful. People are afraid. This is the largest, most severe, and most complex Ebola outbreak ever seen in the nearly four-decade history of this disease. This is a fast-moving outbreak, with a number of unprecedented features, that is delivering one surprise after another. As we look at what this virus has done to affected parts of west Africa, every country in the world wants to keep the

Ebola virus out of its borders. What we see is this: decimated families and communities, abandoned villages, food and fuel shortages, uncollected bodies, two thousand fresh and recent graves, a rising number of orphans, and hospitals overflowing or shut down entirely. As the economists tell us: revenues are down. Foreign exchange levels are down. Markets are not functioning. Airlines and ships are not coming in. Development projects are being cancelled. And business people have pulled out. In some areas, no health services whatsoever are functioning. Not for malaria, or tuberculosis, or AIDS. Not for childhood diarrhoeal disease and pneumonia, or even safe childbirth. Not for anything.

Honourable ministers, imagine, just imagine something like that happening to your country, to your people.

Ladies and gentlemen,

The whole world is watching this disease, and how WHO performs as we try to bring it under control. What does this outbreak, that has been making headlines for months, tell us about the state of the world at large? What does it tell world leaders, and the citizens who elect them, about the state and status of public health?

I see six things.

First, the outbreak spotlights the dangers of the world's growing social and economic inequalities. The rich get the best care. The poor are left to die.

Second, rumours and panic are spreading even faster than the virus. Ebola sparks nearly universal fear. Fear vastly amplifies social disruption and economic losses well beyond the outbreak zones.

The World Bank estimates that the vast majority of economic losses during any outbreak arise from the uncoordinated and irrational efforts of the public to avoid infection.

Third, when a deadly and dreaded virus hits the destitute and spirals out of control, the whole world is put at risk.

Our 21st century societies are interconnected, interdependent, and electronically wired together as never before. We see this now with a very dangerous outbreak in Nigeria's oil and natural gas hub. Nigeria is the world's fourth largest oil producer and second largest supplier of natural gas. The outbreak in the country's energy hub can potentially dampen economic outlooks worldwide.

Fourth, decades of neglect of fundamental health systems and services mean that a shock, like climate change or a disease run wild, can bring a country to its knees. You cannot build these systems up during a crisis. Instead, they collapse. A dysfunctional health system means zero population resilience.

Fifth (and I feel very strongly about this): Ebola emerged nearly 40 years ago. Why are clinicians still empty-handed, with no vaccine or cure? Because Ebola has been, historically, geographically confined to poor African nations. The research and development incentive is virtually nonexistent. A profit-driven industry does not invest in products for markets that cannot pay. We have been trying to make this issue visible for ages. Now people see it clearly and dramatically, in the daily headlines and TV news.

Finally, the world is ill-prepared to respond to any severe, sustained and threatening public health emergency. This was the conclusion reached by a panel of experts commissioned to review events during the 2009 influenza pandemic and distil lessons for the future.

With Ebola, that prediction has come true.

I also see two specific lessons for WHO.

One: We must continue to push for the inclusion of health, and health systems, on the post-2015 development agenda. We now have some much more compelling evidence for doing so, and a much more responsive audience. People are now willing to hear arguments that have fallen on deaf ears for years.

Two: The pressures of this outbreak are revealing some cracks and weaknesses at WHO, some dysfunctional elements that must be corrected urgently as part of the Organizational reform at all three levels.

Ladies and gentlemen, let us get down to business. You have a packed and important agenda. Accountability means counting. You must improve your systems for civil registration and vital statistics. You need more, and better educated, health-care staff. Find them. Train them. Encourage them. Give them the right incentives. Traditional medicine is important for this Region. Improve it. Continue to work on the various prongs of your strategy for preventing noncommunicable diseases, also by reducing the harmful use of alcohol. WHO has given countries a menu of proven alcohol policy options. They work. Use them. Viral hepatitis has finally emerged from obscurity to receive the attention it deserves. Make that attention even sharper.

I thank you for your attention and wish you a most productive session.

Text of Address by His Excellency Mr Mohammed Nasim, Minister of Health and Family Welfare, Government of the People's Republic of Bangladesh



Bismillahir-Rahmanir-Raheem.

Honourable Chief Guest, Sheikh Hasina, Honourable Prime Minister of the Government of the People's Republic of Bangladesh, Special Guest, Her Excellency Dr Margaret Chan, Director-General of WHO, Dr. Poonam Khetrupal Singh, Regional Director, WHO South-East Asia, Excellencies, Ministers of Health, Honourable Cabinet Ministers, Honourable State Ministers, Honourable Parliamentarians of Bangladesh, Special Guest Mr Zahid Maleque MP, my colleague and State Minister for Health and Family Welfare, heads and members of delegations, diplomats, senior officials from WHO headquarters, Geneva, officers and staff of WHO Regional Office for South-East Asia, WHO Bangladesh Country Office and our ministries, invited speakers, experts, dignitaries from the civil society and NGOs, distinguished guests, representatives from the print and electronic media, ladies and gentlemen,

Assalamu alaikum and a very good morning to you all.

As the Minister of Health and Family Welfare of the Government of the People's Republic of Bangladesh, I am privileged to warmly welcome you to Dhaka on the occasion of these two highly prestigious regional meetings of WHO.

We were waiting eagerly for the past one year since the last meeting of health ministers and the Regional Committee session to greet you here in Dhaka. Now you have given us the opportunity to host these important meetings to render our warm hospitality to you. We are grateful to you and we hope you will enjoy your short stay

in Dhaka. I also request you to please express your desire and needs to us as and when required during your stay here. We are all here to make your stay as comfortable and enjoyable as possible.

At the beginning of this Joint Inaugural Session, you heard Dr Margaret Chan. In her wonderful speech that was full of information, she offered guidelines to achieve the targeted goals of health. She also made observations regarding the global health situation and challenges, highlighting the directions we should take to overcome those challenges. Dr Poonam Khetrpal Singh Regional Director, WHO South-East Asia, also highlighted the regional health situation and challenges.

My secretary, Mr M.M. Neazuddin briefly pointed out some of the key areas of Bangladesh's health situation, successes and challenges.

I want to express my utmost thanks and gratitude to the Honourable Prime Minister, the Chief Guest of this occasion to kindly offer us important suggestions and guidance to make these events successful. We also feel proud of her as she is the illustrious daughter of *Bangabandhu* Sheikh Mujibur Rahman, the eternal source of our national aspirations and inspirations to excel as a Bangladeshi nation.

I am personally amazed to note that our Honourable Prime Minister is well conversant with every aspect of all the sectors of the government. Virtually all the sectors of the country are developing fast under her able leadership and visionary statesmanship. I am personally grateful to her for taking time out of her busy schedule to attend today's function. She has also kindly consented to attend the side-event on autism and neuro-developmental disorders on 11 September 2014. These gestures are highly evident of her wholehearted support and patronization to take Bangladesh forward on the way to continuous improvement.

Distinguished ladies and gentlemen, I look forward to receive your feedback and contribution from your active participation at the proposed meetings of today and for the days ahead. I believe your thoughtful ideas and recommendations will help eradicate many of the health challenges facing us in the Region.

With these few words, Excellencies, distinguished ladies and gentlemen, I once again welcome you to Bangladesh and wish you a memorable stay here.

Khoda Hafez !

Joi Bangla! Joi Bangabandhu! May Bangladesh live for ever!

Text of Speech by His Excellency Dr Harsh Vardhan, Minister of Health and Family Welfare, Government of India



Honourable Prime Minister of Bangladesh Her Excellency Sheikh Hasina, Honourable Minister of Health of Bangladesh, His Excellency Mohammad Nasim, Honourable Colleague Health Ministers from WHO South-East Asia Region, Madam Director-General, WHO, Dr Margaret Chan,

WHO Regional Director for South-East Asia, Dr Poonam Khetrpal Singh, distinguished ambassadors, representatives from WHO and other UN agencies, donor partners, distinguished delegates from Member States of the WHO South-

East Asia Region, representatives of nongovernmental organizations, the media, friends, ladies and gentlemen,

On behalf of the Ministry of Health and Family Welfare, Government of India, I am honoured to address this august gathering and bring greetings to you from more than 1.2 billion people of India.

At the outset, I would like to thank the Honourable Prime Minister of Bangladesh for hosting the meetings in Bangladesh and also for sparing her valuable time to be with us today to grace this joint inaugural session. Madam Prime Minister, we are truly honoured by your presence. We share an emotional chord with Bangladesh and especially with the memories of your father *Bangabandhu* Sheikh Mujibur Rehman, who was the liberator of Bangladesh and a great friend of India.

Excellencies, ladies and gentlemen, I have recently taken over as the Union Health Minister of India. In this new role, I seek your valuable support in traversing a path where we can attain the highest standards of health not only for our countries but for the entire Region and for the entire league of nations. The Indian philosophy teaches us that the whole world is our family. I can assure you that we would strive to stay close to this philosophy in all our actions and deeds at regional and global levels.

Excellencies, ladies and gentlemen, I have a strong faith in the power of belief. In the mid 1990s, as the Health Minister of the state of Delhi in India, I had the privilege to be one of the architects and initiator of the polio eradication campaign in India. At that time, no one really believed that it was possible to make India polio-free. From day one, when we came to know that poliomyelitis could be eradicated through the scientific pulse polio technique, we started working on it in spite of heavy odds and strong apprehension about its successful implementation. The certification of India being polio-free today signifies the "power of belief". It has also given us new hope, new energy, new enthusiasm and a new vision to take on even greater health challenges.

We know that noncommunicable diseases (NCDs) are the major killers of people in this Region in their most productive years. We need to tackle the threat of NCDs through preventive, evidence-based interventions and by promoting "health in all policies". I am happy to inform you that we have taken strong measures to intensify implementation of the WHO Framework Convention for Tobacco Control (FCTC) and to strengthen primary health care systems for delivery of NCD services to affected people.

We have recently taken up a comprehensive review of our tobacco control laws and regulations. We have also taken strong steps in prohibiting certain most prevalent forms of smokeless tobacco through our food safety law and regulations. India is a pioneer in the regulation of scenes depicting tobacco use in films and TV programmes to protect youth and children from the negative influence of tobacco use. We want to make our public places not only smokefree but tobacco free.

The South-East Asia Region is home to many vector-borne diseases. Malaria continues to be a threat. The Region has become hyperendemic with regular reporting of dengue cases since 2000. Almost 67% people globally at risk of lymphatic filariasis reside in the Region. About 147 million people in three countries – Bangladesh, India and Nepal – are at the risk of kala-azar.

In this background, we fully endorse the Draft Dhaka Declaration on Vectorborne Diseases.

Today is the time to launch and celebrate the power of partnership, since five countries of this Region are going to sign an agreement for the prevention and control of kala-azar. Let us pledge to work together, with active support from WHO, to tackle this malady.

Excellencies, ladies and gentlemen, my mantra for success is simple. We need to invest more resources into our health system and get more value for our money. We need to improve access to essential and critical medicines. We must use the power of evidence, technology and effective communication. We must provide health assurance to our people through an assured package of preventive and positive health services, diagnostics and medicines. We need to promote traditional medicines and the ancient healing systems such as *yoga*.

India has a very rich ancient system of medicine called *Ayurveda*, based on scientific principles. It regards and considers both the body and the soul while treating patients. *Ayurveda* was the first to conceptualize spiritual health, which even modern medicine now views as being important.

Ayurveda for the first time exhibited an understanding of environmental health describing the body as being composed of five elements: earth; space; fire; water, and wind. So if these get polluted the body gets polluted. This fact the modern science learned only in the twentieth century. In no other traditional system medical ethics is given as much importance as in *Ayurveda*. The distinguished physicians of that era laid stress on ethical practices and observed that "medicine should be practised for healing and not for any financial gain or fulfilment of desires".

We are aware that *Ayurveda* today needs more research, and drugs need better manufacturing practices and to some extent toxicological evaluation by conducting clinical trials to test their potency, efficacy, and safety. However, we would like this ancient system to be used for effective healing of the mind and the body and to be restored to its old glory by making it a holistic part of health care.

I am very happy to note that "traditional medicines" are an important agenda item for consideration of the Regional Committee this year. We are also delighted that we are going to sign an agreement today with Bangladesh on cooperation in traditional medicines.

Excellencies, ladies and gentlemen, my mantra for success is to find a way to convert health issues into a social and community movement. In my personal experience I have found tremendous value in involving adolescents and the youth to communicate and disseminate messages of positive health. It is the power of community participation and partnership that can empower us to achieve what we seek to achieve. It can bring an end to preventable deaths, including child and maternal deaths. It can strengthen and sustain high-quality universal immunization services. In India, we are trying to strengthen community participation by involving medical professionals in the process of planning for important health-care issues.

Excellencies, ladies and gentlemen, I would like to take this opportunity to congratulate Dr Margaret Chan, Director-General, WHO, for her inspirational leadership. I have had the pleasure of listening to her inspiring address at the Singapore International Tobacco Conference. Her handling of the Ebola virus outbreak has also been very impressive.

Before I conclude, I would like to again express my gratitude to the Honourable Prime Minister of Bangladesh for her gracious and inspiring presence. I shall also like to congratulate and wish success to my colleague, the Health Minister of Bangladesh, for taking over as the Chair of the Health Ministers' Forum. I am sure that the Region would progress well under his motivational leadership.

Thank you for giving me this opportunity to share my thoughts and for your patient hearing. Let us all pledge to create a better and a healthy world for all of us and for all our children to live in. I believe that together we can and we will make a difference.

Thank you for your attention.

Text of Inaugural Speech by Her Excellency Sheikh Hasina, Hon'ble Prime Minister, Government of the People's Republic of Bangladesh



Mr Chairperson, Madam Director-General, WHO, Dr Margaret Chan, Excellencies Health Ministers of Member States of the WHO South-East Asia Region, distinguished participants, ladies and gentlemen,

Assalamu alaikum and good morning, everyone.

I welcome all of you to the inaugural session of the Thirty-second Meeting of the Ministers of Health of Countries of the WHO South-East Asia Region and the Sixty-seventh Session of the WHO Regional Committee for South-East Asia.

I thank you for taking part in the important discussions about WHO issues and particularly for improving the health of one quarter of the global population that lives in the South-East Asia Region.

It is a great pleasure for me to be here today to share some of our success stories in the health sector.

Distinguished guests, health is wealth. In recognition of this, the greatest *Bangalee* of all times, the Father of the Nation, *Bangabandhu* Sheikh Mujibur Rahman, accorded the highest priority to medical care of people and incorporated it in the Constitution of Bangladesh in 1972 as one of the five fundamental rights of the people that the State should provide:

The Father of the Nation in addition to rebuilding the war-ravaged Bangladesh established a 10-bed *thana* health complex in each *thana* to make the health-care facilities available to rural people. He upgraded the status of doctors in the government service. He also ensured provision of incentives to create specialized doctors.

Bangladesh experienced a dark period after 1975 during the socioeconomic development of the country. The health sector followed suit.

During our government's tenure from 1996-2001, we improved the overall facilities of medical care, including provision of seven thousand more beds in hospitals and recruitment of more than two thousand doctors. We waived duties on the import of medical equipment to facilitate the private sector in providing medical care.

We also took initiatives to build 18 thousand community clinics based on the principle of one centre for every six thousand rural people. Under this programme, we built more than four thousand community clinics by 2001. Unfortunately, the subsequent regime stopped the implementation of the programme.

Since 2009, our governments have been giving emphasis on the improvement of the health sector and on the overall improvement of medical care to people. We have formulated a pragmatic health policy. Some 13 000 community clinics have been made operational and trained health personnel have been employed there. They have been provided with laptops with internet connections. Rural people are getting medical services including medicines fully free of cost from these centres. We have introduced e-health and telemedicine services too.

Through these, we have established one of the world's most extensive and equitably distributed health-care networks across the country having domiciliary care, primary daycare clinic, and primary-, secondary-, tertiary- and specialized hospitals to work as upward and downward referral linkages.

In recognition of this achievement, Bangladesh received the South-South Award in 2011.

We have increased the number of beds and equipment at all levels of hospitals. The number of general hospitals and specialized hospitals has also been increased. The government has set up new medical colleges, dental colleges, health technology institutes, nursing colleges, and nursing training institutes. The overall manpower in all areas of the health sector including doctors and nurses has been increased substantially.

Ladies and gentlemen, health is one of the most important determinants of people's overall well-being. In this process, we have paid special attention to women's and children's health through introducing woman- and child-friendly direct, indirect and innovative services and benefit packages. We believe that a healthy woman can only bear and raise healthy children, and thereby, can contribute to making a healthy nation.

In order to build a healthy nation, our policies have put emphasis on the holistic dimensions of social, economic and environmental determinants of health including poverty reduction, education, gender equality, women's empowerment and family planning.

Food safety has become a great concern for public health. In this regard, we have taken proactive steps to stop the mixing of chemicals, organic pollutants, enzymes and hormones, etc.

We have accorded priority to providing primary health care and to achieving the MDGs. We have ensured food and nutrition security to people with low incomes. As a result, the rate of poverty has been reduced to 25% from 40% in 2005.

We have introduced midwifery training course using globally competitive curriculum and standards. We have created 3000 posts of midwives; persons from the first batch completing the midwifery course will soon be given appointment.

We achieved the MDG-4 three years ahead of the 2015 dateline. We are on the right track to attain the MDG-5 by 2015.

For materializing the United Nations Global Strategy for Women's and Children's Health, we have introduced nationwide pregnancy and child-tracking system using 11 indicators known as the COIA indicators, and are ensuring follow-up services for them. The electronic registration system is being monitored regularly.

Ladies and gentlemen, we eradicated polio and eliminated leprosy. We are keeping tuberculosis, avian influenza, anthrax, Nipah, SARS, dengue and malaria under control through effective nationwide public health measures.

We have mainstreamed nutrition, noncommunicable disease control, autism and mental health programmes into primary health care. We have also engaged the community clinics in screening, identification and follow-up activities.

We have launched effective health and social response programmes for climate change and climate vulnerability.

Our vibrant pharmaceutical sector meets 97% of domestic needs. We have established the WHO-certified National Drug Testing Laboratory. We export medicines to about 87 countries, including the United States of America and the United Kingdom.

Excellencies, ladies and gentlemen, these successes are the results of our commitment to our people and of our adherence to global knowledge and best practices, shared with us by WHO, development partners and by nations friendly to us. Your collaboration has always been instrumental.

However, Bangladesh as well as the world face a challenge to sustain the achievements and to counter new health challenges. The Ebola epidemic has exposed a gaping hole in the ability of the world to tackle outbreaks in an increasingly interconnected world. It is also taking a heavy toll on the global economy. We should expedite medical research across the world to face such health challenges.

Dear delegates, the Member States of the WHO South-East Asia Region largely share similar economies and similar socioeconomic and health situations and challenges. Our Region bears the major proportion of the global burden of diseases and deaths, and thus also harbours hope of enjoying a larger share of global health, if we can solve the health problems of this Region.

The health ministers of our Region are aware of these challenges. I firmly believe that in these two important meetings, with effective technical guidance provided by WHO, you will be able to find the best solution to these challenges.

I am very happy to learn that a wide range of issues critical to global, regional and national health will be discussed in the two meetings. I am truly looking forward to the success of these discussions. On behalf of the Government of Bangladesh, I assure you that we shall provide our full support to your work and recommendations.

I am delighted to learn that during the four-day meetings, there will also be side-events including one on autism on 11 September 2014.

It is imperative that individuals with autism and other developmental disabilities must find easy access to improved diagnosis and services.

My daughter Saima Wazed Hossain, who is a child psychologist by profession, is taking the utmost interest in mobilizing global support to the cause of autism. Saima will present the keynote address at the autism side-event.

I invite Dr Margaret Chan, Dr Poonam Singh, Excellencies Ministers, and the heads of delegations to make time to join the side-event.

Ladies and gentlemen, Bangladesh has been an active participant in all discussions of WHO and will continue to do so. I hope that WHO emerges as a stronger organization through implementing the reform agenda. It will help WHO to provide more technical support to Member States.

Let us renew our commitment to universal health coverage as an essential precondition to transforming people as human assets and ensuring sustainable growth. Our collective spirit can make us do wonders.

I hereby declare the Thirty-second Meeting of Ministers of Health of Countries of the WHO South-East Asia Region and the Sixty-seventh Session of the WHO Regional Committee for South-East Asia open.

I thank you all.

Joi Bangla! Joi Bangabandhu! May Bangladesh live for ever!

Annex 9

Text of Vote of Thanks by His Excellency Mr Zahid Maleque, State Minister, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh



Respected Chairperson, Mr Mohammed Nasim, MP, Honourable Minister for Health and Family Welfare of Bangladesh, Honourable Chief Guest, Sheikh Hasina, the Honourable Prime Minister of the People's Republic of Bangladesh, Excellencies Ministers, Special Guest, Her Excellency Dr Margaret Chan, Director-General, World Health Organization, Special Guest, Her Excellency Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia, members of delegations, members of diplomatic missions, WHO technical staff, officers and staff of the Ministry of Health and Family Welfare, Bangladesh and its

agencies and institutions, dignitaries, invited speakers, experts, distinguished guests, representatives from the print and electronic media, ladies and gentlemen,

Asalamalaikum and a very good morning.

It is a great pleasure for me to have this proud privilege and opportunity to welcome all participants and Excellencies attending the Thirty-second Health Ministers' Meeting and the Sixty-seventh Session of the WHO Regional Committee. I am proud to welcome you all to this beautiful country, Bangladesh, decorated by spectacular flora and fauna and washed by the mighty rivers of the world like the Padma, the Meghna, and the Jamuna. This is a nation of 160 million Bengalis who fought for their language and independence by sacrificing 3 million lives in a span of 9 months, under the leadership of our great leader and Father of the Nation, Bangabandhu Sheikh Mujibur Rahman. I congratulate WHO and the Ministry of Health for organizing this important meeting. I would also like to extend my thanks to all the delegates from home and abroad for attending this

conference. It is my honour and pleasure to thank all the ministers from participating countries, and special guests Dr Margaret Chan, Dr Poonam Khetrpal Singh, and all the members of delegations from abroad for taking all the trouble to travel to Bangladesh to attend this conference.

We have here our Honourable Prime Minister, Sheikh Hasina as the Chief Guest. She is our visionary leader. Despite her very busy schedule, her presence in this ceremony as the Chief Guest has not only graced the occasion but also demonstrated her concern for the issues and challenges facing the health sector, as well as her commitment to effect improvements. I on behalf of the organizers, would like to express my gratitude and thanks to the Honourable Prime Minister for sparing her time to be with us this morning, and for giving us her advice on how to improve the health services in our Region.

Our Honourable Prime Minister is the daughter of the father of our nation and she has contributed immensely for the development of our country by pulling its people out of the curse of poverty into a bright future, thereby transforming the country into a middle-income country in a very short span of time. Her visionary ideas and brave steps have contributed to the development of Bangladesh in all sectors of life; the country of 160 million people is now free from hunger and it is a food-surplus country. This has been a herculean task: no child is left out of the classroom in Bangladesh (literacy has risen to 70% from 36%); and telecommunication and road transport, which are essential for development, have shown tremendous growth. Now 100 million people are fortunate to carry mobile phones in their hands – this was a dream a decade back. The health sector of Bangladesh has witnessed glorious achievements in the form of reduction in child and maternal mortality, and increase in vaccination rates. Also, access to medical services in the remotest areas has also improved in leaps and bounds. As recognition of this outstanding achievement, our Honourable Prime Minister has been awarded numerous awards such as the MDG-4, South-South Cooperation Award.

The New Delhi Declaration on High Blood Pressure is expected to be implemented by all Member States of our Region. Containing the menace of high blood pressure requires awareness, strategies and political commitment. Steps like reduction in salt intake, and restriction in the consumption of tobacco and alcohol are being undertaken, including in Bangladesh. Treatment has also been bolstered.

The Dhaka Declaration on Vector-borne Diseases is very important for all tropical countries. Globally, one million people die of vector-borne diseases such as malaria, dengue and kala-azar, etc. In order to contain this vector, a multisectoral approach is needed. Trans-border vigilance also needs to be enhanced.

Bangladesh is committed to undertake all kinds of strong measures for the prevention and control of vector-borne diseases. Our ministry, in cooperation with WHO has organized events in the malaria-prone area of Chittagong Hill tracks. We have reduced kala-azar cases by 90%, as also the incidence of dengue in Bangladesh.

We appreciate the inclusion in the agenda of “environment” and its effects on health. We pollute less but suffer the most due to environmental pollution by developing/ developed nations. Of all global diseases, 25% are due to pollution of air, water, lack of sanitation, toxic chemicals (pesticides and lead, etc.) and unsafe water management. All countries need to work together to improve measures against the vital factors affecting human health. Bangladesh is one of the most vulnerable countries of the world that are affected by natural disasters such as floods, cyclones and tornadoes, etc. These natural calamities cause immense suffering and diseases like diarrhoea, malaria, typhoid and skin diseases, etc. thereby causing economic loss worth billions of dollars. Our government, along with WHO and other partners, have taken pragmatic steps and policies to combat these challenges.

Despite our achievements, we still face challenges like childbirths and deliveries being handled by untrained midwives; under-age marriages, poverty-related illnesses, malnutrition and lack of access to timely quality medical services. This •conference has given us an opportunity to share our knowledge, problems and achievements. This will help countries of our Region to set goals for improvement. We pledge our firm commitment to our people and regional leaders and international organizations to fulfil their goals and expectations by working together in this global village called the world. We are quite aware that health problems of one country do not remain confined in that country but they affect the whole world community. As such, time has come for all of us to work together to tackle health problems such as the Ebola virus presently affecting Africa. We hope and expect that our meeting will be fruitful, and that your stay will be made comfortable by the traditional hospitality of Bangladesh.

Once again, I would like to thank you all, especially our foreign guests and the Honourable Prime Minister, for your gracious presence. I also wish to thank all officials and members of the media and the civil society for their hard and sincere efforts to make this conference a success.

I thank you all and wish you a healthy and prosperous life.

Joi Bangla! Joi Bangabandhu! May Bangladesh live for ever!

Dhaka Declaration on Vector-borne Diseases

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Thirty-second Health Ministers' Meeting in Dhaka, Bangladesh, note with deep concern that more than 50% of the world's population is at risk of vector-borne diseases, and that while over a billion people are estimated to be infected, a million die from vector-borne diseases every year. We recognize that our Region has around 1.4 billion people at risk of malaria, 871 million exposed to lymphatic filariasis, and over 147 million at risk of kala-azar. Nearly 52% of the global population vulnerable to dengue lives in the South-East Asia Region. Other vector-borne diseases such as chikungunya, schistosomiasis, kyananur forest disease, scrub typhus and Crimean-Congo haemorrhagic fever, etc. also affect several Member States of our Region. We further note that some of these vector-borne diseases are among the 17 neglected tropical diseases that affect the poorest communities in the Region, pushing them further into poverty.

Recognizing that most vector-borne diseases are either preventable or curable with appropriate health interventions and that all Member States have programmes to prevent, control and eliminate these diseases;

Noting that the Region has made significant progress in preventing, controlling and eliminating several vector-borne diseases;

Mindful that we are already committed to elimination and control targets for most vector-borne diseases;

Acknowledging that vector control is a crucial element of vector-borne disease control programmes and there is a need to invest in vector management including human resources;

Aware that vector control tools are limited and that emergence of insecticide resistance is a real threat to the long-term control of disease-transmitting vectors;

Concerned that the number of entomologists and expertise in vector control is noticeably declining rapidly in the Region;

Noting the need to strengthen the regulatory systems in place to monitor efficacy, safety and quality of products used for vector control;

Aware that rapid and unplanned urbanization has been occurring in the Region leading to dengue upsurge;

Acknowledging the serious health and socioeconomic burden posed by vector-borne diseases;

Concerned with the emergence of artemisinin resistance in a few areas of the greater Mekong sub-region;

Noting the emergence of new vector-borne diseases in some areas due to several factors including climate change;

We, the Health Ministers of Member States of the WHO South-East Asia Region, commit ourselves to:

- (1) Further strengthening the coherent, comprehensive and integrated approach in preventing, controlling and eliminating vector-borne diseases;
- (2) Advocating for “Health in All Policies” to help ensure an intersectoral and multidisciplinary approach in preventing, controlling and eliminating vector-borne diseases by all sectors of the government in partnership with civil society and the private sector;
- (3) Empowering communities through awareness-building programmes, educational campaigns as well as sustained and effective behavioural change communication activities using appropriate technologies where applicable;
- (4) Developing and/or implementing, as appropriate, legal frameworks, regulatory mechanisms and policies to strengthen the vector control interventions including the regulation of importation, manufacture, storage, distribution and use of products for vector control and monitoring the associated health effects of its use;

- (5) Mobilizing appropriate financial and human resources for the prevention, control and elimination of vector-borne diseases;
- (6) Strengthening health systems for provision of diagnosis, timely treatment and to respond effectively to vector-borne disease outbreaks including training and re-training of health professionals, strengthening laboratories, management information systems, incorporating quality issues in programme management, procurement and supply chain management;
- (7) Building and sustaining national capacity on vector management by providing training to vector control teams including vector scientists, vector control specialists and technicians and providing an enabling environment and career development pathways;
- (8) Augmenting the capacity for effective and efficient surveillance and strengthening of national databases, with support from the WHO Regional Office for South-East Asia, for timely reporting on vector-borne diseases and providing regular information for appropriate guidance and assistance;
- (9) Developing and reinforcing national, regional and intercountry collaborating mechanisms for regular data sharing and supporting cross-border control of vector-borne diseases;
- (10) Banning artemisinin monotherapy for treatment of falciparum malaria; and
- (11) Encouraging and supporting basic and operational research on vector-borne diseases and disease control programmes and facilitating incorporation of evidence-based best practices into national programmes.

We, the Health Ministers of Member States of the WHO South-East Asia Region, urge all Member States as well as the WHO Director-General and the Regional Director for South-East Asia 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, provide technical and financial support and effectively follow up on all aspects of this Dhaka Declaration on Vector-borne Diseases.

Dhaka, Bangladesh, 9 September 2014

The ministers of health of Member States of the WHO South-East Asia Region met in Dhaka, Bangladesh in September 2014 to discuss matters of importance to health development in the Region. This is the report of their deliberations. The health ministers adopted the Dhaka Declaration on Vector-borne Diseases. They also reviewed previous declarations by health ministers of the WHO South-East Asia Region, which have been added to this report for ready reference.



**World Health
Organization**

Regional Office for South-East Asia
World Health House
Indraprastha Estate,
Mahatma Gandhi Marg,
New Delhi-110002, India
www.searo.who.int



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