Follow-up actions on the decisions and recommendations of the Twenty-fifth Health Ministers’ Meeting

The Health Ministers of Member countries of the WHO South-East Asia Region participating in the twenty-fifth Health Ministers Meeting held in Thimphu, Bhutan, 31 August – 1 September 2007, deliberated and made recommendations on the following three agenda items:

1. Dhaka Declaration on Development of Health Workforce in countries of the South-East Asia Region – further follow-up on the recommendations made in the Twenty-Fourth Meeting of Health Ministers.

2. Thimphu Declaration on International Health Security.

3. Climate Change and Health.
Dhaka Declaration on Development of Health Workforce in the countries of the South–East Asia Region – further follow–up on the recommendations made in the Twenty–fourth Meeting of Health Ministers

1. The health workforce (HWF) comprises of all people primarily engaged in actions with the primary intent of enhancing health. The Dhaka Declaration on Strengthening Health Workforce in countries of the South–East Asia (SEA) Region recognizes the crucial importance of human workforce for effective functioning of health system to achieve health targets. The Fifty–ninth session of the Regional Committee held in Dhaka, Bangladesh in 2006 endorsed the draft Regional Strategic Plan for Health Workforce Development in the South–East Asia Region and adopted a resolution (SEA/RC59/R6) to enhance the adequate number of HWF in service delivery through systematic development of medium–term and long–term plans.

2. The recommendations made and actions taken are:
   - To translate the regional strategic plans for health workforce development into actions at the country level
     
     Member countries in the SEA Region are in different stages of developing and/or implementing the HWF strategic plans.


     - The HWF strategic plans have been developed but approval is awaited in the case of Bangladesh (Human Resource Strategy 2007), and in Nepal (Strategic Plan for Human Resource 2003–2017) needs to be revised.

     - In India, a task group on medical education formed under the aegis of the National Rural Health Mission (NRHM) has prepared a report, as well as developed a Framework for Implementation of Indian Public Health Standards that include components for HRH development and financing.
− Indonesia has an HRH plan developed by the Board of Empowerment and Development of Human Health Resources, Ministry of Health.

− Bhutan, Myanmar and Sri Lanka are in the early stages of revising and developing their respective national HWF strategic plans.

• To develop a dynamic health workforce information system

− Country health workforce database harmonized with the Regional and WHO headquarters database is in process. The SEA Regional Office is providing technical support to Member countries.

− A minimal core dataset for the Regional HWF Database was identified. A regional template has been developed and is being harmonized with HWF databases in Member countries.

• To support the implementation of a strategic plan for health workforce development

− Regional Guidelines for Country Strategic Plan for HWF, based on the Regional Strategic Plan for HWF Development in the South-East Asia Region, are being developed and will be finalized during an expert group meeting to be held in Kathmandu, Nepal, on 28–29 August, 2008. These will assist Member countries in developing and revising national strategic plans for HWF.

− SEARO Collaborated with the Asia-Pacific Action Alliance on Human Resources for Health (AAAH) to conduct a workshop on Country Strategic Plan Development in Manila, Philippines, 5–9 May 2008.

− Finalized guidelines on accreditation for medical, nursing and midwifery schools.

− A Regional Meeting on Revisiting Community-based Health Workers/CBHWs and Community Health Volunteers/CHVs was organized in Chiangmai, Thailand, from 3–5 October 2007, to advocate on the role of health workforce in health promotion and disease prevention.

− Regional “Strategic Directions for Strengthening Community-based Health Workers and Community Health Volunteers in the South-East Asia” were developed.
Thimphu Declaration on International Health Security

Communicable disease surveillance and response

The recommendations and actions taken are:

- To provide support for the achievement of core capacities in International Health Regulations (2005) and the benchmarks for emergency preparedness and response

3. WHO supported country missions to conduct assessment of existing core capacities for implementation of IHR and review progress in implementation of National Influenza Pandemic Preparedness Plans (NIPPP). By December 2007, all 11 Member countries of the SEA Region had carried out assessments, while 10 countries had conducted table-top exercises.

4. WHO, in consultation with experts from Bangladesh, India, Indonesia and Thailand, adapted a curriculum for regional three–month (3M) field epidemiology training programmes (FETP). A total of 21 medical officers from eight Member countries successfully completed the 3M FETP organized at the National Institute of Communicable Diseases (NICD), Delhi. Nationals from seven countries were trained in rapid response to pandemic influenza. Likewise, training in clinical management of avian influenza was conducted in three countries.

5. A total of 17 clinicians and medical officers from nine Member countries participated in the first two-week Regional Course on Tropical Diseases of Public Health Importance organized in collaboration with Mahidol University, Bangkok, Thailand, and the National Institute of Communicable Diseases (NICD), Delhi, India.

6. Laboratory capacity in polymerase chain reaction (PCR) techniques was built in three countries and strengthened in others; laboratory networking was established throughout the Region. Six laboratories have been designated as national influenza centres. Similarly, the National Institute of Virology, Pune, India is being designated as a WHO reference laboratory for detecting H5N1.

7. Several guidelines and tools were developed including Laboratory Diagnoses of Avian Influenza; Avian Influenza Case Management; Early Warning and Response; and Healthy Food Market. Moreover, the WHO Representative to India in collaboration with NICD and Regional Communicable Diseases Surveillance and
Response Sub-unit developed an interactive training CD to help health-care workers at the district level to identify Public Health Emergency of International Concern (PHEIC). A risk communication tool based on qualitative research was developed to assist in preparation of risk communication messages; a report card to rate the safety of traditional wet markets is also being developed.

8. WHO worked closely with countries to develop a strategic framework for prevention and control of zoonotic diseases and dengue.

**Emergency and Humanitarian Action (EHA)**

9. This follow-up report is based on the action plan presented along with the Thimphu Declaration during the last Health Ministers’ meeting.

10. In consultation with respective health ministries, all activities required to achieve the benchmarks, including workshops, training and development of guidelines have been incorporated in the country workplans.

11. A Public Health Pre-deployment Course will be held in September 2008 in collaboration with the Institute of Health Management Research (IHMR), Jaipur, India. Modules on humanitarian context, public health and personal effectiveness will be presented. As a pilot, the first course will be attended by EHA focal points and experts from country offices and will extend to other experts in the Region.

12. A roster for EHA experts has been developed with inputs from country offices and is being regularly updated. To further augment the roster of experts, a generic vacancy notice calling for applications from suitable candidates for various areas of emergency preparedness and response is under issuance.

13. In order to keep health facilities safe from disasters, a global campaign was launched for the stakeholders in the Region back-to-back with the Regional Consultation for Keeping Health Facilities Safe from Disasters, held in New Delhi from 15–17 April 2008. A total of 36 participants from health, disaster management and planning sectors from nine countries attended the consultation. Experts from the Region and other countries contributed to the consultation. A special session on partnerships was also included. The following were the outputs of the consultation, which will be followed up for implementation:
(1) Revision and refinement of indicators to measure progress on safe health facilities;

(2) Development of an outline for a national plan of action; and

(3) Key steps for immediate implementation to address the issue of safe hospitals.

14. Advocacy materials, including a docket, brochure and a special issue of the EHA magazine FOCUS featuring safe health facilities were provided to countries. A website highlighting publications, tools and case studies on the issue of safe hospitals in the Region was also set up. The EHA website (www.searo.who.int/eha) is updated regularly and contains a repository of information on EHA issues related to health security. A follow-up consultation was done by the city health office of Delhi and in November this will be a special topic of a conference hosted by the All India Institute of Medical Sciences (AIIMS) to advocate on the issue with various stake-holders including architects, engineers and private health-care providers.

**South-East Asia Regional Health Emergency Fund (SEARHEF)**

15. The following progress has been made on SEARHEF:

(1) The SEARHEF was proven to be successful in supporting the emergencies in Myanmar (Cyclone Nargis in May 2008) and the flash floods in Sri Lanka in June 2008. The fund was made available within 24 hours after the request was made through the respective country offices.

(2) The SEARHEF was able to supply needed support requested by Member States which included essential medicines, medical supplies, logistics and activities related to mobilize health staff and rapid assessments.

(3) The First Meeting of the Working Group Members was also conducted in 5 July 2008 to review the progress of the fund and appropriate recommendations were made to improve some policies and guidelines and monitoring and reporting.

(4) Efforts to mobilize resources were also conducted, with meetings with donors to introduce the concept of the fund and its use in the recent emergencies. Follow-up with donors and meetings are being planned to further engage their support for the fund.
16. With regard to the key objectives of the declaration, the work being done in general incorporates the documentation and information dissemination component. The EHA work in the Region and countries also involves collaboration with a variety of players – NGOs, other UN agencies and academia.

- To provide the necessary platform for exchange of information for international health security

17. WHO organizes the yearly meeting of national IHR focal points to provide a forum for those responsible at the country level and in WHO for implementing IHR to discuss progress, issues and challenges.

18. WHO organized a meeting to develop a strategic framework for the prevention and control of zoonotic diseases and a biregional meeting to develop a framework for cross-border collaboration.

19. WHO also established a taskforce on IHR at the Regional Office to assist in formulating policies, strategies and activities essential for IHR implementation and pandemic preparedness and to provide technical assistance to Member countries in developing core capacities.

20. IHR focal points have been designated at the national level and in WHO country offices, as well as in the Regional Office. WHO has documented the improvement in the timeliness of rumour verification of events of potential public health importance.

21. The Organization is also revisiting the event management system so that a common approach to recording and reporting of events is used throughout its three levels.

- To provide leadership and technical support in building partnerships between different governments, United Nations and bilateral agencies, members of academia, professional bodies, NGOs, the private sector and the media and civil society to jointly advocate for followup on all aspects of this Thimphu Declaration on International Health Security in the South-East Asia Region

22. WHO works closely with the Association of Southeast Asian Nations (ASEAN), Mekong Basin Disease Surveillance (MBDS), UN System Influenza Coordination (UNSIC) and other partners as well as with other UN agencies.
23. WHO supported participation of six delegates from the health and agriculture ministries from Bhutan and Nepal at the Ministerial Conference on Avian Influenza (IPAPI), held in New Delhi in 2007. The conference focussed on coordination among public health and animal health sectors for control of avian influenza, as well as international partnerships.

24. The USAID Partners Forum meeting for South Asia was held in New Delhi in January 2008. Representatives from USAID, project managers from Bangladesh, India and Nepal and technical experts from WHO and the Food and Agriculture Organization of the United Nations were invited. Discussion centred on activities such as control of avian influenza in poultry, surveillance and response, risk communication, cross-border collaboration, biosecurity, public–private partnership and international cooperation. A similar meeting was held in Bangkok, Thailand, with representation from Indonesia, Myanmar and Thailand.

25. WHO-SEARO continues to collaborate with WHO-WPRO in implementing the Asia Pacific strategy on emerging diseases.

26. The WHO Regional Office for South-East Asia plans to develop a roster of regional experts and to actively participate in the Global Outbreak Alert and Response Network of which many institutions in the Region are members.

Climate change and health

27. Recommendations made and actions taken:

- To support the formulation of a regional strategy to combat the adverse health impacts of climate change

28. The Regional Office organized a workshop in Bali, Indonesia, in December 2007 to prepare a regional action plan to protect human health from the effects of climate change. The plan aims to build capacity and strengthen health systems in countries and at the regional level.

29. Member countries in the SEA Region are now aiming to implement the regional action plan with three strategic objectives:

   (1) To increase awareness of the health consequences of climate change. For this purpose, WHO will:
• Provide specific climate change–related technical guidance for vulnerability and adaptation assessments and surveillance systems, which provide methods for identifying risks to vulnerable groups, quantifying the burden of disease from climate change and quantifying costs and benefits of health adaptation measures to ensure comparability across countries; and

• Encourage and facilitate regional knowledge–sharing and networking on climate change and human health within the health sector, as well as between disciplines.

(2) To strengthen health systems, capacity to provide protection from climate–related risks and to substantially reduce health systems’ greenhouse gas (GHG) emissions. For this purpose, WHO will:

• Facilitate greater contribution of funds from donor agencies for climate change and health–related programme implementation. Countries will be supported technically and financially to build national capacities to develop and implement national action plans on mitigation and adaptation, including conducting research on the health impacts of climate change.

• Develop and provide technical guidance on good adaptation and GHG emission reduction practices within the health sector.

(3) To ensure that health concerns are addressed in all decisions to reduce risks from climate change taken by the other key sectors. To enable this multisectoral task, WHO will:

• Support the establishment of a regional reference centre on climate change and health to support countries in the Region with vulnerability and adaptation assessments, providing information on data sources, and with links to hydrometeorological services at global, regional and national levels. This centre will support a regional network of practitioners working on climate change and health, with access to international technical expertise and facilitate sharing of best practices among countries in and outside the Region.

• To collaborate with other UN agencies and development agencies to include health impact assessments in addition to environmental impact assessments prior to any development efforts.
30. WHO is exploring possibilities for strengthening collaboration with relevant UN and development agencies to further assess the impacts of climate change to human health.

- To support Member countries in promoting the need for multisectoral collaboration to address climate change issues.

31. The Regional Office supported the organization of four national multisectoral workshops on the health impacts from climate change in Bangladesh, India, Indonesia and Nepal in late 2007. The main outcomes of the workshops were integrated into national policies and made part of the regional action plan to protect human health from the effects of climate change.

32. WHO supported projects and worked closely with Member countries to address a wide range of health threats from climate change:

- In Bhutan, the support aims to prepare a proposal for the Global Environmental Facility (GEF) to strengthen existing health programmes that are already addressing climate-sensitive health outcomes as mentioned in Bhutan’s National Adaptation Programme of Action.¹

- In Indonesia, the National Climate Change Intersectoral Committee² is currently incorporating health concerns and actions related to health implications from climate change into the new Five-Year National Development Plan. At provisional and district levels, these concerns are being streamlined into the Healthy Cities Programme.

- In Sri Lanka, the Ministry of Environment has formulated a high-level committee, including members from the health sector, to study the situation and make recommendations for a series of activities to benefit human health in the long term.

- Thailand is taking action to reduce greenhouse gas emissions in absolute terms by incorporation of state-of-the-art technologies and careful adoption of energy-efficiency measures. The Ministry of Natural Resources

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¹ unfccc.int/resource/docs/napa/btn01.pdf
² led by the Ministry of Environment, and composed of co-members from the Ministries of Forestry, Energy, Industry, Agriculture, Health, Planning Board, and Public Works, and universities
and Environment has developed a Strategic Plan on Climate Change for 2008–2012 with six elements:

- Build capacity to adapt and reduce vulnerabilities to climate change
- Promote greenhouse gas mitigation activities based on sustainable development
- Support research and development to better understand climate change, its impacts and adaptation and mitigation options
- Raise awareness and promote public participation
- Build capacity of relevant personnel and institutions, and establish a framework of coordination and integration
- Support international cooperation to achieve the common goal of climate change mitigation and sustainable development.

- To propose “human health and climate change” as the theme for World Health Day, 2008 or later.

33. The WHO Director-General approved the selection of the proposed theme as the theme for World Health Day 2008.

34. World Health Day 2008 (WHD 2008), which was commemorated in the Regional Office and all Member countries, focused on the theme “Protecting health from climate change”, putting health at the centre of the global dialogue about this urgent issue. The Regional Office produced an information kit\(^3\) containing materials to promote commitment and drive action for change among all sectors of society to work together and reduce the adverse impacts of climate change on human health.

35. Most WHD 2008 celebrations in SEA Region countries saw the active participation of national health authorities who declared their commitment – such as in India, Maldives and Myanmar–to engage the health sector much more in addressing the challenges posed by climate change.

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\(^3\) [www.searo.who.int/en/Section260/Section2468_13925.htm](http://www.searo.who.int/en/Section260/Section2468_13925.htm)
Thimphu Declaration on International Health Security in the South-East Asia Region

We, the Health Ministers of Member States of the World Health Organization's South-East Asia Region participating in the Twenty-fifth Health Ministers’ Meeting in Thimphu, Bhutan, recognize that in the concept of International Health Security lies the realization that there is a need to reduce the vulnerability of people around the world to the escalation of existing, new, acute or rapidly spreading risks to health, particularly those that threaten to transcend international borders.

We also recognize that rapid globalization with easy, frequent travel, as well as large-scale trade, give an ample opportunity for communicable diseases to spread across borders quickly and with ease.

We are aware that the world climate is changing. Temperatures are rising; tropical storms are increasing in frequency and intensity; polar ice caps and permafrost regions are melting. The acute impact of climate change-related events may be local, but their causes are global.

We are also concerned that no single institution, sector or country has all the capacities needed to respond to international public health emergencies caused by epidemics, natural disasters and humanitarian or environmental emergencies.

We are of the view that the impact of the above threats on human health has serious implications for morbidity and mortality, and will delay internationally agreed upon development goals.

We reiterate our commitment to the World Health Assembly Resolutions related to Emergency Preparedness and Response and International Health Regulations (IHR) 2005.

We note the efforts of WHO’s Regional Office for South-East Asia to:

(1) Systematize and measure emergency preparedness and response in health systems through benchmarks, standards and indicators;
(2) Systematically support countries in the full implementation of the International Health Regulations (IHR) 2005 strengthening core capacities;

(3) Support short-term strategies in stockpiling anti-virals, personal protective devices and pre-pandemic vaccines, as well as long-term strategies to increase influenza vaccine production capacity in the Region; and

(4) To mobilize adequate resources to support these activities.

To achieve effective solutions to address issues related to International Health Security, we are committed to:

(1) Take further action to improve emergency preparedness and response in line with the World Health Assembly and Regional Committee Resolutions WHA 58.1, WHA 59.22, SEA/RC 57/3, and SEA/RC 58/3;

(2) Take further action to implement the International Health Regulations (IHR) 2005 in line with World Health Assembly and Regional Committee Resolutions WHA 58.3 and WHA 59.2, and SEA/RC 58/7;

(3) Develop and systematically implement National Emergency Preparedness Plans, taking into account the significant role of private health providers based on country-specific priority benchmarks and indicators within one year and to revisit the plans regularly;

(4) Develop and implement action plans towards strengthening core capacities for countries for International Health Regulations (IHR) 2005;

(5) Develop and implement national action plans for mitigation and adaptation to address the health impacts of global warming and climate change.

(6) Mobilize adequate resources for these initiatives and participate actively in developing and maintaining partnerships related to improving these areas of health.

We, the Health Ministers of WHO’s South-East Asia Region, fully support the establishment of the South-East Asia Regional Health Emergency Fund and commit to the function of the Working Group as well as efforts towards resource mobilization.
We, the Health Ministers of WHO’s South-East Asia Region, urge all Member States as well as the WHO Director-General and the Regional Director for the South-East Asia Region to continue to provide leadership and technical support in building partnerships between governments, United Nations and bilateral agencies, members of academia, professional bodies, NGOs, the private sector and the media and civil society, and to jointly advocate effective follow-up on all aspects of this Thimphu Declaration on International Health Security in the South-East Asia Region.
## Short-term Strategic Action plan for the Thimphu Declaration

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<td>Continuing integrated disease surveillance</td>
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<td><strong>Human resources strengthening</strong></td>
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<td>Establishing reference laboratories</td>
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<td><strong>Systematic Emergency Preparedness and Response</strong></td>
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<td>Engage in development of standards and indicators with countries and stakeholders</td>
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