Strengthening of National Public Health Systems for Emerging Health Challenges

Report of the Regional Conference of Parliamentarians
Bangkok, Thailand, 19-21 March 2012

World Health Organization
Regional Office for South-East Asia
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Parliamentarians, by virtue of their seminal role in policy-making, are uniquely placed to advocate for their governments and others to focus on investing more in health for national development and also for strengthening of the national public health systems to address the contemporary and emerging health challenges through the public health approach. They can play a significant role in advocating for policies that call for an enhanced role of other relevant sectors in contributing to these efforts.

With this in view, the World Health Organization Regional Office for South-East Asia organized a Regional Conference of Parliamentarians on Strengthening...
of National Public Health Systems for Emerging Health Challenges in Bangkok, Thailand, from 19 to 21 March 2012. It was attended by 33 parliamentarians from 10 countries of the South-East Asia Region including Bangladesh, Bhutan, DPR Korea, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste. In addition, participants also included deans/principals of schools of public health and members of the South-East Asia Public Health Educational Institutes Network.

The conference consisted of technical sessions, country presentations, panel and roundtable discussions and preparation of the Call for Action.

This report includes the Bangkok Call for Action and highlights of the discussions held under each agenda item. It also chronicles the output of the panel discussions and the major conclusions and recommendations presented at the closing session of the conference.

The Bangkok Call for Action; programme; list of participants; keynote address by the Secretary-General of the Asian Forum of Parliamentarians on Population and Development (AFPPD), the inaugural address by the Chairperson of the Standing Committee on Public Health, House of Representatives, Thailand; and the welcome address by the WHO Regional Director can be found in annexes to this report.

1.1 Objectives and output

The objectives of the conference were:

(1) To discuss with parliamentarians about contemporary and emerging public health challenges in South-East Asia.

(2) To identify issues and actions needing urgent attention for strengthening public health systems in Member States of the WHO South-East Asia Region.

(3) To identify opportunities that parliamentarians could use to advocate policy initiatives to strengthen public health systems.

The output of the conference was the “Call for action” from the participants.
Hon’ble Mr Chavarat Charnvirakul, Chairperson, Standing Committee on Public Health, House of Representatives, Thailand, inaugurated the conference. Ministers of the Governments of Bhutan and Maldives, the Regional Director WHO-SEARO, representatives of UN and international agencies, various high-level officials and delegates from the 11 Member States of the South-East Asia Region were in attendance.

2.1 Opening address

In his opening address, Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia, expressed his gratitude to parliamentarians of the Region for sparing their valuable time and to the Royal Thai Government for their support of the conference. He observed that during the past 30 years the health sector has done much to significantly improve the health of the people in this Region.
But despite this, inequity in access to quality health care services and in health status is still substantial among different socio-economic and demographic groups. The distribution of resources for health has been biased towards curative care and infectious diseases, while most countries in the Region are facing an increase of noncommunicable diseases and an ageing population that demands long and expensive care. Additionally, other crucial health challenges have emerged – global warming which gives rise to many natural disasters and environmental degradation, skyrocketing health care costs, economic crisis and food shortages – to compound the problems of the Region. Predictably it is the poor who are hit the hardest.

“Equally important, the development policies and programmes of all non-health sectors should explicitly reflect ‘human health concern’. And ‘people’s health’ should be promoted and protected as an integral component of the sectoral development efforts of all sectors.”
– Dr Samlee.

The Region needs to review and reorient national health policies and strategies to ensure that health care systems are effectively prepared to face these challenges. Emphasis should be placed on health promotion and disease
prevention, and community-based health care services. He added that more resources should be allocated to the public health system, and intersectoral collaboration and healthy public policies; while primary health care should be strengthened to support community health care services, education and empowerment. The capacities of community-based health workers and practitioners must be strengthened to effectively fulfill the goal of universal health coverage and sustainable equity in health.

“They (health workers) can help ensure, among others, that health care efforts reach the unreached population. And certainly they can contribute significantly to equity and social justice in health,” Dr Samlee said.

He concluded by saying that parliamentarians, through their mandates, can help to shape the national health system by ensuring the efficient allocation and utilization of national resources in addressing new health challenges for the good health and better quality of life of their people. (Full text in Annex 3).

2.2 Inaugural address

Hon’ble Mr Chavarat Charnvirakul, Chairperson, Standing Committee on Public Health, House of Representatives, Thailand, in his inaugural address welcomed the participants and congratulated WHO-SEARO for organizing a conference of regional parliamentarians. These lawmakers, he noted, play critical functions in policy making through legislative and oversight measures.

Mr Chavarat pointed out that South-East Asia has achieved incredible economic development in the last couple of decades but this also led to new health challenges ranging from noncommunicable diseases such as hypertension, diabetes, cancer, obesity and cardiovascular diseases; to communicable diseases such as HIV/AIDS, tuberculosis, and malaria; as well as newly emerging diseases like avian influenza, commonly known as bird flu. Since the turn of this century, climate change and natural disasters have also become more frequent bringing with them deaths, destruction and suffering. To effectively address these new health problems and challenges, strong health systems and efficient investment in health are needed.

“To tackle these challenges effectively, a strong national health system and a strategic investment in health are so critical in providing health and human security to our peoples.” – Mr Chavarat.
Thailand is fortunate to have a strong health system from the grassroots level of primary health care right through secondary and tertiary care. The universal health coverage that has been implemented for more than 10 years has also proven to be an important milestone in the Thai health care system thus ensuring equitable access to health care for the population. However, all these come at a cost and the country needs to further explore various financing models that could guarantee sustainability and, at the same time, deliver the best equitable health care to the Thai people.

The three-day conference is a good place for participants to discuss and share experiences on these complex and emerging health challenges. “I do believe that with the knowledge, experience, and determination of all parliamentarians and health experts, this conference will contribute to the strengthening of national health systems to be able to cope with these challenges,” Mr Chavarat said. (Full text in Annex 4).

2.3 Office bearers

H.E. Lyonpo Zangley Dukpa, Health Minister, Royal Government of Bhutan, was nominated Chair for the conference; H.E. Dr Ahmed Jamsheed Mohamed, Minister of Health and Family, Maldives, and Hon’ble Dr Anan Ariyachaipanich, chairperson of the Standing Committee on Public Health, Senate, Thailand, were nominated Co-Chairs for the conference; Hon’ble Rohana Pushpakumara, Member of Parliament, Sri Lanka, was nominated as the Rapporteur.

2.4 Keynote address

Dr Porapan Punyaratatabandhu, Secretary-General of the Asian Forum of Parliamentarians on Population and Development (AFPPD) delivered the keynote address on Strengthening public health: towards long-term equity in health. The emphasis of the address was on the role parliamentarians can play to bring equality to health by strengthening public health systems.

“We are here to address current challenges in public health in our Region; identify actions to strengthen public health systems; and to identify advocacy opportunities for parliamentarians on policy initiatives to strengthen public
health systems in our countries. Underlying these objectives to strengthen public health systems is the need to attain long-term equity in health,” Dr Porapan said.

She stressed that substantial inequity in health, both within and between countries in this Region, was due to social and economic determinants of health and political factors. These disparities posed threats to economic and social stability.

“Equity in health is not just a matter of numbers, it is a matter of life and death.” – Dr Porapan.

She shared her experiences as a physician, academician, senator, and Secretary-General of AFPPD in improving equity in health through working with other sectors to advocate national and international health policies. Though parliamentarians who had a medical background were in a better position to advocate health-related issues, she found that to be more effective they needed to work closely with their colleagues from different backgrounds. (Full text in Annex 5).

**Five key tools parliamentarians can use to strengthen public health:**

1. **Advocacy:** work with academia, NGOs and civil society to advocate health equity as a priority to the highest level of government.

2. **Representation:** ensure fair representation of individuals, groups and communities in health policy formulation.

3. **Legislation:** pass laws to ensure universal access to health care and make the state accountable for providing basic essential health services to all.

4. **Budgeting:** help achieve public health and health equity goals through national budget allocation and public financing mechanisms. Persuade decision makers to see health care as an investment in development and not as expenditure.

5. **Oversight:** ensure that routine monitoring systems for health equity and social determinants of health are in place locally and nationally.
3 Technical sessions

The conference was divided into a technical session on each of the three days. A key technical presentation was given followed by panel or roundtable discussions led by experts on a variety of issues directly relevant to the theme of the meeting. Below are the technical presentations for Day 1 to 3. They are followed by the panel and roundtable discussions in sections 4 and 5 of this report.

3.1 Strengthening national public health systems for emerging health challenges

Dr Poonam Khetrapal Singh, Deputy Regional Director, WHO South-East Asia Region was to give this presentation at the conference. Unfortunately, she was unable to attend due to a family emergency. Dr N. Kumara Rai, Senior Adviser to the Regional Director, delivered the presentation on her behalf.

The presentation made the distinction between “public health” and “medical care”. Public health is the science and art of promoting, protecting, maintaining and improving the health of communities. On the other hand, medical care is the personalized curative and rehabilitative part of care that an individual seeks from a health-care provider when afflicted with disease or disability. But Dr Singh emphasized that public health and medical care are not mutually exclusive. Indeed, in robust health systems they are linked through an effective referral system.

To make the two parts work seamlessly together the importance of socio-cultural determinants of health cannot be understated. Social factors such as
educational status, gender equations, disparities in income levels, weakening of family and social protection structures, poor living and working conditions have a profound effect on health and health behaviour. It follows that “health” is not the business of the health ministry alone. The preservation, promotion and maintenance of health necessitate a multisectoral approach, effective coordination between sectors, and strong legislation and political will. Hence, the need of the hour is policy coordination and coherence between various sectors.

The presentation recalled the Rio Political Declaration at the World Conference on Social Determinants of Health in October 2011. It called for reducing health inequities among different groups through maintaining and developing public health policies that address social, economic, environmental, and behavioural determinants of health. It also called for strengthening health systems in an effort to provide equitable universal coverage with particular focus on comprehensive and integrated primary health care. The other public health issues that health systems will need to address in coming years are care of the aging population, providing health services to the burgeoning urban population particularly the urban poor, and ensuring health system readiness to address the health effects of climate change, emergencies and disasters.
The presentation suggested the following agenda of action for parliamentarians to strengthen public health systems:

- Institute measures to ensure health equity focusing on revitalization of primary health care.
- Work towards universal coverage and social and financial protection.
- Advocate for allocation of at least 5% of GDP to health.
- Ensure budget allocations are balanced between curative services and primary prevention and health promotion.
- Galvanise action towards “Health in All Policies” or “Healthy Public Policy” by ensuring that relevant public health issues are reflected in the policies of all sectors.
- Get involved in setting up structures and processes to foster and facilitate intersectoral collaboration.
- Strengthen accountability mechanisms.
- Work towards raising community awareness on health, right to health and well-being.
- Strengthen public/private partnerships for public health initiatives.

### 3.2 Primary health care: a tool to strengthen national public health systems

H.E. Dr Lyonpo Zangley Dukpa, Minister of Health, Royal Government of Bhutan, gave a broad overview on primary health care as a cornerstone in strengthening public health systems. He argued that primary health care (PHC) is the essential tool for all types of public health systems in a country. There are different definitions of PHC but it indisputably forms an integral part of both the national health system, of which it is the central function and main focus, and the overall social economic development of the community.

Invariably the goals of public health systems through the primary health care approach are to improve health outcomes, provide equitable access to quality universal health services, respond to the need of the community, offer a measure of financial protection, realize the Millennium Development Goals, and last, but not least, make for happier citizens.
Dr Dukpa felt too much emphasis is placed on curative medical care at the cost of primary health care. He gave examples of success of health systems based on PHC in other countries such as Cuba, China, India, Sri Lanka, and Thailand.

“The experience of many countries in the Region is that focusing on medical teaching is less effective than producing multipurpose health workers at community levels such as barefoot doctors.” – Dr Dukpa.

Bhutan’s health system is founded upon the PHC approach. A good example was the 1985 health care project in Mongar, which was assisted by WHO-SEARO, and received the prestigious Sasakawa Award in 1997. With the philosophy of Gross National Happiness serving as the linchpin of all its efforts, Bhutan has already achieved two MDG targets, increased immunization coverage, and vaccination against Human papillomavirus (HPV) that can cause cervical cancer. All these come at a cost. Bhutan spends 5% to 9% of its GPD on health, including traditional and allopathic medicines which have been integrated into the national health care system.
A way forward to revitalize PHC:

- Revitalize the principles, values and approaches of the Alma-Ata Declaration.
- Shift from disease-specific (vertical) programmes to horizontal (underpins primary health care) health system strengthening.
- Address social determinants of health and strengthen intersectoral collaboration (Commission on Social Determinants of Health).
- Ensure universal access to basic health services by all countries to their respective populations.
- Investment and commitment to PHC for public health system strengthening by both governments and donors.
- Strengthen health workforce (with managerial and technical proficiencies) by giving appropriate incentives to retain, motivate and improve performance.
- Strengthen community participation and empowerment through health education and health promotion (changing attitude and behaviour) to empower individuals to take responsibility of their own health.
- Appropriate use and prioritization of health technologies and IT (e.g. SMS messages, mobile phones, internet) for delivering effective public health services.
- Investment and prioritization of primary health care and health systems research

3.3 Political support to strengthening the national public health systems – a civil society perspective

Mr Alok Mukhopadhyay, Chief Executive of the Voluntary Health Association of India, highlighted the civil society perspective on the urgent need for political support to strengthen national public health systems. He pointed out that in many ways, we are the heirs of the choices that were made by previous generations: politicians, business leaders, financiers and ordinary people. Future generations will, in turn, be affected by the decisions that we make today.

And there are many tough choices and difficult decisions that are currently facing the countries in this Region. One fifth of the world’s population lives in South-East Asia and the economic development of the Region is being accompanied by huge health care costs. Many of the diseases are associated
with modern lifestyle. For example, 60% of all projected global deaths are due to chronic diseases such as cardiovascular diseases, cancer, respiratory diseases and diabetes. The Region is no exception to this trend. Putting it in economic terms, Mr Mukhopadhyay said that projected forgone national income due to heart disease, stroke and diabetes for a new economic power like China would amount to US$558 billion between 2005-2015.

Political support will play a key role in turning this around. It is needed to strengthen national public health systems. As an example, he pointed out that political willingness was pivotal in controlling HIV/AIDS in India. Politicians were used like celebrities to visit communities and discuss the issue on radio and television.

“Medicine is social science and politics is nothing but medicine on a grand scale.” – Rudolf Kirchow

An essential health agenda:

1. Adequate financing of health care.
2. Getting “Public” back into “Public Health”.
3. Efficient governance and adequate accountability of health care system.
4. Social determinants of health – health is not about disease, doctors and drugs.
5. Private sector – quality care at a reasonable cost.
7. Combating powerful lobbies in health care, i.e. health-destroying industries:
   • Tobacco and alcohol.
   • Excessive profiteering of drug companies.
   • Irresponsible and greedy private sector.
9. Health is a public-good and should not be at the mercy of the market forces.
Panel discussions

4.1 Role of public health in health development

The South-East Asia Region is in epidemiological and demographic transition. While the Region is yet to fully address the high burden of communicable diseases, the burden of noncommunicable diseases, many of which require high expenditure and lifelong treatment, is increasing. The much needed attention to promotion, protection and maintenance of health and disease prevention has received relatively less importance in recent years. The over-emphasis on providing technology-intensive curative services has resulted in relatively lesser emphasis on socio-cultural factors that impact health and prevention of diseases. The need of the hour is to empower people to preserve and promote their own health. Public health will play a paramount role in health development in the Region. Effective and efficient national public health systems are essential for combating contemporary health challenges.

Burden of noncommunicable diseases

Dr Renu Garg, Regional Adviser, Noncommunicable Diseases, WHO-SEARO, gave a presentation on noncommunicable diseases (NCDs) commonly known as chronic diseases or lifestyle-related diseases. Worldwide, NCDs are the leading cause of death, killing more people than all other diseases and conditions put together. The four most common NCDs – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – are responsible for 80% of all deaths due to NCDs. In the South-East Asia Region, NCDs have now emerged as the leading cause of death and disability, although communicable diseases remain an unfinished agenda in some countries. Each year, an estimated 7.9 million lives are lost due to NCDs accounting for 55% of all deaths in the Region. NCDs
claim lives at a younger age in South-East Asia as compared to the rest of the world – the proportion of deaths due to NCDs below the age of 60 was 34% in the SEA Region, and 23% in the rest of the world.

Besides an enormous health burden, NCDs have serious socioeconomic consequences. NCDs lead to loss of household income from unhealthy behaviours, poor physical capacity, long-term treatment and high cost of health care. Paying for care associated with diabetes, heart diseases and cancer can cost low-income households a significant proportion of their incomes, and can lead to distress borrowing and selling of assets.

NCDs are rising in the SEA Region mainly due to an ageing population, epidemiological transition and increasing urbanization and globalization. In addition, poverty and low literacy are also important drivers of the NCD epidemic. Given the underlying socioeconomic drivers of NCDs, addressing NCDs requires interventions not only from the health sector but also from many other sectors, such as food, agriculture, education, urban development, transport, and, of course, parliamentarians.

Parliamentarians can make a difference by:

- Advocating that NCDs be considered a national development agenda to be addressed with a multisectoral response.
- Ensuring that domestic resources on health have a substantial budget for adequate allocation to NCDs.
- Being a role model and advocate to the people of their country/constituency to adopt healthy lifestyles by avoiding tobacco, increasing vegetable and fruit consumption, engaging in regular physical activity and avoiding harmful use of alcohol.
Discussion points

The discussions highlighted the following aspects:

- A multisectoral approach for NCDs is key. Bhutan was an example where healthy behaviour is taught and supported through an enabling environment in schools. Under the guiding principle of Gross National Happiness and the “green schools for a green Bhutan” – products that do not support healthy behaviour are not found on school premises.

- Empowering people through health education, teaching them to make healthy choices.

- Providing an environment to enable people to make health choices. This is where legislation can be the key input.

Food and nutrition

Dr Kunal Bagchi, Regional Adviser, Nutrition and Food Safety, WHO-SEARO, in his presentation on food and nutrition emphasized that malnutrition remains widespread in several South-East Asian countries accounting for over 70% of the world’s malnourished children. Maternal and child under-nutrition is the underlying cause of 3.5 million deaths and 35% of the disease burden in children below 5 years of age. Malnutrition is affected by a combination of food intake, access to health services, good hygienic practices, education and income. Poor nutrition means that individuals are less productive (both due to physical and mental impairment), and that children benefit less from education.

Ironically, over the past decade or so Member States have also witnessed a relatively rapid increase in over-nutrition and obesity, and associated noncommunicable diseases (NCDs). Some of the contributory factors are high intake of energy-rich foodstuffs, steep reduction in physical activity due to increased mechanization of transport, and a reduction in occupational and household activity. The presence of under-nutrition and over-nutrition at the individual, family and community levels constitute the “double burden of malnutrition”.

The health sector alone will not be able to make a real difference in improving the health and nutritional status of the population and there is an urgent need to involve sectors such as education, agriculture, fisheries, transport, food processing, finance, media, civil society, as well as parliamentarians. A multisectoral approach with systematic and comprehensive implementation
of available nutrition interventions can prevent two thirds of all deaths while contributing to child survival and the emergence of a healthy population in Member States. The Regional Nutrition Strategy developed in 2011 can assist Member States in formulating multisectoral approaches for the promotion of nutrition among all population groups.

How parliamentarians can help promote activities in the area of food and nutrition:

- Strengthen the health system for efficient identification, management and rehabilitation of severe childhood malnutrition.
- Enforce appropriate legislation and laws to promote breastfeeding and restrict availability of “infant formula”.
- Recognize the importance of food and nutrition in the formulation of local and national development policies and programmes.
- Ensure the appropriate targeting and delivery of food and nutrition interventions to population groups.
- Use the prevalence of chronic and acute malnutrition in young children as “performance indicators” for bureaucrats and administrators in their constituencies.
- Improve rural and urban food markets to promote good farming, hygienic practices and safe street foods.

Discussion points

The discussions highlighted the following aspects:

- Parliamentarians’ attention was drawn to the double burden of malnutrition, issues of vitamin D deficiency in urban populations due to lack of exposure to sunlight because of excessive indoor activity, and iodine deficiency in children.

- Interventions of iodine fortification of salt and fish sauce were done in Thailand with technical assistance of WHO and UNICEF through high level advocacy, public health investigations, and monitoring of food products to check if these interventions are in place and followed or efficacious.
In Timor-Leste malnutrition rates are very high and the government got local factories to produce complementary foods and introduce feeding programmes in schools.

Suggestions were made on banning foods with high trans fats and advertising of junk foods, reformulation such as decreasing high sodium contents of processed food, and campaigning for voluntary reduction of salt over a period of time.

There is a need for improved identification of malnutrition in children less than 5 years old and implementation of the breastfeeding code and regulating the marketing of milk formula.

Public health emergencies

Dr Richard Brown, Regional Adviser, Disease Surveillance and Epidemiology, WHO-SEARO made a joint presentation on the subject on behalf of Dr Roderico Ofrin, Regional Adviser, Emergency and Humanitarian Action and on his own behalf. He drew the attention of participants to the fact that South-East Asia is highly vulnerable to public health emergencies caused by natural and man-made disasters as well as outbreaks of infectious disease. From 2000–2009, 62% of all global deaths from natural disasters occurred in the 11 Member States of the Region. The Asia-Pacific Region is also an “epicentre” for emergence of new infectious diseases. The context in which these events are occurring is also changing, with increasing travel, trade, industrialization and effects of climate change.

The frequency with which public health emergencies occur is an important consideration in planning. Some natural disasters and infectious disease outbreaks occur so frequently that they can be considered as extremes of normal, such as seasonal monsoon floods, cyclones and outbreaks of dengue and malaria. It is also important to appreciate that rare and unusual events may have a very high impact and consideration must be given to the potential consequences of not being prepared. For example, in 2003 SARS caused an estimated financial impact of more than US$6 billion in Hong Kong (4% of GDP), and the Japan earthquake and tsunami may have cost as much as USD169-250 billion (3.3-5.2% of GDP). Natural disasters can also cause direct damage to health facilities: for example in the South Asia earthquake and tsunami of 26 December 2004 almost 15% of health clinics in Aceh province, Indonesia, were completely destroyed and another 30% seriously damaged. In addition, 700 health workers (of an estimated 9800 in the province) died or were reported missing.
Consequently it is important that the design and construction of health facilities should ensure resilience to all locally prevalent hazards. Health staff needs to be well trained in the cycle of emergency risk management, including preparedness, response and recovery. It is also important to highlight that planning for public health emergencies does not involve development of new infrastructure, because the important components are the same “standard” health system components in operation everyday; it is just the context and the relative priorities that change.

The most effective and efficient strategic approach to emergency preparedness is based on “all-hazard” preparedness. Perhaps most important of all, the key to an effective response to any public health emergency is to plan well, involve all stakeholders and test plans for multiple scenarios through exercises and simulations. WHO-SEARO, in collaboration with Member States, has developed “SEA Region Benchmarks for Emergency Preparedness and Response”, and related assessments have been undertaken in Bangladesh, Indonesia, Myanmar and Nepal. Other countries are scheduled to complete assessments by June 2012.
What can parliamentarians do?

- Review and revise legislation to support public health interventions.
- Advocate for and actively support intersectoral collaboration for risk reduction initiatives, all-hazard preparedness and response and strengthening of health systems.
- Advocate for and support:
  - Development of national implementation plans to establish International Health Regulations (IHR) “core capacities”.
  - Implementation of regional initiatives to address gaps in capacities for emergency risk management.

Discussion points

The discussions highlighted the following aspects:

- Several countries shared their experiences in recent disasters/emergencies and the preparedness mechanisms in place. However, other countries also expressed concern that they were lacking the capacity to handle more than one hazard and did not have a coordination system of preparedness with other sectors.

- Issues were brought up on how the health system may not be able to deliver the service that is required because of destroyed health facilities, health staff killed or injured, plans in place but drills not conducted, and absence of mass casualty management systems.

- Investments in countries have begun on “all hazard” preparedness and risk reduction efforts, however, this still needs to be scaled up and implemented at sub-national levels.

- Risk communication is another important service that needs to be provided in an emergency. Better communication allows for better cooperation and prevents misinterpretation of information. Risk communication should follow the basic principles of consistent and authoritative information from a regular source (through a spokesperson). The use of social media and new technology should be used as this is how people communicate on a regular basis.
Resilient health systems and improved preparedness and response can be achieved through focusing on two key aspects:

- Efforts in risk reduction especially in investing to build and maintain safer health facilities.
- Investing in building capacity using those items defined by the IHR and SEAR benchmarks.

**Protecting health from climate change**

Dr Zakir Hussain, Regional Adviser, Environmental Health and Climate Change, WHO-SEARO, highlighted issues and activities around the theme of protecting health from climate change in the Region. These include the Regional Workshop on Climate Change and Human Health in Asia and the Pacific, held in Bali, Indonesia, in December 2007; the Twenty-fifth and Twenty-sixth meetings of Health Ministers of SEAR held in Thimphu, Bhutan, in September 2007; and New Delhi, India, in September 2008; and the Regional Conference of Parliamentarians on Protecting Human Health from Climate Change, in Thimphu, Bhutan, in October 2010.

While the issues and themes of these meetings vary, but they all address the same goal of protecting health from climate change. The core concern is that climate change endangers human health. The warming of the planet will be gradual, but the effects of extreme weather events – more storms, floods, droughts and heat waves – will be abrupt and acutely felt. Both trends can affect some of the most fundamental determinants of health: air, water, food, shelter and freedom from disease.
Between 1960 and 2007, extreme temperature events worldwide had increased 25-fold, followed by a 10-fold increase in floods, a 4-fold increase in storms and a 2-fold increase in drought. Human beings are already exposed to the effects of climate-sensitive diseases which today kill millions. They include malnutrition, which causes over 3.5 million deaths per year, diarrhoeal diseases, which kill over 1.8 million, and malaria, which kills almost 1 million annually.

**What can parliamentarians do to protect health from climate change?**

- Strengthen health systems’ capacity.
- Support laws for mitigating and adapting to the health impacts of climate change.
- Support laws on liability and compensation for victims of environmental damages.
- Push for policy and economic instruments to improve the access of the vulnerable to social and economic incentives and benefits for resilience.
- Back favourable funding mechanisms and transfer of technologies.
- Ensure stronger government emphasis on health in the Zero Draft of the Rio+20 Conference.
- Include public health experts on UNFCCC-COP delegations and in Rio+20 Conference.

**Discussion points**

The discussions highlighted the following aspects:

- Reduction of carbon emissions will not be the primary role of the health sector. Its key role is dealing with the health impact of climate change – changing disease patterns and increased frequency and intensity of weather-related disasters.
- There is a need to build up the resilience of the community to mitigate the impact of climate change. The health sector can do this through primary health care in communities.
- Look at investing in adaptation, planning and measures through both available global funding and national funding.
- Look at legislation that was beyond just reducing carbon emissions and at more comprehensive measures for mitigation and adaptation. Vulnerability assessments in countries and populations are prerequisites to any planning.
- Enact laws for protecting ecosystems and those that enhance intersectoral collaboration.

4.2 Financing for Universal Health Coverage focusing on public health

South-East Asian countries are aspiring to establish “universal health coverage” which would require that they provide each of their citizens with a package of health services, regardless of the ability to pay. For example, every infant should get immunized against major communicable diseases and every pregnant woman should have access to safe delivery by a skilled birth attendant. Also, everyone should have access to curative services for illnesses such as tuberculosis, HIV/AIDS and malaria. To achieve universal health coverage, physical, financial and socio-cultural barriers to accessing health care should be removed. Health-care financing for universal health coverage is emerging as a major issue.
Overview

Dr Alaka Singh, Regional Adviser, Health Economics and Health Planning, WHO-SEARO, provided an overview on the topic of financing for universal health coverage (UHC) with a focus on public health. The significance of public health, the core of the UHC benefit package, is that it directly addresses two key health financing and systems challenges in countries of the South-East Asia Region: (1) improving health-related inequities and overall poverty, and (2) reducing inefficiency in resource use in budget-constrained settings.

The outcomes of investment in public health are in fact outcomes targeted for broader development efforts which should flag the importance of incorporating public health in all public policies. Evidence suggests that the cost of accessing even low-cost public health services can push households into poverty since out-of-pocket spending in South-East Asia is highest among all WHO Regions. There is also an increasing burden from NCDs, which requires high-cost individual care. Furthermore, costs and access to care have drivers beyond health – physical access, income loss and social determinants of health are equally significant factors.

This is the context in which policy makers must make decisions to allocate budgetary resources. Cost-effectiveness analysis indicates that low-cost public health services have a higher impact on population health than investment in high-cost, individually targeted curative care. This is not to deny the importance of the latter but, rather, emphasize the significance of public health in the path to UHC.

Targeting the poor in universal health care coverage

Dr Ascobat Gani, Director, Centre of Health Economics and Policy Analysis, University of Indonesia, highlighted the importance of targeting the poor in UHC saying that universal coverage (UC) has been narrowly understood as merely ensuring financial protection through health insurance mechanisms, where every citizen is covered and a comprehensive medical care package is rendered. A broader and more comprehensive definition of UC includes; the provision of financial protection to all citizens to use medical care services (demand side), access to appropriate and quality medical services (supply side), and access to effective public health interventions such as health promotion, clean environment, and good sanitation and hygiene.

Targeting the poor in the UC context therefore should refer to the comprehensive definition of universal coverage. Other issues that must also be
dealt with include: how poverty is defined; mechanisms for finding the poor in the community by name and by address; ensuring financial protection in the form of subsidy to the poor to utilize health services free of charge (demand-side intervention); ensuring accessible, appropriate and quality health services to the poor especially those in remote and difficult-to-reach areas (supply side intervention); and ensuring that public health interventions reach the poor.

This concept of targeting the poor has great financial implications on the government since it must allocate sufficient subsidy for the premium of the poor, find enough budget to render health services to remote and difficult-to-reach areas and strengthen outreach health services, as well as ensure sufficient funding for cost-effective public health interventions especially for health promotion and environmental health.

**Sustainable financing for health promotion**

Dr Siripen Supakankunti, Director, Centre for Health Economics, Chulalongkorn University, Thailand, spoke on the necessity of creating an environment for sustainable financing for health promotion. Thailand’s approach to securing prevention and promotion activities in health financing was to create the Thai Health Promotion Foundation (ThaiHealth).

The first organization of its kind in Asia, ThaiHealth was created under the Health Promotion Foundation Act 2001 as an autonomous state agency outside the formal structure of government. It is funded by so-called “sin taxes” collected from producers and importers of alcohol and tobacco.

Its aim is to promote health among Thai people of all ages, reduce consumption of alcohol beverages and tobacco, develop community capacity in health promotion, carry out studies and research and develop knowledge on health promotion. Campaigns to build awareness and give information and communicate health promotion to the public through various activities including social marketing campaigns and sponsorship of sports, the arts and popular cultures are also part of its mandate.

ThaiHealth acts as a catalyst as well as an agent of change. Its work does not repeat what other agencies are doing and it makes use of its flexibility in management and budget to help initiate new ideas, facilitate and help transform health promotion opportunities into concrete actions. It can be said that ThaiHealth focuses on its roles as an assistant and facilitator, rather than being an actor.
Discussion points

The discussions highlighted the following aspects:

- Although the percentage of GDP for health may not be high in a country, it is nevertheless important to do more with less (emphasising output over GDP percentage).

- In several countries financing is not a big problem, the problem is underutilization of funds.

- The private health sector and NGOs are being neglected. In several countries, NGOs are playing a major role and there is a big improvement in maternal and child health.

- Thailand observed that before implementing UHC, it had invested a lot in the public health system. It already had community hospitals in every district. The challenge now is that because the workload has increased so much; the salaries of doctors is low and it is not easy to find staff. Therefore, there is a need to plan for increased workload and keep the quality of service high. Also, Thailand no longer has the “30 Baht” scheme and everything is free but discussion is underway to effect cost-sharing from those who can contribute.
5.1 Session A: Public health as an important part of all national policies, strategies and plans

The session moderator, Dr Sultana Khanum, Adviser, Royal Society for Tropical Medicine and Hygiene (RSTMH), asked one key question: Despite massive investments by governments why has progress in improving population health been slow?

Participants ventured numerous answers but the gist of the roundtable discussion can be summarized around problems associated with equity, access and development, and public accountability. Inequalities in health are rooted in inequities in society. Closing the health gap between socially, economically and educationally disadvantaged people and more advantaged people requires a policy that will improve access to health-enhancing goods and services, and create supportive environments. Such a policy would assign high priority to underprivileged and vulnerable groups.

Public accountability for health is essential for the development of a healthy public policy. Commitment to a healthy public policy means that governments must measure and report the health impact of all policies in a language that all groups in society readily understand. Community action is central to the fostering of a healthy public policy. Taking education and literacy into account, special efforts must be made to communicate with those groups most affected by the policy concerned.
Healthy public policy responds to the challenges of an increasingly dynamic world driven by rapid technological changes. With growing interdependencies, health promotion efforts must therefore be integrated with social and economic development, which will re-establish the links between health and social reform. Coordinated intersectoral efforts are also needed to ensure that health considerations are regarded as integral prerequisites for industrial and agricultural development.

**Discussion points**

The discussions highlighted the following aspects:

- Social determinants of health are not adequately addressed in health policy.
- Health is not recognized as a component of “development”.
- Diversity of population context is not taken into consideration in policies – “one size fit all policies”.
- Development of socio-economic conditions is uneven.
- Socio-political instability hinders stable policy development/implementation.
Policies for community education and empowerment are weak.

Effective policies are needed for ensuring equity (free services if not implemented properly can lead to inequity as the rich use them more).

5.2 Session B: Strengthening public health workforce

The session moderator, Professor Dr Tassana Boonthong, Senator, Senate Standing Committee on Public Health, Thai Senate, led the participants through a discussion on the key questions on this subject; What actions are needed at country and regional levels to ensure there are adequate numbers and type of public health workers? What needs to be done to advocate for strengthening public health workforce? What steps are needed to ensure adequate competence of community-based health workers? How can parliamentarians help in all of this?

A public health workforce comprises health-care providers and other related workers and volunteers working towards promoting, maintaining and protecting the health of the public.

It covers a wide range of personnel, from doctors and nurses to public health inspectors and sanitary engineers all the way to the grassroot level where community health workers and village health volunteers are in close contact with the people. As the cost of medical care escalates, countries strive to find better ways to combat diseases and steer towards preventive over curative public health work. Community-based health workers will figure prominently in this strategy.

Participants noted that there were many gaps in this workforce; inadequate numbers, mal-distribution of the workforce, underutilization, low capacity, training gaps, lack of human resource, retention of personnel, and inadequate budget from the central government. Parliamentarians can help by urging governments to do long-term human resource planning, advocate for inter-sectoral approach for strengthening public health workforce, ensure regular training (pre-service and in-service) so that there is a skilled workforce, create demand generation from the grassroot, and increase the budget for the workforce ensuring fair allocation at the provincial, state and district levels.

Suggestions about what needs to be done are contained in the discussion points below.
Discussion points

The discussions highlighted the following aspects:

- Clear policy needed on organization and management of public health workforce.
- Look at the entire spectrum of health workers – not just doctors:
  - Need ground-level health workers.
  - Decentralize health financing.
- Providing enough finance; free and far from politics.
- Doctors must be role models (not smoke, etc).
- Provide adequate incentives (financial and nonfinancial) for health workforce to retain them in difficult or remote areas.
- WHO guidance needed; suggestion for a regional public health strategy that can provide normative guidance for the countries.
- Get the community involved by becoming volunteer public health workers (retirees or even prisoners have been used in Sri Lanka).
- Strengthen school health staff.
Strengthening of public health systems: an agenda for action by parliamentarians

The notion of creating an agenda for action by parliamentarians to strengthen public health systems was presented by H.E. Dr Ahmed Jamsheed Mohamed, Minister of Health, Maldives. He said that there are two major components in a health system: public health (community) and medical care (individual). But the health of the community depends upon the personal choices made by individuals and the ability of the nation to provide healthy choices to its citizens. The presenter described the six dimensions of health, namely, physical, mental, social, emotional, spiritual and environmental. It is also important to recognize the determinants of health such as genetics, gender, literacy levels, employment, income, physical and social environment, culture, and health systems and services. Therefore, health status is largely beyond the health system and the health system is only one of the determinants.

Health is multi-dimensional and multi-disciplinary and countries should be working towards healthy policies instead of one health policy. “We need a paradigm shift. Every Ministry and sector should make policies that should be looked at through a health lens,” the Minister said.

He cited Maldivian experience as an example. The country had achieved a lot in strengthening its public health system but much remains to be done with regard to control of non-communicable diseases. In 2008, two major and sudden policy changes took place due to administrative changes as part of decentralization. This disrupted the public health system and curative services as well as the surveillance system. Many trained staff left. The DOTS
programme was weakened and there were major issues with the immunization programme. “Our experience taught us how a sudden administrative change can be disruptive,” he added.

**Areas parliamentarians can look at to strengthen public health systems:**
- Avoid sudden change in health policies due to governmental changes.
- Sustain health care financing especially during economic crisis.
- Ensure that distribution of health budget is fair.
- Legislate health laws and regulations.
- Provide social protection and safety nets.
- Review tax laws and policies.

**Discussion points**

The discussions highlighted the following aspects:

- The key question is what is the expectation of the health system – is it to treat the sick or is it to maintain positive health? We have to take into account both but current health systems are neglecting to maintain the health of healthy people. There is a need to bring quality of life into the equation and focus on health promotion and disease prevention. This means there is a need to go beyond the health system.

- Public health and medical care are the two wings of the health system; unless both are strong, the health system cannot function.

- Parliamentarians should focus on investing in the national health system for national development. Investment in public health is investment in human development. However, competing demands have not allowed countries to allocate the minimum 5% of GDP for health.

- An Indian participant observed that in the name of decentralization, key services are being transferred to local governments in India without preparing and building their capacities beforehand. The result is dysfunctionality due to the inability of the local governments to deliver the required tasks.

- Bangladesh commented that reproductive health remains a very important agenda and was even recognized at the G8 Summit.
Bangkok call for action on strengthening of public health systems: an agenda for action by parliamentarians

The Bangkok Call for Action was developed and discussed in detail by a small drafting committee. The presentation of the draft Bangkok Call for Action by parliamentarians to strengthen public health systems was presented by the Rapporteur, Hon’ble Mr Rohana Pushpakumara, Member of Parliament, Sri Lanka. It was unanimously adopted after incorporating modifications suggested by the parliamentarians. The parliamentarians expressed their commitment to the Call for Action (see Annex 1 for Call for Action and Annex 2 for Members of Drafting Committee).
Closing session

The closing function was graced by the WHO Regional Director, the Minister of Health of Bhutan, the Minister of Health of Maldives, parliamentarians from Member States, representatives of UN and international agencies and high-level dignitaries of the Royal Thai Government. The Chair of the Conference, H.E. Dr Lyonpo Zangley Dukpa, expressed his appreciation for the commitment and enthusiasm by the parliamentarians in participating in the discussions during all the sessions.

Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia, said in his closing remarks that there was a need for a follow-up of the recommendations and to keep the channels of communication open. He expressed satisfaction at the successful conclusion of the conference and congratulated the participants for adopting the Bangkok Call for Action for Strengthening of National Public Health Systems for Emerging Health Challenges. He noted that this call would require numerous actions at the country level. He offered WHO’s assistance to the Member States in taking forward these actions. Dr Samlee said parliamentarians should consider organizing national conferences on public health, and offered collaboration and assistance of WHO country offices and SEARO in this endeavour. The Regional Director thanked the Chair, Co-chairs and Rapporteur for their excellent work in steering the conference to its fruitful conclusion.
Bangkok Call for Action on Strengthening of National Public Health Systems for Emerging Health Challenges

We, the participants of the Regional Conference of Parliamentarians on Strengthening of National Public Health Systems for Emerging Health Challenges held in Bangkok, Thailand, from 19-21 March 2012;

(1) **Recognize** that health is central to development and that 25% of the world’s population live in the Member States of the World Health Organization’s South-East Asia Region and account for about 30% of the global disease burden;

(2) **Acknowledge** the significant improvements in the health status of the people of these countries as indicated by increasing life expectancy at birth and decreasing prevalence of communicable diseases like polio, leprosy, tuberculosis and HIV/AIDS;

(3) **Recognize** the progress that has been recorded in improving the health of women and children although more remains to be done;

(4) **Are concerned** at the silent epidemic of noncommunicable diseases like diabetes, cardiovascular diseases, chronic respiratory diseases and cancer;

(5) **Are concerned** about the sky-rocketing costs of medical care and agree that most of our health problems can be prevented by multisectoral action that includes action by governments, industry, private sector, academia, civil society and other stakeholders;
(6) **Agree** that for sustainable health development more attention needs to be accorded to community education and empowerment for health promotion and disease prevention;

(7) **Note** that the Region has the highest level of out-of-pocket and impoverishing health spending and that most countries fall short of the recommended 5% of GDP expenditure on health and, further, that a disproportionate share of total health expenditure is on curative care. As a result, the Region has the highest level of out-of-pocket and impoverishing health spending;

(8) **Recognize** the inextricable links between the health of the people and overall socio-economic development and that the primary health care approach can be used effectively to ensure equitable health development of all people;

(9) **Recognize** that efforts at health systems development need to focus further on strengthening public health systems to meet the emerging health challenges including emerging infectious diseases, nutritional disorders, public health emergencies, disasters (both natural and man-made), the noncommunicable diseases epidemic, the health effects of climate change, rapid urbanization and globalization;

(10) **Acknowledge** that more needs to be done to improve food security, availability of safe drinking water and sanitation facilities and environmental protection in our countries because they have significant impact on the health of the people;

(11) **Note** that food safety is a growing public health problem. Foodborne diseases as well as chemicals and toxins in food supply have serious public health implications. The full extent of the burden of disease and related costs of unsafe food requires urgent determination;

(12) **Acknowledge** the critical importance of adequate and balanced investments for strengthening health systems – including healthcare infrastructure, human resources for health, health and social protection systems – in order to respond effectively and equitably to the health-care needs of people;

(13) **Recognize** that effective public health interventions can make a significant contribution to reduction of the disease burden and contribute to a sustained enhancement in the quality of life of our people;
We, the participants of the Regional Conference of Parliamentarians on Strengthening of National Public Health Systems for Emerging Health Challenges, call upon our governments, fellow parliamentarians and other partners:

(1) To explore opportunities to strengthen evidence-based national health policies and legislation for health systems strengthening based on primary health care principles including addressing local needs such as chronic renal disease, thalassaemia, sickle cell anaemia, etc.;

(2) To actively advocate for adequate budgetary allocations for health at national and sub-national levels and to ensure that these are appropriately balanced between public health and curative care;

(3) To work towards sustainable universal health coverage that ensures social protection and equity in health particularly for the marginalized, excluded and unreached sections of society;

(4) To use their good offices to give prominence to and include relevant health issues in policies of other related sectors (like education, agriculture, finance, industry, information and technology, animal and livestock, rural development and others) and to actively strengthen mechanisms that facilitate intersectoral action for health;

(5) To advocate for development of needs-based human resources for health (HRH) policies that not only address issues related to the shortage of the public health workforce but take a long-term view to ensure the availability of adequate numbers of well trained, motivated and well-equipped public health personnel like epidemiologists, public health managers, nutritionists, community-based health workers, public health engineers and others;

(6) To proactively engage in national health programmes and campaigns and advocate with their constituents to promote healthy public policies through high-level advocacy and community education and empowerment by raising awareness about health issues and health rights;

(7) To strengthen the national food safety programme with particular emphasis on capacity building in food analysis and foodborne outbreak investigations;

(8) To work towards strengthening accountability mechanisms for public health programmes through involvement of the community;
(9) To proactively engage the private sector, industry and civil society in public health initiatives; and

(10) To organize national conferences of parliamentarians and other stakeholders to build national consensus on a roadmap for strengthening public health systems to address emerging health challenges.
List of members of drafting committee

Chair
H.E. Dr Lyonpo Zangley Dukpa
Hon’ble Health Minister
Royal Government of Bhutan
Thimphu, Bhutan

Co-Chairs
H.E. Dr Ahmed Jamsheed Mohamed
Minister of Health and Family
Male, Maldives

Hon’ble Dr Anan Ariyachaipanich
Chairperson
Standing Committee on Public Health
Senate
Thailand

Rapporteur
Hon’ble Mr Rohana Pushpakumara
Member of Parliament
Badulla District
Sri Lanka

Members
H.E. Dr Ahmed Jamsheed Mohamed
Minister of Health and Family
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Hon’ble Mohammad Amanullah
Member of Parliament
Member, Parliamentary Standing
Committee on Ministry of Health and
Family Welfare, Bangladesh

Hon’ble Dr Kim Song Hui
Head, Pyongyang Maternity Hospital
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Assembly)
Pyongyang, DPRK

Hon’ble Mr Budi Hermansyah
Secretary for Commission E
District House of Representative of West
Java
Indonesia

Hon’ble Dr Kyaw Myint
Chairman, Health Promotion Committee
Pyithu Hluttaw, Myanmar

Hon’ble Jeetendra Sonal
Member of Parliament
Bara District, Nepal

Hon’ble Virgilio Maria Dias Marcal
President of Commission F
National Parliament
(Head of Delegation)
Democratic Republic of Timor-Leste Dili,
Timor-Leste
Opening Address by Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia

Excellency Mr Chavarat Charnvirakul, Chair of the Standing Committee on Public Health, House of Representatives, Thailand,

Honourable Parliamentarians, Distinguished Advisers,

Honourable guests, ladies and gentlemen,

I warmly welcome you all to the Regional Conference of Parliamentarians on Strengthening National Public Health Systems for Emerging Health Challenges. I most sincerely thank the honourable parliamentarians, distinguished advisers, and all others, for sparing their valuable time to attend the conference.

Ladies and gentlemen,

Our efforts in health and overall national development have contributed significantly to health improvement in our countries. In comparison with the situation three decades ago, in general, people today are healthier; they live longer; and a lesser number of children and mothers die.

However, these achievements in health are neither uniform, nor satisfying. The gap in health between...
the rich and the poor is still very wide indeed in terms of both quantity and quality. Health resources are still unfairly and unjustly distributed and utilized. While we are able to control certain communicable diseases, other infectious agents are emerging, while noncommunicable diseases are rapidly becoming problems of public health importance.

The current demographic transition has brought with it, among others, an elderly population that creates more demands for special care and services, along with an increase in social and economic dependency. While we can overcome some problems in health, the new challenges that affect health keep on emerging. The global climate is becoming warmer nowadays, resulting in the melting of glaciers and snow. The sea level is rising. The frequency of rains and cyclones is increasing, leading to devastating disasters. Our environments have been badly degraded with all types of pollution. The environmental degradation severely affects the health of all people, with the poor being the most harshly hit.

Furthermore, today’s health problems are compounded by the global economic crisis, and the global food shortage. Because of inadequate support from wealthy nations the strengthening of health systems in developing countries is being adversely affected. Hunger and malnutrition in the poorer sections of society are getting aggravated.

At the same time, we have to put all our efforts to ensure that we reach the health-related Millennium Development Goals by 2015, especially the goals targeted at reducing maternal and child mortality and morbidity due to certain important communicable diseases. Furthermore, another critical challenge to our health systems nowadays is the ever-increasing, indeed skyrocketing health-care cost. The health-care cost is increasing because of increasing population. However, it is the poorer section of our population that has people getting sick frequently and severely. It is to treat people from this section of the population that a greater number of medicines and sophisticated medical devices are required, leading to an increase in the cost of health care in countries of our Region.

Honourable parliamentarians and distinguished advisers,

In view of these and other prevailing health issues, we need to timely review and, if necessary, reorient our national health policies and strategies. We have to ensure that our health systems are well prepared and equipped to
face those challenges. Obviously, we need to invest more in promotive and preventive care and we have to devote much more efforts to the development of effective community-based and population-based health care and services. Such care and services will help ensure that people stay healthy, as much as possible, in their communities.

With this perspective in view we need to spend more resources on the development of our “public health systems”. We need to double our efforts in implementing the primary health care (PHC) approach to support community-based health care and services. As far as “health” is concerned, we need to move forward towards more effective education, as well as empowerment of all people in the community. Multisectoral and multidisciplinary actions performed in the most coordinated manner are the prerequisites for success of all these efforts.

Equally important, the development policies and programmes of all non-health sectors should explicitly reflect “human health concern”. And “people’s health” should be promoted and protected as an integral component of the sectoral development efforts of all sectors.

It is critically important that we vigorously strengthen and further develop our community-based health workers, and our public health practitioners. These health workers and practitioners can help our governments move forward effectively towards “universal health coverage (UHC)”. They can help ensure, among others, that health-care efforts reach the unreached population. And certainly they can contribute significantly to equity and social justice in health. With important contributions from public health and community health workforces we will be able to achieve universal health coverage in the most cost-efficient and cost-effective manner, which our governments can afford and maintain in the long term.

Honourable parliamentarians,

You are in the best position to influence governments’ health policies and strategic directions that can guide us towards effective interventions against current health challenges and towards affordable and sustainable UHC. Even more important, parliamentarians are in the best position to ensure effective allocation and utilization of national resources for implementing the renewed health policies and strategies that are directed towards more effective development of promotive and preventive health care in the community.
Honourable parliamentarians,

The people are counting on you in re-shaping the national health scenario and in strengthening national stewardships in health towards good health and good quality of life of all peoples in our Region.

With these words, ladies and gentlemen, I wish this conference all success, and wish you all an enjoyable stay in Bangkok.

Thank you.
Inaugural Address by
Honourable Mr Chavarat Charnvirakul,
Chairperson, Standing Committee on Public
Health, House of Representatives, Thailand

Excellencies,

Dr Samlee Plianbangchang, Regional Director of WHO South-East Asia Region

Distinguished participants, Ladies and Gentlemen,

Let me first of all welcome all the parliamentarians and participants to the Regional Conference on Strengthening of National Public Health Systems for Emerging Health Challenges here in Thailand. I would like to congratulate the WHO Regional Office for South-East Asia for organizing this important conference and thank them for inviting me to deliver this inaugural speech on behalf of the Thai parliamentarians. As you know, parliamentarians play critical functions in policy making through legislative and oversight measures. I am confident that the deliberations over the next three days, will not only advance our understanding of the emerging challenges, but will prompt us to review and strengthen the national health systems to be able to address these challenges.

Excellencies, ladies and gentlemen,

The countries of the South-East Asia Region have witnessed remarkable economic growth in the last couple of decades. This has undoubtedly...
contributed to the overall socio-economic development of the Region. However, this economic development has eventually led to many new health challenges. The increasing prevalence of noncommunicable diseases such as hypertension, diabetes, cancer, obesity or other cardiovascular diseases has been alarming. Meanwhile, the problems of communicable diseases such as HIV/AIDS, TB, malaria is still persistent in some countries, while emerging infectious diseases such as bird flu and pandemic influenza still require our full attention for strengthening surveillance and effective response, treatment and mitigation.

At the same time, since the turn of the century, major natural disasters such as tsunami, flood, earthquake and extreme climate conditions have frequently taken place. Climate change is supposed to account for these occurrences. Countless lives have been claimed; and people’s health has been at risk as a consequence of these incidences.

To tackle these challenges effectively, a strong national health system and a strategic investment in health are critical in providing health and human security to our peoples. Thailand has been fortunate to have a strong health system right from the grass root level of primary health care, secondary care and tertiary care. Moreover, the universal health coverage that has been implemented for more than 10 years has proven to be an important milestone in Thai health care system thus ensuring the equitable access to health care for all population. However, the fully functioning health system and universal coverage scheme does come with a cost. We then need to further explore various financing models that could guarantee sustainability and, at the same time, deliver the best equitable health care to our people.

I am pleased to learn that during this three-day conference participants will be discussing and sharing experiences on these complex and emerging health challenges. I do believe that with the knowledge, experiences, and determination of all parliamentarians and health experts, this conference will contribute to the strengthening of national health systems to be able to cope with these challenges.

Finally, I hope that you would have a pleasant stay in Thailand and wish this conference every success with fruitful deliberations.

Thank you.
Keynote Address by Senator Dr Porapan Punyaratabandhu, Secretary-General of the Asian Forum of Parliamentarians on Population and Development (AFPPD)

Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia,

Than Chavarat Charnvirakul, Chairman of the House Standing Committee on Public Health,

Honourable parliamentarians,

Distinguished participants, ladies and gentlemen,

I would like to express my sincere appreciation to the World Health Organization’s Regional Office for South-East Asia for organizing this Regional Conference of Parliamentarians on Strengthening of National Public Health Systems for Emerging Health Challenges.

It is also my pleasure and honour to speak to you today on ‘Strengthening public health: towards long-term equity in health’.

In the words of Dr Margaret Chan, the Director-General of WHO, “No one should be denied access to life-saving or health promoting interventions for unfair reasons, including those with economic or social causes.” This statement...
can be universally acknowledged not only in relation to health care but also in relation to the social determinants of health because as Dr Chan put it so definitely, “When health is concerned, equity really is a matter of life and death.”

Distinguished participants, ladies and gentlemen,

Over the years, meetings such as this have resulted in a number of international documents and agreements seeking to promote health for all and address health inequities between and within countries. The 1978 Alma-Ata Declaration recognized that health is a “fundamental human right” and that “existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable”. In order to address these issues, the Declaration launched the global strategy of primary health care to achieve health for all. Other international agreements from the 1986 Ottawa Charter to the 2005 Bangkok Charter sought to make the promotion of health central to the global development agenda, a core responsibility of all governments. Most recently the United Nations Millennium Declaration set out a series of development goals to be achieved by 2015.

As a result of these initiatives many advances have been made to improve population health and wellbeing. However, not everyone has experienced these gains to the same degree. Wide variations still exist between and within countries in the Region. These differences in health occur across populations and subgroups separated socially, economically, demographically and geographically. Differences in age, gender, education, income, types of community and occupation all play a role in health inequalities that are avoidable, unjust and unfair. In addition to being unacceptable, we must recognize that these disparities pose a threat to economic and social stability, both nationally and regionally.

Ladies and gentlemen,

We are here to address current challenges in public health in our Region; identify actions to strengthen public health systems; and to identify advocacy opportunities for parliamentarians on policy initiatives to strengthen public health systems in our countries. Underlying these objectives to strengthen public health systems is the need to attain long-term equity in health.
I am here today to share with you my experiences in working to strengthen public health as a physician, academician, Senator of Thailand and as the Secretary-General of the Asian Forum of Parliamentarians on Population and Development. Specifically I will focus on my recent experiences as a Senator and as the Secretary-General of AFPPD to highlight advocacy opportunities for parliamentarians to strengthen public health systems and ensure equity in health.

Working with AFPPD has allowed me to undertake advocacy to strengthen public health not only in Thailand but throughout the Asia-Pacific region. AFPPD utilises a sector-wide approach under which parliamentarians are mobilized by groups; such as doctors, women, indigenous people and also young parliamentarians; to address population and development issues including reproductive health, HIV/AIDS, and gender issues. Since 1997, AFPPD in cooperation with WHO headquarters has organized International Medical Parliamentarians’ Conferences to bring together parliamentarians with medical backgrounds to discuss their roles in attaining various health and development goals. Similar mobilization efforts were undertaken in cooperation with WHO-SEARO and WHO-WPRO on a regional level based on the belief that physicians who are also parliamentarians may be better positioned to advocate for health-related issues. This may be the reason that most parliamentary standing committees on health have mainly medical trained personnel as members. However, there is also a need for parliamentarians with various backgrounds, including women parliamentarians, to be involved. It is in this recognition that AFPPD also has formed a regional Standing Committee on the Status of Women that is actively involved in promoting policies and legislations on health issues. In addition, working with UNFPA, AusAID and the Government of Japan, AFPPD has undertaken focused efforts on eliminating violence against women which is also a health and social issue.

Recently, the Asia-Pacific regional MDG report 2011/12 was released. It noted that despite impressive progress on many of the MDGs our Region is still lagging to fulfill many of the key indicators related to health; particularly MDG 4, preventing the death of children before their fifth birthday; and MDG 5, preventing the death of mothers from causes related to childbirth. Across our Region there are striking disparities in the attainment of the MDGs. These disparities occur not only between countries but also within them; these disparities are avoidable because they are due to unfair differences in socioeconomic, geographic and demographic situations. These inequities must be eliminated if governments are to strengthen their health systems.
In order to move toward long-term equity in health we must take a broader view in strengthening our public health systems by addressing inequities in the social determinants of health as well as addressing issues of quality, access, and affordability. The 2011/12 MDG report lists eight priority areas where steps must be taken to reduce these disparities and raise standards of health. These eight priority areas are: (1) to address the social determinants of health; (2) expand access to primary health care; (3) integrate child and maternal health into a continuum of care; (4) act on the health needs of the poor, especially the urban poor; (5) devise sustainable financial strategies; (6) improve good governance of health systems; (7) enhance the affordability of medicines through generics; and lastly (8) strengthen international partnership and regional cooperation.

Many of these eight priority areas can be addressed by focusing on the social determinants in all dimensions of health systems including health financing, healthcare utilization, the quality and responsiveness of healthcare, health status and health risk. Reducing inequity and inaccessibility to health care between rural and urban areas, wealthy and poor communities, and most-at-risk groups needs to be a primary outcome of health system strengthening. Additionally, health equity needs to address deficiencies in reliable health statistic research, shortages in the health workforce, and oversight of health systems.

Here in Thailand, we were able to achieve Universal Health Care coverage by 2002 incorporating a comprehensive package of curative services in outpatient, inpatient, accidents and emergency, high cost care, drugs, and personal preventive and promotional services. The success of the Thai government in achieving this scheme was characterized by having clear policy goals, defined participation, strong institutional capacity and rapid implementation. However, despite having universal health care coverage there is still room for improving health equity. In addition, the population factor has to be kept in mind because demographic changes in population may result in extra burden on health infrastructure, which even now must cope with budgetary limitations.

Ladies and gentlemen,

Parliamentarians can take action to strengthen public health, address the social determinants of health and ensure equity in health care using five key tools. These tools are advocacy, representation, legislation, budgeting, and oversight.
(1) Advocacy

First, parliamentarians can work with academia, NGOs and civil society to advocate for health equity to be a priority at the highest level of government. Doing so will ensure that health becomes a considered or care component of policies across all sectors. Other areas of advocacy will cover living conditions, research, gender bias, and economics. Some specific strategies that can be pursued include promoting healthy environments for all communities; investing in and generating research and sharing evidence on effective measures to reduce health inequities; addressing gender biases in the structures of society not only in education and employment but also in laws and their enforcement, organizational structures and programme design; supporting economic policies and legislation such as fair employment and decent work, ensuring women access to financial resources, improving rural livelihoods and promoting infrastructure investment; and calling for increased investment in sexual and reproductive health services and programmes ultimately leading to universal coverage and rights.

(2) Representation

A second area of action for parliamentarians is recognizing the inherent rights and ensuring fair representation and participation of individuals and communities, particularly women and marginalized groups. By developing a socially inclusive framework for policy-making and providing a voice for those most at risk including women, children, elderly, and marginalized groups such as sex workers, drug users and gay, lesbian, bisexual and transgender people, parliamentarians can encourage governments to acknowledge, legitimize and support these groups through policy, legislation and programmes that represent their needs and rights.

(3) Legislation

A third key area of action is legislating to ensure universal access to health care. The state should be held accountable for providing basic services essential to health to all communities. These services include clean water and basic sanitation. Legislative action can also include establishing committees to initiate and review legislation on health care and related social determinants that support a level of income sufficient for healthy living for all. Other legislative actions include holding hearings to identify legislative gaps, challenges and solutions;
reviewing existing laws to address gender discrimination; eliminating legal obstacles that limit access to health care services; and ensuring that new legislation complements existing legislation.

(4) Budgeting

Fourth, parliamentarians can help achieve public health and health equity goals through national budget allocation and public financing mechanisms. World Bank data indicates that in countries throughout the Region government expenditures on health as a percentage of GDP through the year 2007 ranged from less than 1% in Myanmar to approximately 12% in Timor-Leste. However, most governments in the Region, including Thailand, spent less than 4% of GDP on health. One of the most effective ways for parliamentarians to press for budgetary resources is by focusing on health care as an “investment in development” rather than as an expenditure. Viewing budget allocations for health and social determinants of health as investments in development recognizes the intrinsic value of health as a human right. Budget spent in these areas makes economic sense as the investment has added political benefits including social stability and human security. Parliamentarians’ actions in this area may include working with budget and finance committees to make health a budgetary priority; developing mechanisms to finance intersectoral action on social determinants of health; supporting equitable allocations between geographical regions and social groups; questioning and monitoring allocated amounts and their effective use; and liaising with WHO and other agencies to access data to support the need for additional allocations. Ultimately, national governments need to ensure health care for all, regardless of ability to pay.

(5) Oversight

A final key role for parliamentarians is oversight and accountability. These activities are fundamental for achieving health equity and strengthening public health systems, but are often overlooked. It is of primary importance to ensure that routine monitoring systems for health equity and social determinants of health are in place locally and nationally. Specific oversight functions may include ensuring implementation of health and development plans, monitoring the outcomes of health and social determinant-related policies and programmes and thus their impact on health systems, and regular
financial reporting. These monitoring systems will require support from national health equity surveillance systems with routine data collection on social determinants and health equity. Surveillance systems based on research and knowledge management will warrant accurate data collection and analysis to justify why policy is needed, work out how policy should be developed, and guide appropriate implementation of policies and programmes.

A systematic advocacy with parliamentarians can only bring desired results. There is a need to reach them on a regular basis as some other UN agencies are doing. Working together parliamentarians, civil society, academia and NGOs can strengthen health systems and bring health equity to all.

Thank you for your attention.
## Programme

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<th>Responsible Person(s)</th>
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<td>Opening Session</td>
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<td>Registration</td>
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<td>Inaugural Session</td>
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<td></td>
<td>• Opening Address</td>
<td><strong>Dr Samlee Plianbangchang</strong> Regional Director, WHO SEA Region</td>
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<tr>
<td></td>
<td>• Inaugural Address</td>
<td><strong>Hon’ble Chavarat Charnvirakul</strong> Chairperson, Standing Committee on Public Health, House of Representatives, Royal Thai Government</td>
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<td>• Objectives of the Conference and Introduction of participants</td>
<td><strong>Dr Monir Islam</strong> Director, Health Systems Development, WHO-SEARO</td>
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<td></td>
<td>• Nomination of Chairperson, Co-Chairperson and Rapporteur</td>
<td><strong>Dr Samlee Plianbangchang</strong> Regional Director, WHO SEA Region</td>
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<td>• Group Photograph</td>
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<tr>
<td>11.00 – 11.30</td>
<td><strong>Keynote Address:</strong> Strengthening public health – towards equity in health</td>
<td><strong>Dr Porapan Punyaratatabandhu</strong> Secretary General, AFPPD*</td>
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<tr>
<td>11.30 – 12.00</td>
<td><strong>Technical presentation:</strong> Strengthening national public health systems for emerging health challenges</td>
<td><strong>Dr Poonam Khetrapal Singh</strong> Deputy Regional Director, WHO SEA Region – presented by Dr N. Kumara Rai, Adviser to the Regional Director, WHO SEA Region</td>
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*Asian Forum of Parliamentarians on Population and Development*
13.30 – 17.00  Panel discussions: Role of public health in health development  
(Presentation: 10 minutes; Discussion: 30 minutes for each topic)  
Moderator: Dr Monir Islam  
Director, Health Systems Development, WHO-SEARO

13.30 – 14.10  • Noncommunicable diseases  
Dr Renu Garg  
Regional Adviser, Noncommunicable Diseases, WHO-SEARO

14.10 – 14.50  • Food and nutrition  
Dr Kunal Bagchi  
Regional Adviser, Nutrition and Food Safety, WHO-SEARO

15.20 – 16.00  • Public health emergencies  
Dr Richard Brown  
Regional Adviser, Disease Surveillance and Epidemiology, WHO-SEARO

16.00 – 16.40  • Protecting health from climate change  
Dr A.M. Zakir Hussain  
Regional Adviser, Environmental Health & Climate Change, WHO-SEARO

16.40 – 17.00  • Summing up  
Moderator

17.00 – 17.10  Introduction to Bangkok Call for Action  
H.E. Lyonpo Zangley Dukpa  
Hon’ble Health Minister  
Royal Government of Bhutan

Day 2: Tuesday, 20 March 2012

09.00 – 09.15  Recap of Day 1  
Dr Kumara Rai

09.15 – 09.30  Presentation: Primary health care: a tool to strengthen national public health systems  
H.E. Lyonpo Zangley Dukpa  
Hon’ble Health Minister  
Royal Government of Bhutan

09.30 – 10.00  • Discussion

10.00 – 11.00  Panel discussion: Financing for Universal Health Coverage focusing on public health  
Moderator: Prof Dr Nay Soe Maung  
Rector, University of Public Health, Myanmar

10.00 – 10.15  • Overview  
Dr Alaka Singh,  
Regional Adviser, Health Economics and Health Planning, WHO-SEARO
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<th>Presenter/Chairperson</th>
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<tr>
<td>10.15 – 10.25</td>
<td>Targetting the poor in Universal Health Coverage</td>
<td>Dr Ascobat Gani, Director Center of Health Economics and Policy Analysis, University of Indonesia</td>
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<td>10.25 – 10.35</td>
<td>Sustainable financing for health promotion</td>
<td>Dr Siripen Supakankunti, Director, Centre for Health Economics, Chulalongkorn University, Thailand</td>
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<td>10.35 – 11.00</td>
<td>Discussion</td>
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<td>11.30 -11.45</td>
<td>Presentation: Political support to strengthening the National Public Health Systems – a civil society perspective</td>
<td>Mr Alok Mukhopadhyay, Chief Executive, Voluntary Health Association of India</td>
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<td>11.45 - 12.00</td>
<td>Discussion</td>
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<td>12.00 - 12.10</td>
<td>Briefing on Roundtable discussions</td>
<td>Dr Sudhansh Malhotra, Regional Adviser, Primary and Community Health Care</td>
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<td>13.30 -14.30</td>
<td>Roundtable discussions (parallel sessions):</td>
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<td>Session A: Public health as an important part of all national policies, strategies and plans</td>
<td>Moderator: Dr Sultana Khanum, Adviser, RSTMH**</td>
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<td>Session B: Strengthening public health workforce</td>
<td>Moderator: Prof Dr Tassana Boontong, Senate Member, Senate Standing Committee on Public Health, Royal Thai Government</td>
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<td>15.00 - 16.30</td>
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<td>15.30 – 16.00</td>
<td>Presentation on output of Session B</td>
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<td>16.30 - 17.00</td>
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<td>Drafting Committee</td>
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<td>Bangkok Call for Action</td>
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**Royal Society for Tropical Medicine and Hygiene for South-East Asia, Dhaka, Bangladesh.**
### Day 3: Wednesday, 21 March 2012

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<td>Recap of Day 2</td>
<td>Dr Duangvadee Sungkhobol</td>
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<td>09.15 – 09.30</td>
<td><strong>Presentation:</strong> Strengthening of public health systems: An agenda for action by Parliamentarians</td>
<td>H.E. Dr Ahmed Jamsheed Mohamed Hon’ble Minister of Health and Family, Maldives</td>
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<td>09.30 – 10.00</td>
<td>• Discussion</td>
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<td>10.30 – 11.00</td>
<td><strong>Presentation and adoption:</strong> Bangkok Call for Action on Strengthening of National Public Health Systems for Emerging Health Challenges</td>
<td>Hon’ble Mr Rohana Pushpakumara Member of Parliament Badulla District Sri Lanka</td>
</tr>
<tr>
<td>11.00 – 11.30</td>
<td>• Concluding Remarks</td>
<td>H.E. Lyonpo Zangley Dukpa Hon’ble Health Minister Royal Government of Bhutan</td>
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<tr>
<td>11.30 – 12.00</td>
<td>• Closing Remarks</td>
<td>Dr Samlee Plianbangchang Regional Director, WHO SEA Region</td>
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</table>
Annex 7

List of participants

**Bangladesh**
- Hon’ble Mr Mohammad Amanullah
  - Member of Parliament
  - 156 Mymensingh-11, and
  - Member
  - Parliamentary Standing Committee on
    - Ministry of Health and Family Welfare
- Hon’ble Mr Md Murad Hassan
  - Member of Parliament
  - Jamalpur-4, and
  - Member
  - Parliamentary Standing Committee on
    - Ministry of Health and Family Welfare
- Hon’ble Mr Md Abdul Kader Khan
  - Member of Parliament
  - 29 Gaibandha-1

**DPR Korea**
- Hon’ble Dr Kim Song Hui
  - Head, Pyongyang Maternity Hospital
  - Deputy to Supreme People’s Assembly
    - Pyongyang
- Dr Kim Kum Ran
  - Officer, External Affairs Department,
    - Ministry of Public Health,
    - Pyongyang

**Indonesia**
- Hon’ble Mr Budi Hermansyah
  - Secretary for Commission E
  - District House of Representative of West Java, West Java
- Hon’ble Drs Hardi Selamat Hood, Msi
  - Chairman of Committee III
  - The House of Regional Representatives
    - Jakarta

**Maldives**
- Hon’ble Mr Mohamed Rafeeq Hassan
  - Member of Parliament
  - People’s Majlis, Male
- Hon’ble Mr Hassan Latheef
  - Member of Parliament
  - People’s Majlis, Male
- Hon’ble Mr Afrasheem Ali
  - Member of Parliament
  - People’s Majlis, Male
**Myanmar**
Hon’ble Dr Kyaw Myint  
Chairman,  
Health Promotion Committee  
Pyithu Hluttaw  
Hon’ble Mr Maung Maung Wint  
Pyithu Hluttaw Representative

**Nepal**
Hon’ble Mr Jeetendra Sonal  
Member of Parliament, Bara District  
Hon’ble Ms Kalawati Devi Paswan  
Member of Parliament, Siraha District  
Hon’ble Mr Aatma Ram Shah  
Member of Parliament, Parsa District  
Hon’ble Mr Ajaya Chaurasia  
Member of Parliament, Parsa District  
Hon’ble Mr Kul Prasad Nepal  
Member of Parliament, Palpa District  
Hon’ble Ms Parmila Devi Yadav  
Member of Parliament, Kathmandu  
Dr Padam Bahadur Chand  
Chief, Public Health Administration  
Monitoring & Evaluation Division  
Ministry of Health and Population  
Government of Nepal

**Sri Lanka**
Hon’ble Mr Rohana Pushpakumara  
Member of Parliament  
Badulla District  
H.E. Mr Bhanu Munipriya  
Minister of Health  
Sabaragamuwa Provincial Council  
H.E. Mr Jagath Angage  
Minister of Health  
Western Provincial Council  
H.E. Mr Peshala Jayaratne  
Minister of Health  
North Central Provincial Council

**Thailand**
Hon’ble Mr Chavarat Charnvirakul  
Chairperson, Standing Committee on  
Public Health, House of Representatives  
Hon’ble Pol Col Samart Muangsiri  
Secretary  
Standing Committee on Public Health  
House of Representatives  
Hon’ble Dr Anan Ariyachaiapanich  
Chairperson  
Standing Committee on Public Health  
Senate

**Timor-Leste**
Hon’ble Mr Virgilio Maria Dias Marcal  
President of Commission F  
National Parliament  
(Head of Delegation), Dili  
Hon’ble Mr Francisco Martins da Costa P. Jeronimo  
Member of Parliament  
Dili  
Dr Custodia Florindo Benevides  
General Practitioner  
Maibisse Regional Hospital  
Dili

**Special Invitees**
H.E. Dr Lyonpo Zangley Dukpa  
Hon’ble Health Minister  
Royal Government of Bhutan  
Thimphu, Bhutan  
H.E. Dr Ahmed Jamsheed Mohamed  
Minister of Health and Family  
Ministry of Health and Family  
Male, Maldives  
Hon’ble Dr Porapan Puyaratbandhu  
Secretary-General  
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Hon’ble Associate Prof Dr Tassana Boontong
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Director, Centre for Health Economics
Chulalongkorn University, Thailand

Associate Prof Dr Nuntavarn Vichit-Vadakan
Dean
Environmental Health Epidemiology
Thammasat University
Thailand

UN Agencies

Dr Nomindelger Bayasgalanbat
Technical Officer (Nutrition)
Regional Office for Asia and the Pacific
Food and Agriculture Organization of the United Nations
Bangkok, Thailand.
WHO Secretariat

WHO-Thailand

Dr Maureen Birmingham
WHO Representative

Dr Khalilur Rahman
Coordinator
ESCAP & Inter-Agency Coordination

Dr Somchai Peerapakorn
National Professional Officer

Ms Thitaree Khotchasenee
Assistant

WHO-SEARO

Dr Monir Islam
Director
Department of Health Systems Development

Dr N. Kumara Rai
Senior Adviser to the Regional Director

Dr Alaka Singh
Regional Adviser
Health Economics and Health Planning

Dr Richard Brown
Regional Adviser
Disease Surveillance and Epidemiology

Dr Roderico Ofrin
Regional Adviser
Emergency and Humanitarian Action

Dr Renu Garg
Regional Adviser
Noncommunicable Diseases

Dr Kunal Bagchi
Regional Adviser
Nutrition and Food Safety

Dr A.K.M. Zakir Hussain
Regional Adviser
Environmental Health & Climate Change

Dr Sudhansh Malhotra
Regional Adviser
Primary and Community Health Care

Mr James Lattimer
Ag Technical Officer
Country Cooperation Strategies and Governing Bodies

Ms Vismita Gupta-Smith
Public Information and Advocacy Officer

Ms Laksami Suebsaeng
Technical Officer
Communicable Diseases

Dr Duangvadee Sungkhobol
Temporary Adviser
Human Resources for Health

Dr Boosaba Sanguanprasit
Temporary Adviser
Primary Health Care

Mr N. Mitroo
Senior Administrative Secretary

Miss Parul Oberoi
Secretary
The Regional Conference of Parliamentarians on Strengthening of National Public Health Systems for Emerging Health Challenges was held in Bangkok, Thailand, from 19-21 March 2012. Thirty-three parliamentarians from 10 countries of the South-East Asia Region; including Bangladesh, Bhutan, DPR Korea, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste; attended the conference. In addition, participants also included deans/principals of schools of public health and members of the South-East Asia Public Health Educational Institutes Network.

This conference was organized to engage and involve parliamentarians in an effort to strengthen public health systems of Member States to handle health challenges that are emerging in the South-East Asia Region. The conference concluded with the Bangkok Call for Action on what parliamentarians could do to this end.

This report summarizes the technical sessions, presentations, panel and roundtable discussions, and the Bangkok Call for Action on Strengthening of National Public Health Systems for Emerging Health Challenges.