Report of the Nineteenth Meeting of Ministers of Health of Countries of SEAR

Bandos Island Resort, Maldives, 20-22 August 2001

World Health Organization
Regional Office for South-East Asia
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The Report

1. INTRODUCTION

In 1981, the first meeting of the Ministers of Health was held. In 1995, the Ministers institutionalized their meetings into a Health Ministers' Forum. In 1998, the practice of an informal meeting of advisers to the Health Ministers, preceding the Meeting of the Health Ministers, was started.

The Nineteenth Meeting of Ministers of Health of the Countries of the WHO South-East Asia Region (SEAR) was held in Bandos Island Resort, Maldives, from 20-22 August 2001, at the invitation of the Minister of Health, Government of Maldives. The Informal Meeting of Advisers to Health Ministers was held on 18-19 August 2001.

The objective of the meeting was to review:

(1) Actions taken on the recommendations of the 18th Meeting of Health Ministers;

(2) High-Level Policy Meetings in WHO South-East Asia Region;

(3) Update on Health Problems in the Region;

(4) Essential Drugs and Medicines Policy: Regional Perspective, and

(5) Regional Input into Organization-wide Priorities for the 2004-2005 biennium.

The Ministers from Bhutan, Democratic People's Republic of Korea, India, Maldives, Myanmar, Nepal, Sri Lanka and Thailand participated in the meeting. Indonesia was represented by its Observers.

The Honourable Health Minister of Maldives chaired the meeting with the Honourable Minister of Health of Sri Lanka as Co-Chair.

The agenda, as adopted by the Ministers, and the List of Participants are at Annex 1 and 2 respectively.

2. INAUGURAL SESSION

2.1 Inaugural Address by the President

H.E. Mr Abdul Gayoom, the President of the Republic of Maldives, inaugurated the meeting. In his inaugural address, the President affirmed that: "*Health is the foremost liberty, an asset essential for a happy and productive life*". He stated that good health could not be taken for granted: one has to work for it.

The President said that while the health gains achieved in terms of increase in health expectancy and decrease in infant mortality may be rightly celebrated, the dangers still facing the Region are daunting. The Region carried a disproportionate share of the global incidence of disease and deprivation. He, therefore, advised that the problems that still persist should define the future agenda. In this context, he referred to the HIV/AIDS pandemic, infectious diseases and the growing burden of noncommunicable diseases. He made a special mention of the need to alleviate the anguish of those who suffered from mental ill health and of children with special needs.

The President cautioned about the impact of the environment on health and vitality. He affirmed that the main debility affecting the Region is widespread poverty. Therefore, sustained social and economic development is central to the prevalence of good health in any community. In this perspective, he declared that Health for All requires mobilizing all for health.

The President applauded WHO's Tobacco-Free initiative. He outlined the health gains achieved by Maldives and added that the unfinished agenda mainly relates to noncommunicable and genetic diseases. The wide dispersal of population centres in Maldives imposed

a very high unit cost on service delivery. The problem was aggravated by shortage of skilled medical personnel. Despite such constraints, he informed that health and well being of the people remained a top priority of the government and Maldives ranked as the 19th highest spender on health as a percentage of GDP in the whole world and the highest spender in the South East Asia Region. He acknowledged the contribution of development partners, particularly WHO, in health development in Maldives. He informed that Maldives had proclaimed a national vision 2020, which envisaged the availability of good quality medical care to all citizens by that year.

H.E. the President expressed the hope that this meeting would carry forth a message of hope that the vast intellectual, social and economic resources of our time will be used not only efficiently, but also equitably and compassionately. He concluded by stating: "Health, indeed, is the foremost liberty and ultimate victory".

(See Annex 3 for text of the address of H.E. the President)

2.2 Welcome Address by the Minister of Health of Maldives

Welcoming the delegates, H.E. Mr Ahmed Abdullah, Minister of Health, Government of the Republic of Maldives, stated that the cornerstone of health in the Vision 2020 is to inculcate a wealth of healthy behaviours as a foundation for preventive and promotive health among the Maldivian people. He said that the health scenario of Maldives had improved markedly over the past two decades: infant mortality rate had declined from 120 to 20 per thousand live births; people were enjoying a lifespan of 72 years. The water and sanitation situation had greatly improved along with the opportunities for education and employment.

The Honourable Minister gave an overview of the health situation in the Region and was dismayed that the South-East Asia Region shared more than half of the global burden of infectious diseases and that noncommunicable diseases also accounted for more than 25 percent of the global burden. He affirmed that WHO leadership had been pivotal

in fighting diseases and improving the health of the peoples of the Region and the whole world. In this context, he commended the reform initiative of the Director-General of WHO and thanked the Regional Director for leading the Region. At the same time, he cautioned that there was still a long way to go to achieve Health for All. He asserted that with collective resolve and endeavours, solutions could be found to the growing problems. In conclusion, the Honourable Minister stated: "Investment in health is a most rewarding investment for a nation. ……After all, no wealth is more precious than the wealth of health".

(See Annex 4 for text of Health Minister's Welcome Address.)

2.3 Address by the Regional Director

Thanking the President of the Republic of Maldives for inaugurating the meeting, the Regional Director, Dr Uton Muchtar Rafei, took stock of the achievements and the unfinished health agenda in the Region. He expressed the hope that notwithstanding the daunting challenges, the growing international recognition of the centrality of health to all development was very promising. In this context, he referred to the UN General Assembly Session on AIDS and Health in June this year, which decided to develop a Global Fund for HIV/AIDS and Health. He informed that commitment to this Fund had already topped US$1.8 billion, and that India and Thailand were members of the Transitional Working Group (TWG) constituted to carry forward the development of the Fund. While stating that WHO Regional Office would work closely with representatives of India and Thailand on the TWG in order to maximize our share of the Global Fund, he urged the Health Ministers to consider the most practical mechanisms of demonstrating solidarity in order to get a fair share of the Fund.

In conclusion, the Regional Director stated that the health divide could be bridged through improving access to resources; commodities; information and technology, and health systems, together with infrastructure and institutions that could make this possible.

(See Annex 5 for text of Regional Director's address)

2.4 Address by the Health Minister of Nepal

In his capacity as Chairman of the Health Ministers' Forum, the Honourable Health Minister of Nepal addressed the inaugural session and recalled the discussions at the 18th Meeting of the Health Ministers in Kathmandu. He expressed his gratification at the follow-up action taken on the recommendations of that meeting relating to Rationalizing of WHO Resources to strengthen Intercountry Cooperation, Health Reforms and HIV/AIDS.

The Honourable Minister hoped that the concept papers, developed by WHO, on arsenic contamination of ground water would help the countries concerned in developing arsenic mitigation strategy; while the concept paper on occupational health would facilitate development of interventions for promoting occupational health.

He noted that a lot remained to be done to improve health sector management, particularly in regard to decentralization and building capacity at the local level; accountability of health care providers; fairness of health financing and resource mobilization; equity in and access to health services. He also noted that the Global Health Fund for HIV/AIDS and health represented a unique opportunity for the Region to ensure that its countries get their due share of it.

In conclusion, the Honourable Minister sincerely thanked the Member Countries for their cooperation extended to Nepal during its tenure as the Chairman of the Health Ministers' Forum and assured his successor of his best cooperation.

(See Annex 6 for text of the address of the Health Minister of Nepal)

2.5 Vote of Thanks

H.E. Lyonpo Sangay Ngedup, Honourable Minister of Health and Education of Bhutan, proposed the vote of thanks on behalf of the

participating Ministers as also on his own. He expressed the gratitude of the Health Ministers towards the President of the Republic of Maldives for his inspiring inaugural address. He also thanked the Honourable Health Minister of Maldives for graciously hosting the meeting. He thanked the host for their warm welcome. He hoped that this meeting would further enhance the regional solidarity for health development among the countries of the Region.

3. INTRODUCTORY SESSION

3.1 Statement by the Chairman of the Health Ministers' Forum

The Honourable Health Minister of Nepal, in his capacity as the Chairman of the Health Ministers' Forum, requested the Regional Director to make his Introductory Statement.

3.2 Introductory Statement by the Regional Director

In his Introductory Statement, the Regional Director apprised the Honourable Ministers of the important development and events since their last meeting in August 2000 in Kathmandu.

He recalled that the 53rd session of the Regional Committee adopted appropriate resolutions on important topics such as blood and food safety; Vision 2020 – the Right to Sight; maternal mortality; tobacco control and cross border collaboration in control of communicable diseases.

The Fifty-fourth World Health Assembly held in May 2001 adopted appropriate resolutions on infant and young child nutrition; scaling up response to HIV/AIDS; WHO medicines strategy; strengthening health systems in developing countries; global health security and transparency in tobacco control process.

The Regional Director noted that at the Regional Conference of Parliamentarians on Impact of Tuberculosis and Malaria on Poverty held in Dhaka in November 2000, the Parliamentarians declared that poverty could be successfully tackled by protecting and promoting the health of the poor and acknowledged the imperative need for multisectoral actions to achieve this objective.

Recalling that the most significant feature of WHO collaborative efforts with Member Countries in the Region is to enhance health development, particularly of the poor, the Regional Director expressed satisfaction, at the results achieved in respect of national leprosy elimination targets, national control programmes for malaria and other communicable diseases along the borders.

In conclusion, the Regional Director recounted the agenda of the meeting, which required the Ministers' advice and guidance in respect of policy matters.

3.3 Drafting Group

A Drafting Group consisting of the following was established:

1. Dr B.D. Chataut (Convenor)
2. Dr S.P. Agarwal
3. Prof Azrul Azwar
4. Dr A.M.L. Beligaswatta
5. Dr Ye Myint
6. Dr Suwit Wibulpolprasert

4. BUSINESS SESSION

4.1 Review of Actions taken on the Recommendations of the 18th Meeting of Health Ministers

Summary of Discussions

The Ministers noted with satisfaction the actions taken on the recommendations of the 18th Meeting in respect of Rationalizing WHO Resources to strengthen Intercountry Collaboration; Health Sector Reform: Issues and Opportunities; and HIV/AIDS in South-East Asia Region: Lessons Learnt.

4.2 Review of High-Level Policy Meetings in WHO South-East Asia Region

Summary of Discussions

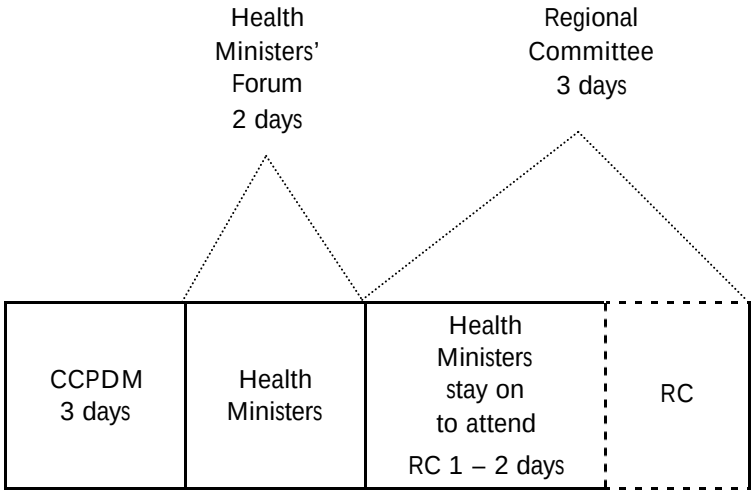
With the Health Ministers having their own forum – Meeting of Ministers of Health – a rationale for their attending the RC did not arise. Simply moving the Meeting of Ministers of Health between the CCPDM and RC would extend the period the Ministers would be required to be out of country. It would be preferable to combine the meetings.

The "legality" of combining the Meeting of Ministers of Health with Regional Committee (whether it would violate the WHO Constitution) was raised. It was not felt to be an insurmountable issue, though combining the meetings under a single title would have to be referred to WHO legal affairs (e.g. 55th Session of the Regional Committee/20th meeting of Ministers of Health).

It was felt that the annual meeting of the Health Secretaries was a valuable mechanism for addressing regional issues. Therefore, it would be inappropriate to move to biannual meetings. The Health Secretaries meeting would be more effective if moved from February to April. This would permit them to discuss issues to be raised at the WHA.

With the Regional Committee being the highest policy-making body of WHO at the regional level, there was a need to raise the level of participation at its meetings. This was best achieved by ensuring the attendance of the Health Ministers during at least part of the RC meeting. Though there was a need to reduce the overall number of high-level policy meetings, the value of the annual Health Secretaries meeting precluded its elimination. The effectiveness of the Health Secretaries meeting would be enhanced if it would be scheduled closer to the date of the WHA.

It was generally agreed that it was necessary to have a higher level of participation at the Regional Committee through the attendance of the Health Ministers. It was pointed out among the reasons Health Ministers did not attend the RC was to provide the opportunity for other officials to gain experience at such forums. There was general agreement on having the Health Ministers meeting (to be called the Health Ministers' Forum) reduced to two days and scheduled to follow the CCPDM and precede the Regional Committee meeting.



It was pointed out that the Health Ministers most probably would not be able to attend all three days of the Regional Committee meeting. The Health Ministers would remain to attend the first one or two days of the Regional Committee meeting following the two-day Health Ministers' forum.

It was agreed that the Health Secretaries meeting should be rescheduled from February to April. However, it was pointed out that in some Member Countries, the 'out-of-country' travel schedule of Secretaries had already been prepared. It was agreed that the change in dates would take into account the availability of the majority of Health Secretaries.

Recommendations

(1) Beginning in 2002, the Health Ministers' meeting should be rescheduled to facilitate the Health Ministers' attendance at the Regional Committee. The "Informal Meeting of Advisers to the Meeting of Ministers of Health" be discontinued.

(2) The terms of reference of the CCPDM should be redefined to include the review and development of recommendations on technical and policy matters that would be discussed at the Regional Committee/Meeting of Ministers of Health.

(3) The Health Secretaries' meeting should be rescheduled from February to April enabling them to discuss the issues to be addressed at the WHA.

4.3 Update on Health Problems in the Region

Summary of Discussions

The impressive progress in disease control was noted by the Member Countries. Despite these achievements, the communicable disease burden in the Region continued to be disproportionate. The additional burden of noncommunicable diseases, injuries and mental health problems was on the increase

HIV/AIDS, malaria, and tuberculosis were priorities in the Region because of the high burden, vulnerability and their adverse socioeconomic impact. For the control of these diseases, an all out-effort was required on the part of the South-East Asia Region to stake claim

from the Global HIV/AIDS and Health Fund. While advocacy was required at the highest level, and endorsement by the heads of the States was recommended, Thailand and India should continue to represent the Region on the Transitional Working Group and the proposed Governing Board of the Global Fund to promote the Asian cause for sustained provision of external resources. Assistance should be provided to prepare a strong technical case, which was evidence-based. A standing committee with representation from each Member Country should be established to prepare a regional proposal for support from the Global HIV/AIDS and Health Fund and to promote technical and advocacy efforts. The technical base and political advocacy at the highest level should be sustained for continued support from the Fund. A Joint Declaration should be signed by the Heads of the Member States/Governments recognizing the urgent needs of the countries which comprise 25% of the world's population, with 35% of poor people, vulnerable population and a high burden of diseases like HIV/AIDS, malaria and tuberculosis. Disease prevention remained the key factor in the control of HIV/AIDS. A statement on the escalating burden of HIV/AIDS was made (text of the statement included as Annex 7).

Regional priorities in disease control should be based on the disease burden; availability of cost-effective interventions and the existing gaps (resources, health system and risk factors).

Health must be an intersectoral concern and not of the health ministry alone. Determinants of health must be addressed. A coordinated intersectoral effort would help improve health and promote socioeconomic development through universal education, safe environment, water and sanitation and food safety.

Effective disease control could be achieved through strengthening of health system by provision of universal basic health care by making essential medicines, knowledge and commodities accessible. An integrated approach for control of diseases was advocated. Decentralization should be emphasized with a stress on capacity development and resource mobilization through people's involvement.

National policy should support strengthening of management in districts and provinces in the decentralized system.

Health promotion and adoption of healthy life-styles was the key to sustained disease control. This included promotion of regular physical activity, consumption of balanced diet, timely and appropriate utilization of health care and refraining from excess intake of alcohol, consumption of tobacco in all forms, and unsafe sex by all the people. The Ministers were concerned about the ill-effects of tobacco use in all forms.

The relevance and use of intercountry cooperation mechanisms in effective disease control in the control of iodine deficiency disorders, elimination of leprosy and eradication of poliomyelitis was recognized.

Concern was expressed regarding cross-border spread of diseases and unreached population groups. The efforts made by the Member Countries, WHO and partners to focus on the hot spots in the border districts, e.g., Myanmar-Thai border, and the border districts of Bangladesh, Bhutan, India and Nepal were appreciated. It was important to focus on district-specific actions in the integrated control of priority communicable diseases, such as malaria, tuberculosis, HIV/AIDS and kala-azar; to begin with, pilot districts were identified to initiate cross border collaborative project. Based on the lessons learnt, cross border collaboration should be extended to all concerned districts. The Member Countries concerned should make specific provisions in the selected districts to finalize the plans of action, and initiate health management information system and begin implementation of the collaborative programme. For this to happen, necessary mechanisms should be strengthened by the government in the pilot districts chosen.

Japanese encephalitis control efforts through vaccination in pilot districts of Nepal appeared to be successful. Vaccine was useful in reducing the cases. Thailand shared the experience of reducing cases even before the vaccine was introduced. Efforts were needed to improve case management to reduce the case fatality rates, procure and provide effective vaccine and undertake environmental control measures in the control of Japanese encephalitis.

Recommendations

(1) Effective control of diseases and health problems should be achieved by addressing determinants of health using an intersectoral approach, which, among others, includes education, safe environment, water and sanitation, nutrition and food safety. It is necessary to strengthen health systems to ensure universal basic health care through increased accessibility to knowledge, essential medicines and commodities.

(2) Health promotion should be undertaken widely to ensure healthy life styles, appropriate diet, regular physical activity, timely and appropriate use of health care and convince the people to refrain from tobacco use in all forms, substance abuse, unsafe sex and excess alcohol consumption. The existing mechanisms like health promoting schools should be strengthened.

(3) Priorities in disease control should be based on disease burden, availability of cost-effective interventions and gaps identified (resource gaps, health systems and risk factors). The Regional Office should continue to expand and sustain efforts to control HIV/AIDS, tuberculosis, malaria and childhood illnesses.

(4) External resources should be mobilized in a sustained manner. Heads of States/Governments should endorse the claim for support to Asia from the Global HIV/AIDS and Health Fund, which is justified on the basis of vulnerability of the population, poverty and high burden of HIV/AIDS, tuberculosis, malaria and childhood illnesses.

(5) The technical base to provide evidence in favour of the WHO SEA Region and advocacy for sustained support should be strengthened. Member Countries, in collaboration with WHO, should develop a regional proposal for funding by the Global HIV/AIDS and Health Fund. A Task Force, comprising one representative from each Member Country, should be constituted to prepare the regional proposal and sustain the technical base and advocacy.

(6) Continued representation by Thailand and India on the Transitional Working Group and the proposed Governing Board of the Global HIV/AIDS and Health Fund is critical for the countries of the SEA Region.

(7) Intercountry cooperation and cross-border collaboration to tackle priority diseases in border districts should be fully supported. Intercountry cooperation should be intensified for elimination of leprosy, eradication of poliomyelitis and for tackling iodine deficiency disorders. In cross-border collaboration, to begin with, 11 border districts of Bangladesh, Bhutan, India and Nepal, and four districts each on the Myanmar-Thai border should implement the project to control malaria, tuberculosis, HIV/AIDS and kala-azar. Based on the lessons learnt, cross border collaboration should be strengthened in other concerned districts. Mechanisms should be strengthened for this collaboration by suitable and effective administrative measures.

4.4 Essential Drugs and Medicines Policy: Regional Perspective

Summary of Discussions

Manufacturing essential drugs is a technical issue; making them available was a political issue that requires political commitment.

The difficulties of procuring drugs for the public sector among others include choosing reliable suppliers, accommodating government financial regulations, reliability of supply, inability to attract good suppliers as the market/amount required was small, the manufacturers may not have the required quality systems such as Good Manufacturing Practices in place.

It was not enough to supply good quality essential drugs, but there should be measures including regular monitoring to ensure their rational use.

There had been successes in supplying affordable essential drugs but these have mainly been in the government/state sector. The government was responsible for ensuring affordable, essential and generic drugs for all sectors.

Comprehensive publicly-funded insurance ("macro") is a good target to achieve, but there are many problems on the way. The question would be, how the activities focused on prescriber/user ("micro") can be integrated into the macro approach.

Bulk Procurement Schemes (BPS) – smaller countries like Bhutan and Maldives would like assistance and WHO guidance. However technical issues such as harmonization of registration needed to be sorted out.

In drug information, the state had a role. The state must provide unbiased drug information for the prescriber and also as importantly to the consumer. The field must not be left to the manufacturers and sellers to promote products based solely on profit. The government should allocate a certain proportion of the drug budget for providing drug information.

Countries should decide on the basis of their health care needs what drugs should be manufactured and imported into the country. Drugs were a part of the right to health care for the population and the government must exercise its right to set the agenda.

Presently 95% of the drugs in the WHO Model Essential Drug List were available as generics. This must change with the Trade Agreements. Countries should make use of the flexibility in the Trade Agreements to achieve health care needs.

Traditional medicines and systems of care should be integrated into the health care system of the country. WHO's role in it was to encourage the countries to introduce appropriate regulation to ensure safety and quality of Traditional Medicine.

The smaller countries that did not have a private sector in pharmaceuticals should be careful in allowing the private sector until they had the capacity to regulate. When the private sector is allowed, it should be the Ministry of Health that would be primarily responsible and not any other Ministry such as Trade or Industry.

The role of Pharmacists in the health care system needed to be enlarged; there should be stress on the professional role of the pharmacist rather than as distributor of drugs.

Counterfeit drugs were an increasing problem. WHO was ideally placed to coordinate the cross-national activities required to combat this illegal and immoral activity. WHO should have regional collaboration to encourage information exchange and provide tools for country activities.

How could WHO advise and facilitate an appropriate mix of drug financing schemes within a country? Different models and experiences from fee for service, insurance, and capitation of fees existed, which needed to be collated and made available to interested countries.

How could WHO involve NGOs and civil society in decisions on pharmaceuticals to provide a suitable counterweight of public health interest in pharmaceuticals when dealing with profit-oriented industry?

Bhutan and Maldives discussed the necessity of drug quality control systems and the importance of developing national expertise.

WHO technical support in systems development, better regulation, quality control of medicines and integrating TM with the health care of the country, was required for the development of traditional medicine.

Trade Related Intellectual Property Agreements would have an increasing impact on health and therefore required regional expertise as well implementation of public health safeguards by countries. Health officials in the Region should be educated on these aspects.

Regional collaboration to achieve self-sufficiency in essential drugs was desirable and possible. India would be able to meet the demand for essential drugs in the region.

Recommendations

(1) WHO should offer technical support and facilitate activities such as Bulk Purchase Schemes (BPS) for Essential Drugs by generic name, and drug quality control systems, especially for the smaller countries in the Region.

(2) Countries should prepare detailed drug formularies and Standard Treatment Guidelines and tools for monitoring rational prescription and use of pharmaceuticals with WHO technical expertise. Countries should use a proportion of their drug budget for the preparation of these formularies and for drug information services.

(3) Countries should establish and WHO should collaborate in establishing, national forums comprising representatives of civil society, consumers and health professionals to guide decisions on the rational use of pharmaceuticals and to enlighten the community on these issues.

(4) A mechanism to continuously strengthen the capacity of the Ministries of Health on TRIPS issues and to foster close collaboration among the drug control authorities of the countries should be established with WHO's support as required. WHO should continue to provide technical expertise to the countries to examine their legislation to take advantage of the flexibility of TRIPS provisions, such as compulsory licensing and parallel imports. WHO should also support countries to carefully monitor the implementation of the TRIPS agreement and to formulate comprehensive regional proposals for the future revision of the TRIPS agreement. Countries should ensure that their delegations to WTO meetings that discuss TRIPS issues in Pharmaceuticals also include appropriate experts from the Ministries of Health.

(5) Countries should, in collaboration with WHO, develop appropriate mixes of drug financing schemes that incorporate "macro" (national, sub-national) and "micro" (prescriber, patient/consumer) measures, through the provision of expertise, tools and country experiences.

(6) Countries should, in collaboration with the WHO, rationalize the number of pharmaceutical products circulating in their national market to make sure that the registered products correspond to their health care needs.

(7) WHO should support the countries to integrate alternative/traditional medicine with the national health care systems, strengthen human resources, establish/strengthen regulatory mechanisms and to improve measures on safety and quality control of traditional medicines.

4.5 Regional Input into Organization-wide Priorities for the 2004-2005 Biennium

Summary of Discussions

It was noted that the task was not intended to identify specific regional priorities that would be the basis for operational planning of country and regional/intercountry programmes. Rather to provide input for more general priorities (general guidance) at a more strategic organizational level.

Concern was expressed that the list of the Region's priorities was too inclusive (an excessive number of priority diseases) and too broad (disease categories contained too many discrete diseases/items) to convey a sense of priorities. The list of priorities should not be so long that it would not be considered for input into the organization-wide priorities. It was further noted that the resources of WHO were severely constrained; they could not be spread over a large number of "priorities" if there was to be any impact.

There was general agreement on the need to prioritize the listing of areas to be offered as SEAR input into the organization-wide priorities; multiple approaches and categorization schemes were offered. This included among others:

- Listing of individual diseases/subject areas that were perceived to be priorities (malaria, HIV/AIDS, TB, lack of resources; water and sanitation; nutrition, and oral health).
- Developing/determining indicators for each of the 14 priority areas noted in the working paper, prioritizing on the basis of those indicators.
- disease groupings (maternal and child health, NCDs).
- identification of risk factor groupings.
- categorization schemes such as:
  - continuation of ongoing programmes, those that require further focus and intensification, and new areas in which WHO could act as a catalytic agent
  - infections, lifestyles, environmental health risks
  - disease category-based (categorized by burden of disease – those with the highest BOD among the countries of the Region) and health risk – this approach would be evidenced-based. For the two evidence based approaches, it was noted that the EIP department in SEARO is undertaking an effort to develop country data that countries will "sign-off on." That effort will not be completed in time to provide input for the EB.
- Use of the 14 areas identified by the HLTF for intercountry cooperation with adjustment.

However there was no agreement, nor a general consensus as to the approach to be taken.

It was pointed out that there were many similarities between the list of regional priorities as noted in the working paper and the organization-wide priorities for 2002 – 2003 (malaria, HIV/AIDS, TB, communicable diseases, maternal health (though it was felt that maternal health should be expanded to include the broader items under reproductive health), tobacco, NCDs, mental health, food safety, safe blood, health systems). It was also noted that some areas were particular to SEAR (nutrition, environmental health risks, leprosy, dengue).

It was recognized that while the Regional Office would be undertaking the detailed exercise for identifying regional priorities as a part of its planning process for 2004-2005, the regional input into the Organization-wide priorities had to be submitted to the 109th Session of the WHO Executive Board in January 2002: hence, regional input should to be provided latest by November 2001. At the same time, it was acknowledged that there would be significant pressure to ensure continuity of the global priorities for the 2002-2003 biennium.

There was general agreement on the need for the countries to adopt a more focused approach to prioritizing health problems/issues. Within this context, it was further agreed that WHO should provide technical support to Member Countries for undertaking "burden of disease" studies (including data collection and analysis), and applying the results for determining health priorities. In some instances, this also would involve strengthening of the health information system.

It was pointed out that in listing areas for inclusion in the organization-wide priorities "other communicable diseases" (other than malaria, tuberculosis, HIV/AIDS which warrant listing as a separate area) could be accommodated under one heading. It was further recognized that as maternal mortality continued to be a significant problem in the Region, it should be explicitly noted among the areas suggested for inclusion in the organization-wide priorities. There was general agreement that health education also should be suggested for inclusion in the organization-wide priorities. While population stabilization was acknowledged to be a significant problem for the Member Countries, it was noted that the issue was more appropriately addressed by UNFPA.

Recommendations

(1) The following areas should be suggested for inclusion in the WHO Organization-wide priorities for 2004 – 2005, noting that the order of appearance does not reflect the relative priority of the area vis-à-vis others.

- Malaria, tuberculosis, HIV/AIDS
- Dengue fever and dengue hemorrhagic fever
- Kala-azar
- Other communicable diseases (filariasis, poliomyelitis, Japanese encephalitis and leprosy)
- Cancer, cardiovascular diseases, diabetes, oral health, blindness and deafness, injuries, and suicide
- Tobacco in all its forms
- Maternal, adolescent, and child health
- Food safety
- Nutrition
- Mental health and substance abuse
- Safe blood
- Environmental health risks
- Arsenic poisoning
- Essential drugs and drug safety
- Health systems
- Health education, health promotion and sports
- Human resources for health

(2) WHO should provide technical support to Member Countries in undertaking and applying "burden of disease" studies (including data collection and analysis) in a focused approach to identifying health needs and targeting their response.

5. FIELD VISIT

The Ministry of Health, Government of the Republic of Maldives, arranged a field visit for the Honourable Health Ministers to Himmafushi Island. The Ministers visited the Drug Rehabilitation Centre (DRC) in this Island, where they were received by Dr Ibrahim Hassan, Deputy

Director and this team. Introduction of the DRC programmes was done by Assistant Counsellor Abdulla Faseeh and a short brief about the care and treatments in DRC was given by Client Mohamed Razeen. Thereafter, the Ministers visited the Himmafushi Health Centre.

6. ADOPTION OF THE REPORT

After due deliberations, the Ministers adopted the report of the meeting.

7. ANY OTHER ITEM

Elective Posts of 55th Session of the World Health Assembly and WHO Executive Board

The Ministers unanimously agreed on the following elective posts of the Fifty-fifth World Health Assembly and WHO Executive Board from SEAR countries:

Office	Countries
WHA:	
Vice President	Nepal
Vice-Chairman *Committee A*	India
Rapporteur *Committee B*	Indonesia
General Committee (*1 Member*)	DPR Korea
Committee on Credentials (*1 Member*)	Thailand
Committee on Nominations (*2 Members*)	Indonesia, Maldives
EB:	
Nomination for SEAR country to be made in place of India, whose term expires in May 2002	Maldives

8. CLOSING SESSION

The Regional Director, Dr Uton Muchtar Rafei, in his concluding remarks, congratulated the Ministers of Health on the successful conclusion of their 19th meeting. He expressed his appreciation to the Chairman, Co-Chairman and ministers for their valuable contribution and affirmed that the objectives of the meeting were fully met. He also expressed his appreciation for the arrangements made by the officers of the Ministry of Health and all other organizations of the Government of the Republic of Maldives.

He assured H.E. Mr Ahmed Abdullah of WHO's full cooperation during the period of his leadership of the Health Ministers' Forum and confirmed that WHO would immediately start taking appropriate actions on their recommendations.

The Ministers of Bhutan, DPR Korea, India, Myanmar, Nepal and Sri Lanka placed on record their deep appreciation towards the Government of the Maldives for hosting the meeting in a memorable manner. They also acknowledged the personal contribution of the Chairman, Mr Ahmed Abdullah, and the Regional Director, Dr Uton Muchtar Rafei, to the success of the meeting. H.E. Mr Ahmed Abdullah was welcomed as the new Chairman of the Health Ministers' Forum. The Ministers acknowledged the contribution of the Advisers and members of the drafting group to the success of the meeting. The Ministers thanked their host for his generous hospitality and for the excellent arrangements made for their meeting, stay and travel for the field visit. The technical support provided by Dr Uton Muchtar Rafei, Regional Director, was also appreciated.

Dr Azrul Azwar, Observer from Indonesia, informed the Honourable Ministers that Indonesia had offered to host the 20th meeting of the Health Ministers in 2002. The Chairman requested Dr Azrul Azwar to convey his appreciation and that of his colleagues to the Honourable Minister of Indonesia for his kind offer.

H.E. Mr Ahmed Abdullah acknowledged that the success of the meeting was primarily due to the cooperation extended by the Ministers. He placed on record his sincere thanks to the Regional Director for organizing the meeting as also for the excellent technical support provided for it. He also expressed his appreciation for the hard work put in by the Advisers and the drafting group. In conclusion, he called upon the Ministers to ensure that the recommendations were followed up and properly implemented according to the conditions in their respective countries. He also sought the cooperation of the Ministers in discharging his responsibility as the Chairman of the Health Ministers' Forum, and announced the closure of the Nineteenth Meeting of the Ministers of Health of the Countries of WHO South-East Asia Region.

Annexes

Annex 1

AGENDA

1. Inaugural Session
2. Introductory Session
3. Review of Actions taken on the Recommendations of the 18th Meeting of Health Ministers

3A. Review of High-Level Policy Meetings in WHO South-East Asia Region

4. Update on Health Problems in the Region
5. Essential Drugs and Medicines Policy: Regional perspective
6. Regional Input into Organization-wide Priorities for the 2004-2005 biennium
7. Field Visit
8. Any other item
9. Adoption of the Report
10. Closing Session

Annex 2

LIST OF PARTICIPANTS

1. MINISTERS

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Dr Pruttichai Damrongrat
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4. WORLD HEALTH ORGANIZATION

Dr Uton Muchtar Rafei
Regional Director

Mrs Poonam Khetrapal Singh
Deputy Regional Director/
Director Programme Management

Dr German Velasquez
Co-ordinator Drug Action Programme EDM
WHO/HQ

Dr Ei Kubota
WHO Representative, Maldives

Dr Vijay Kumar Director
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Dr Palitha Abeykoon
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Mr B.S. Lamba
Sustainable Health Policy Officer

Dr K. Weerasuriya
Essential Drugs and Medicines Policy

Dr Harry Feirman
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Dr S. Puri
Medical Officer, WRO Maldives

Annex 3

INAUGURAL ADDRESS BY HIS EXCELLENCY MR. MAUMOON ABDUL GAYOOM PRESIDENT OF THE REPUBLIC OF MALDIVES

Honourable Ministers,
the WHO Regional Director,
Distinguished Delegates,
Ladies and Gentlemen,

Health is the foremost liberty, an asset essential for a happy and productive life.

But, people often take good health for granted, as so eloquently stated by the Holy Prophet when he said, "Many people are deceived by two blessings: being well and being carefree."

Nothing over the past 1,400 years has changed that perception. New medical challenges have emerged. Great victories have been achieved. But, good health is something you have to work for. In fact, consistent effort is needed in the battle to be well.

I am indeed delighted that the 19th Meeting of the Ministers of Health of the WHO South East Asia Region is being held in the Maldives. I hope that your meeting will be a fruitful one, and that your stay with us will be pleasant and enjoyable.

Over the past quarter of a century, important health gains have been achieved by all countries in our region. The progress is evident in the improvements secured in such vital areas as life expectancy, infant mortality, and childhood morbidity. A child born in any of our countries

today enjoys the expectation of a much better quality of life than one born 25 years ago. We have all made steady progress towards the realization of the goal of *Health for All*. What has been accomplished bears testimony to the commitment of the governments and peoples of the countries to the pursuit of health for all.

While we may rightly celebrate our successes, the dangers that we still face are indeed daunting. The region carries a disproportionate share of the global incidence of disease and deprivation. Nearly two-fifths of the world's tuberculosis cases and about three-quarters of leprosy cases are to be found in this region. Indeed, the death toll suffered by the region is startling. 41 percent of deaths worldwide from communicable diseases are recorded in South East Asia. Nearly a third of global infant deaths and deaths before the age of five, occur in this region. Likewise, two-fifths of all maternal deaths take place in South East Asia. These figures tell a woeful tale, a human tragedy on a mammoth scale.

The problems that persist should define the agenda ahead of us. The HIV/AIDS pandemic and re-emerging infectious diseases, such as drug resistant strains of tuberculosis, are rapidly spreading. Malaria continues to be a major public health problem. The incidence of non-communicable diseases, especially cardiovascular ailments and cerebrovascular diseases, are also rising. These growing threats call for concerted action.

It is also vitally important to step up efforts to promote safe motherhood and increase our capacity to cater to women's health and well-being.

Furthermore, as highlighted by this year's World Health Day theme, appropriate measures must be adopted to alleviate the anguish of those who suffer from mental ill-health and of children with special needs. The best society is that which is most inclusive. Stronger efforts are also needed to cope with substance abuse, by fighting drug trafficking, reducing demand and promoting rehabilitation. Indeed, where there is no caring, there is no future.

We must also be alert to the impact of the quality of the environment on our health and vitality. In a region where over 25 percent of the world's population live, there are inevitable ecological pressures that affect our health. These include the quality of the air we breathe and the water that we use. In this regard, waste disposal, housing conditions and food quality are important concerns that require our immediate attention. Over the long term, global warming and climate change pose severe health hazards in the form of destruction of our environment and the possible outbreak of new and lethal diseases.

Addressing these challenges, therefore, is and will remain for the foreseeable future a monumental task. The main debility that afflicts the region is widespread poverty. Over 35 percent of the world's poor live in our region. Malnutrition is widespread. Deprivation and squalor defeat health and undermine the quality of life. Sustained social and economic development is thus central to the prevalence of good health in any community. This important principle was stressed in the "Declaration on Health Development in the South East Asia Region in the 21st Century", proclaimed by you in 1997.

Health for all requires mobilizing *all for health.* Close co-ordination with other social and economic sectors will be essential. The rich legacy of traditional medicine that the countries of this region have inherited can complement modern medicine in many ways. However, prevention is often the best cure. Thus, health promotion or the use of education to advocate healthier lifestyles would be the best investment. For, good health is not something that can be prescribed by the doctor. It is a condition that we attain and maintain by conscious effort.

Here, I would like to applaud the WHO's "Tobacco-Free" initiative. I am happy that we in the Maldives have been able to implement most of the measures recommended in this important campaign.

Over the past two decades, the Maldives has been blessed with important gains in the health sector. Infant mortality rate has been reduced to 20 per thousand, down from over 120 nearly two decades

ago. Average life expectancy has increased from 48 years to 71 years. Malaria has been wiped out. Polio has been eliminated. Child immunization coverage has become universal.

The total number of people presently infected with HIV/AIDS in the country is only five. By the grace of the Almighty Allah, not one person has tested positive to HIV/ AIDS over the past four years, a matter of great comfort to us. We believe that our safety against AIDS has been built on the sound foundation of our Islamic way of life, which abhors promiscuity and gives central importance to family values.

Despite the successes that have been attained, the tasks that remain on the national health agenda require vigorous effort. Many of these relate to non-communicable and genetic diseases. It is estimated that over *20* percent of our population are carriers of thalassaemia and other blood disorders. Clearly, there is a need to consider what special measures can be taken in countries such as ours to reduce the incidence of these diseases. More attention needs to be paid to family planning, maternal and child health, and nutrition.

Our efforts to address these problems need a high level of commitment, and the active participation of the public and the private sector. The wide dispersal of population centres in the Maldives imposes very high unit costs on service delivery. Despite such constraints, the health and well-being of the people remains a top priority of the Government. According to the World Health Report 2000*,* the Maldives is the 19th highest spender on health as a percentage of GDP in the whole world, and the highest spender in the South East Asia Region.

In our efforts to provide better health facilities throughout the country, we have been ably assisted by our development partners. For over four decades now, the WHO has been a very active partner in our quest to improve the health status of the people. I recall with pleasure that the WHO was the first inter-governmental organization to begin any work in the Maldives. Since then, our relationship with the organization has indeed been a very fruitful one, and I wish to thank the Regional

Director, Dr. Uton Muchtar Rafei for the valuable co-operation extended to us by his office. UNICEF has also been very effective in helping us in promoting child health care, as has the UNFPA been in the area of reproductive health.

I would also like to note the generous contributions made by our other development partners towards strengthening our preventive and curative health care services. One of the biggest constraints that we face in the health sector development is the shortage of skilled medical personnel. The WHO, and many of our friendly countries have been making a very important contribution in overcoming that problem.

In our quest for a better tomorrow, we in the Maldives have proclaimed a national Vision 2020, one that embodies our hopes and aspirations for the future. It envisages that, in the health sector, by the year 2020, good quality medical care will be available to all citizens in the area in which they live. The people will also have easy access to a countrywide health insurance scheme. Quality, affordability and accessibility are the key concepts behind that vision.

Today, more than ever before, science and technology are opening up new fronts in our war against disease and distress. Economic development and social progress increase the resources at our disposal. Closer regional and international co-operation provides greater avenues for sharing experiences about caring.

Let this meeting carry forth a message of hope that the vast intellectual, social and economic resources of our time will be used not only efficiently, but also equitably and compassionately. Let us find more practical ways to increase access to a better quality of healthcare for all.

Only when our peoples are freed from the burdens of ill-health will they be able to realize their full and rich potential.

Health, indeed, is the foremost liberty and the ultimate victory.

Thank you.

Annex 4

WELCOME STATEMENT BY
MR. AHMED ABDULLAH
THE MINISTER OF HEALTH OF MALDIVES

Your Excellency, President Maumoon Abdul Gayoom,
Hon. Ministers of Health of countries of South East Asia Region,
WHO Regional Director Dr. Uton Muchtar Rafei,
Distinguished Delegates, Ladies and Gentlemen,

It is an honor and a privilege for the Maldives to host the Nineteenth Meeting of the Ministers of Health of South East Asia Region. Let me take this opportunity to extend a very warm welcome to all the distinguished ministers, Regional Director and other delegates.

Honorable Ministers of Health, we are very thankful to you for sparing your time to visit the Maldives and enrich this meeting with the wealth of your knowledge and experiences. We are aware that all of you are pre-occupied with important and pressing duties back at home.

The Maldives is traditionally famous as a friendly warm country, an impression that emanates from the very nature of this country, blessed as it is with some of the most exotic marine gardens and sun-bathed tropical beaches. I sincerely hope the hospitality and friendship that we have the honor to extend to all of you would prove warm enough to provide a conducive atmosphere for a constructive and successful meeting.

It is indeed a very singular honor and privilege for us that H.E. President Maumoon Abdul Gayoom has kindly graced this occasion to

inaugurate our meeting. Your Excellency's presence here bears testimony to the great importance Your Excellency has given to the health of the people of this region. Indeed, health and welfare of the people has always been very close to Your Excellency's heart. We are most grateful to Your Excellency for inaugurating this meeting and giving your visionary direction in our quest for better health for the people of this region.

Your Excellency's Vision 2020 enunciated last year is a beacon that will guide us in our pursuit of a more developed and prosperous Maldives. Guided by the landmark vision, we have set ambitious goals and formulated dynamic strategies towards a healthier and prosperous Maldives. The cornerstone of health in the vision 2020 is to inculcate the Maldivian people with a wealth of healthy behaviors on a foundation of preventive and promotive health.

During the past two decades we have experienced spectacular socio-economic advancements in Maldives. Your Excellency's decisive development policies and initiatives have paved the way for the present strides in all spheres of life. Looking at the health status of our country 2 decades ago, we are flooded with poignant memories of bygone days when the country was rampant with dangerous diseases and ill health, aggravated by very difficult and precarious conditions due to our geographical and resource constraints. The number of lives that had been lost was indeed staggering. Shigellosis and cholera was taking a heavy death toll due to poor sanitary conditions and meager facilities available. Maternal health was poor and many mothers and children lost their lives during pregnancy or childbirth. Many of today's young people born in those circumstances, and lost their mothers are still feeling the absence of their mothers to share the joys of the promising life they are enjoying today.

Today the situation has changed so much for the better. IMR has declined from 120 to 20 per thousand live births. People are living healthier and happier than ever, enjoying a life span of 72 years compared to 48 years two decades ago. The water and sanitation

situation has greatly improved along with the living conditions. There are bountiful opportunities for everyone to educate and work to prosper in a world that is going through unprecedented development.

We in South East Asia are endowed with extremely rich resources including a quarter of the world population. We also share a heavy burden of diseases and ill health.

South East Asia shares more than half of the global disease burden. Those include nearly 40% maternal death, 41 % deaths due to infectious disease, 40% of tuberculosis, 70% poliomyelitis, 25% of hepatitis B, over 15% of HIV/Aids and about 35% of blindness.

Infant mortality rates in some countries are also very high ranging from 80 to 100 per thousand live births. An analysis of under-five mortality shows a similar trends. Protein, energy, malnutrition and deficiencies of micronutrients such as iodine, Vitamin A and Iron are also major public health concerns.

Non communicable disease in the region also accounts for over 22% of global NCD related mortality and more than 25% of global NCD burden. In our region, over 52% of all deaths and nearly 40% of disease burden comprise of non-communicable diseases. It is a disturbing scenario that these diseases are assuming serious proportions especially a sharp increase in the incidence of cardiovascular diseases. While motility from cancer also continues to increase rapidly, a similar lifestyle related disease, diabetes mellitus has emerged as an urgent public health issue. Blindness is another serious problem as more than a third of world's blind also live in South East Asia,

We also have a major problem of water born diseases and poor hygiene and a large majority of the people do not have access to clean and safe water. As water is essential for life, this situation poses many risks to the health of the people.

During the past 50 years WHO leadership has been pivotal in fighting diseases and improving the health of the region and the whole

world. We have made significant progress in health development. But we still have a long way to go. Indeed, what is paramount is WHO's continued leadership and our regional solidarity to harness our resources and to make the best out of it. With our collective resolve and endeavours, we can find solutions to our growing problems and bridge our health divide. We must make our unity and solidarity our legacy to nurture the development and quality of life in South East Asia.

We commend the reform initiative of WHO Director General Dr. Gro Harlem Brundtland to improve world health and strengthen national health systems. We wish her every success in re-structuring WHO to cater to changing and growing global health needs.

I would also like to thank our Regional Director Dr. Uton Muchtar Rafei for leading our region to achieve notable progress in health.

The continued generous assistance and cooperation from the countries of the region has been a source of strength to us. I thank the honorable Ministers for this generosity.

Investment in health is a most rewarding investment for a nation. We know very well that financial burden of ill health from lowered productivity and increased health care cost. Let us all be united in sound investment for the health of our people so that the countries of South East Asia Region prosper.

After all, no wealth is more precious than the wealth of health.

Thank you.

Annex 5

ADDRESS BY DR UTON MUCHTAR RAFEI
REGIONAL DIRECTOR
WHO SOUTH-EAST ASIA REGION

Your Excellency, President Abdul Gayoom,
Honourable Health Ministers,
Excellencies,
Ladies and Gentlemen,

It is a matter of immense pride and great pleasure for all of us that this important meeting of the Ministers of Health of the countries of WHO South-East Asia Region is being inaugurated by H.E. Mr Abdul Gayoom, the President of the Republic of Maldives. Excellency, your presence on this occasion reflects the high priority that you and your government accord to the health of your people. This is highly inspiring for all of us.

I also extend my heartiest greetings and a very warm welcome to the Honourable Health Ministers. I deeply appreciate that the Ministers have made it convenient to attend this meeting, despite their many responsibilities in their respective countries. Honourable Ministers, your presence at this meeting demonstrates your commitment to regional solidarity for health development.

Before proceeding further, may I, on behalf of the participating Health Ministers as also on my own behalf, place on record our grateful thanks to the Government of the Republic of Maldives, and especially to H.E. Mr Ahmed Abdullah, for so graciously hosting this meeting in this beautiful island.

At the threshold of the 21st century, it would be opportune for us to take stock of both our achievements and the unfinished health agenda in our Region. The unprecedented health advances over the past 50 years have afforded people a healthier life and a longer lifespan. By the year 2000, life expectancy had risen to 64, an increase of 17 years in five decades.

The recent certification of eradication of guinea-worm disease marks the second disease, after smallpox, to have been eradicated by the Region. We are now on the verge of eradicating polio and eliminating leprosy. Neonatal tetanus can also soon be eliminated as a public health problem. The need is for sustained action backed by political commitment.

However, the age-old communicable diseases, such as tuberculosis and malaria have re-emerged. At the same time, noncommunicable diseases, such as cancer and cardiovascular diseases, are also becoming serious public health concerns. Diseases like HIV/AIDS, are posing a grave threat to human development itself. Infant and maternal mortality rates continue to be unacceptably high in many of our countries.

Widespread poverty and illiteracy, malnutrition and the low socioeconomic status of women seriously constrain health development in our Region. The ever-increasing population, rapid and unplanned urbanization, and industrialization are putting an immense pressure on the environment, leading to serious risks to human health. Provision of safe drinking water, basic sanitation, and safe and adequate food for millions will continue to be serious health challenges in the coming decades.

We all know that good health is vital for economic and social development. The challenge, now, is to respond to the growing public perception of a deep health divide and to close the gap between those who enjoy good health, and feel that they can control their destiny, and the millions more whose lives are undermined by diseases and ill-health.

Notwithstanding the daunting challenges, the growing international recognition of the centrality of health to all development is a very promising trend. Today, globally, there is a much wider appreciation of the links between health and development, poverty and ill-health, health and environment and even health and globalization.

It may be recalled that last year, while debating urgent global issues at Okinawa in Japan, the G-8 Summit also gave prominence to health issues. While committing themselves to work with WHO, leaders of G-8 promised to fight against infectious and parasitic diseases, which, they said, "*threaten to reverse decades of development and to rob an entire generation of hope for a better future*."

Today, health is high on the agenda of the Finance Ministers at the annual meetings of the World Bank and IMF, as they discuss poverty and debt relief. Top priority is being given to overhauling IMF and the World Bank in order to prevent a recurrence of the 1997-98 financial crisis. A new order of debt relief is being sought. The World Bank and other regional development banks will place greater emphasis on loans that improve productivity in poor countries. This means availability of larger external resources for health development. But this also signals the need for a strong commitment by countries to actually channel these dividends into priority social programmes for health and social gains to be reaped.

Health was the key theme in the Millennium Report of the Secretary-General of the United Nations. Health also figured prominently in the deliberations of the United Nations Social and Economic Council in Geneva during the last month. Besides emphasizing the centrality of health in poverty reduction, ministers and high-level representatives confirmed that HIV/AIDS pandemic and other infectious diseases such as malaria and tuberculosis were at the top of the international political and development agenda. This was amply manifested in the unanimous adoption of the theme for the meeting of next year's high-level segment: namely, the contribution of human resources development, including health and education, to the process of development.

You are no doubt aware of the UN General Assembly Special Session on AIDS and Health held in June this year. The outcome of this special session reflects an extraordinary level of political commitment of all affected nations, and provides a powerful declaration on which all can build. Mr Kofi Annan has recently affirmed that in order to encourage development in many countries, the runaway contagion of HIV/AIDS and other diseases must be contained.

After this Special Session, a meeting was convened last month in Brussels by the UN Secretary-General, along with Mexico, Italy, Norway, Nigeria and Thailand. The objective was to take forward the process of developing the Fund. It recommended that a Transitional Working Group, based in Brussels, supported by a small technical secretariat, including WHO, be established to carry forward the process of developing the Global Fund for AIDS and Health. From our Region, India and Thailand would be the members of the Transitional Working Group.

You will be glad to learn that commitments to this Fund have now topped 1.8 billion dollars. Further attention was given to this Fund when G-8 leaders met in Genoa about a month ago. The plans for the Fund were endorsed in the main G-8 Declaration.

While we, in the WHO Regional Office, are going to work closely with the representatives of India and Thailand in order to maximize our share of the Global Fund, may I urge the Honourable Health Ministers to consider the most practical mechanisms of demonstrating regional solidarity in order to get a fair share of the Global Fund for the countries of our Region. Forging solidarity for this purpose is essentially a political process, and Ministers are in the best position to carry it out in order to achieve the objective. The Honourable Ministers may advise the Heads of States and governments of their countries to come out with a strong declaration to lay stake to their due claim from the Fund. It may be the best in case the Heads of States and governments issue a joint declaration. Joint declaration can be issued at the SAARC and ASEAN Summits. The efficacy of a joint declarations would be greatly enhanced

if it extends beyond regional configurations and encompasses the whole of Asia. I am confident that the Health Ministers, in consultation with their foreign ministers, can work out the modalities in this regard. May I request His Excellency the President to kindly provide guidance and leadership in this respect.

The Director-General of WHO, Dr Gro Harlem Brundtland, has established a Commission on Macroeconomics and Health to clarify the economic links between health and poverty reduction. Its report is expected to be released by the end of the year. We in WHO, expect to make a powerful contribution to future health and development through this report. We are planning a massive effort on the diseases of poverty such as malaria and tuberculosis. The Global AIDS and Health Fund, large donations by Bill Gates and other Foundations, increasing assistance by the World Bank and other development partners shall enable execution of this massive effort and thus lead to development and poverty reduction.

We must take full advantage of this changed scenario for the health of the people of our countries. As we assemble now during this meeting of the Health Ministers, we are called upon to marshal our collective wisdom to find an appropriate solution to our health problems. We are also called upon to make full use of the increasing external assistance that is now becoming available. WHO is committed to support countries in mobilizing such assistance for their health development in accordance with their national priorities.

Problems are formidable: but solutions exist. Interventions are available. Strategies to improve the situation are known. We can bridge the health divide through improving access: access to resources; access to commodities; access to information and technology; access to health systems, together with infrastructure and institutions that make this possible. We must act now. We must reinforce intercountry cooperation and partnerships with one and all. This window of opportunity may close at any time!!

During this meeting, the Honourable Health Ministers will be reviewing the Health Problems in the Region. They will deliberate upon topical issues concerning Essential Drugs and Medicines Policy in the regional perspective. The Ministers will also reflect on Regional Input into WHO's Organization-wide Priorities for the 2004-2005 biennium. As in the past, the deliberations of the Ministers at this meeting will guide us in moving forward. Their deliberations will accelerate national health development and reinforce regional solidarity.

I sincerely thank you for your kind attention.

Annex 6

ADDRESS BY MR SHARAT SINGH BHANDARI HEALTH MINISTER OF NEPAL

Your Excellency, the President of the Republic of the Maldives,
Honorable Health Ministers,
Regional Director, WHO South-East Asia Region ,
Excellencies,
Ladies & Gentlemen,

I have the honor and privilege to address this inaugural session of the nineteenth Meeting of the Health Ministers of the countries of WHO South-East Asia Region. At the outset, on behalf of the Health Ministers, and on my own, I would like to express my sincere thanks to the Government of the Republic of the Maldives for extending a warm welcome to us in this beautiful island. I have the honor to express our grateful thanks to Your Excellency, the President of the Republic of Maldives, for being with us in spite of your other preoccupations, to inaugurate this meeting . I would also like to express my appreciations for Dr. Uton Muchtar Rafei, Regional Director, for arranging this important meeting.

On this occasion, I would like to recall the discussion last year in Kathmandu during the 18th ministerial meeting. Emphasis was rightly placed on rationalizing WHO resources to strengthen inter-country collaboration; health reforms and HIV /AIDS in South East Asia Region. Recommendations were also made for WHO collaborative work on topical health issues, particularly of regional nature.

It is gratifying to note that Regional Director established a High Level Task Force representing all member states, to enhance inter-country cooperation. WHO has provided support to an inter-country project for cross-border collaborations for common diseases. The Roll Back Malaria Initiative has been launched on a pilot basis in seven member countries. A resolution on regional strategy for maternal mortality reduction was adapted at the 53rd session of the WHO Regional Committee. These are some of the notable achievement made by us.

The concept paper developed by WHO on arsenic contamination of ground water will help countries like Bangladesh, India and Nepal in developing arsenic mitigation strategy. The 10 point Regional Strategy for Food Safety and a concept paper on occupational health, developed with WHO support, would facilitate development of national intervention for ensuring food safety and promoting occupational health. Furthermore, Health Profile of Women in South Asia, released by SEARO in September 2000, presents evidence based analytical health information on various phases of women's life span in the countries of the region. The utilization of such analytical information would greatly contribute in mainstreaming women's health concerns in priority programmes for health development.

Political commitment and multisectoral response to HIV/AIDS prevention and control are reflected in the respective health plans of member countries. But, overall HIV/AIDS situation remains volatile. The access to life-prolonging drugs, high price of Antiretroviral drugs and institutionalization of HIV/AIDS prevention are some of the daunting challenges that need to be addressed more effectively.

In all the countries of the South East Asia Region, national mechanisms for enhancing their capability for planning and managing health sector reform processes are in progress, with the support of WHO. In Nepal, important policy instruments have been enacted to further facilitate the implementation of the health targets set out in Nepal's health plan.

We have a lot to do for improving health sector management, particularly in regard to decentralization and building local level capacity; accountability of health care providers; fairness of health financing and resource mobilization; equity in and access to health care and people's empowerment in health for policy orientation. I am glad that we shall be deliberating upon these subjects at this meeting. I note, with satisfaction, that the agenda of this 19th meeting is focused on high priority themes and issues.

I have recently learnt about the Global Health Fund for HIV/AIDS and Health. This represents a unique opportunity for us to ensure that the countries of our region get their due share of this fund.

On behalf of Health Ministers, and on my own, I would like to congratulate the Regional Director Dr. Uton Muchtar Rafei, and his able team, for following up on the policy decisions taken at the previous Health Ministers' Meetings.

I would like to express my sincere thanks to all Member States of the WHO South East Asia Region for their cooperation and support extended to Nepal during its tenure as Chair of the Health Ministers' Forum. I am confident that the deliberation at this meeting and its recommendations will further provide pragmatic direction to our collective efforts to achieve our health goals. Lastly, I would like to extend my best wishes to my successor and assure him of our best cooperation.

I thank you all for your kind attention.

Annex 7

STATEMENT OF THE MINISTERS OF HEALTH OF THE COUNTRIES OF THE SEA REGION ON THE ESCALATING BURDEN OF HIV/AIDS

The burden of HIV/AIDS is escalating in South-East Asia at an alarming pace. Soon the epicentre of this pandemic will be in Asia. Therefore, the need to strengthen the Region's capabilities to combat the disease with effective preventive programmes and management of AIDS patients cannot be over-emphasized.

At their 19th Meeting held in the Maldives, the Ministers of Health of the Member Countries of the South-East Asia Region deliberated extensively on this subject. They also expressed their grave concern over the inadequate resources available in the Region to fight the disease. They expressed their keen desire to explore all avenues and opportunities to obtain a fair share of the Global HIV/AIDS and Health Fund set up by the Secretary-General of the United Nations.

While expressing their deep gratitude to the Secretary-General for establishing the Fund, the Ministers of Health at their yearly meeting unanimously agreed to seek the maximum possible support and contribution from the Fund through the highest political and diplomatic levels.

The Ministers therefore, suggested requesting their respective Heads of State or Government to pursue this matter appropriately.

The Ministers agreed on the efficacy of the mechanism of using SAARC and ASEAN to take up the matter with the UN Secretary-General for and on behalf of the one-fourth population of the world living in the

WHO South-East Asia Region. Towards this end, they agreed that India and Thailand may take the initiative of appropriately approaching SAARC and ASEAN respectively.

The Ministers also expressed their unanimous agreement to this matter being considered and supported by the respective Heads of State or Government during the forthcoming follow-up Special Session of the UN General Assembly for Children in New York in September, Commonwealth Summit in Brisbane in November, ASEAN Summit and SAARC Summit.