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

Bangkok, Thailand, 7 September 2010
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Inaugural Ceremony
Twenty-eighth Meeting of Ministers of Health
and Sixty-third Session of the WHO Regional Committee
for South-East Asia
Bangkok, Thailand, 7-10 September 2010
The meetings of the ministers of health of the countries of the WHO South-East Asia Region have been providing a forum to discuss important health issues in the Region as well as to forge bilateral and intercountry cooperation and regional solidarity. The first meeting of the Ministers of Health was held in 1981 in Jakarta, Indonesia and since then the ministers have been meeting regularly.

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

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

The meetings of the ministers of health have focused attention on priority issues and have led to several important initiatives in the countries of the WHO South-East Asia Region.

These meetings have contributed immensely towards enhancing cooperation, reinforcing political commitment and, most importantly, providing an opportunity for Member States to “unitedly” tap the potential for ensuring the well-being of people of the Region.
5. In keeping with the spirit of cooperation, with effect from the Twenty-fourth Meeting Ministers of Health held in Dhaka, Bangladesh, the practice of adopting a ‘ministerial declaration’ on the current World Health Day theme was started. These ‘ministerial declarations’, which have since been adopted in successive meetings of the Ministers of Health, have served as an effective basis for Member States and WHO for working together towards achievement of the results stipulated in the World Health Day themes.

6. For example, the Twenty-seventh Meeting of the Ministers of Health held in Kathmandu in September 2009, keeping in view the vulnerability of the Region to natural disasters, deliberated on protecting health facilities from emergencies and also adopted the Kathmandu Declaration on the subject. The Declaration expressed the commitment of the Member States to initiate necessary steps in this direction and urged the Director-General and the Regional Director to continue to provide leadership and technical support in building partnerships in this area.

7. Also, concerned with the global recession, the ministers discussed the Impact of the global financial crisis on health and agreed to the need of effectively involving the private sector in this social cause. It was also agreed that governments should be ready to bridge financing gaps resulting from decreased ODA funds so that nobody is denied health care due to lack of means in line with the philosophy of universal access embodied in the PHC approach.
8. There is a visible improvement not only in the quality of healthcare services but there is also a marked improvement in their accessibility in the countries of the Region; however, it is also true that more concentrated efforts are required.

9. The Twenty-eighth Meeting of Ministers of Health of Countries of the South-East Region was held in Bangkok, Thailand, on 7 September 2010, at the invitation of the Royal Thai Government. H.E. Mr Abhisit Vejjajiva, Prime Minister, Royal Thai Government, delivered the inaugural address at the joint inauguration of the Twenty-eighth Meeting of Ministers of Health and the Sixty-third Session of the WHO Regional Committee for South-East Asia.

10. Honourable Ministers from Bangladesh, Bhutan, India, Maldives, Myanmar, Thailand and Timor-Leste participated in the meeting. H.E. Mr Jurin Laksanawisit, Minister of Public Health, Royal Thai Government, chaired the meeting. H.E. Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India, was the Co-chair.

11. The agenda of the meeting included the following three items:
   - Review of Kathmandu Declaration/Follow-up actions on the decisions and recommendations of the Twenty-seventh Meeting of Ministers of Health
- Urbanization and Health
- Decentralization of healthcare services

12. The agenda, as adopted by the ministers and the list of participants are contained in Annexes 1 and 2, respectively.
13. A joint inauguration of the Twenty-eighth meeting of Ministers of Health and the Sixty-third Session of the WHO Regional Committee for South-East Asia was held in Bangkok, Thailand, on 7 September 2010.

Welcome address by His Excellency Mr Jurin Laksanawisit, Minister of Public Health, Royal Thai Government

14. His Excellency Mr Jurin Laksanawisit, Minister of Public Health, the Royal Thai Government, welcomed the distinguished delegates to the joint inaugural session of the Twenty-eighth Meeting of the Ministers of Health and the Sixty-third Session of the Regional Committee of the WHO South-East Asia Region. He conveyed his warmest greetings to the Prime Minister of Thailand, His Excellency Mr Abhisit Vejjajiva; the Health Ministers from the Member States of the WHO South-East Asia Region; the Director-General of the World Health Organization, Dr Margaret Chan; the WHO Regional Director for South-East Asia, Dr Samlee Plianbangchang; and other distinguished participants.
15. Commending the leadership for global health provided by the WHO Director-General and the Regional Director, His Excellency lauded the Bangkok Declaration as specifically relevant to the South-East Asia (SEA) Region. By the year 2030, 67% of Thailand’s population would be living in the cities, compared with 36.11% urban population as of today. In this context, Thailand was participating in the “1000 Cities, 1000 Lives” initiative of WHO, and 51 municipalities in the country actively participated in the campaign.

16. The Royal Thai Government is concerned not only with urban health but also rural, and has initiated many projects and policies for the well-being of all people. A National Committee, chaired by the Prime Minister, had been created to deal with health in a multisectoral and integrated manner. The per capita expenditure for universal health care was increased last year; and more support was being provided for the treatment of HIV/AIDS, hypertension, cancer, diabetes, cardiovascular disease and mental health. Furthermore, the government had allocated US$ 3 billion per year for the treatment of diabetes, paralysis, heart disease, cancer and other noncommunicable diseases (NCDs), and initiated a campaign for behavioural change and promotion of exercise and healthy lifestyles. A regulation on iodine deficiency was due to come into effect from 1 October 2010, which will make universal salt iodization mandatory, with special supplementation for pregnant women.
17. The Royal Thai Government, His Excellency said, had also initiated a gamut of health programmes for rural areas. These included a strategy to bolster 10 000 community health centres and upgrading them to subdivisional health centres by 2011. More than one million village health volunteers (VHVs) were in service to implement the community health plan, and mobilization of community health funds had been prioritized. *(For the full text of the address, see Annex 3)*

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

18. In his address, the WHO Regional Director for South-East Asia, Dr Samlee Plianbangchang, highlighted the remarkable progress in national development made by the Royal Thai Government in the past few decades. The country had achieved the health-related United Nations Millennium Development Goals (MDGs) ahead of schedule. Thailand was also a global pioneer in the implementation of the primary health care (PHC) approach, which was the key to “Health For All”. A comprehensive guide had been developed by Thailand in collaboration with WHO as a tool for community empowerment, the essence of PHC development.

19. Member States of the WHO SEA Region were on track to achieve most of the health-related MDGs, the Regional Director said. Significant progress had been made in the Region to reduce child mortality, though the reduction of maternal mortality still lagged behind. Weak health systems remained a bottleneck, especially with hard-to-reach groups. Progress in eliminating neglected tropical diseases (NTDs) that primarily affected the poor had been excellent. The health of the people was also adversely impacted by climate change. In this context, two important meetings were planned
for October 2010: the Regional Conference of Parliamentarians on Protecting Human Health from Climate Change and the high-level preparatory meeting for the Sixteenth Conference of Parties to the United Nations Framework Convention for Climate Change (COP-16). The Regional Director concluded by saying that a high degree of political commitment would be necessary to reduce the disease burden in the Region. *(For the full text of the address, see Annex 4)*

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

20. The Director-General of the World Health Organization, Dr Margaret Chan, called Bangkok a fitting venue for the two important regional meetings in the light of Thailand’s well-known achievements in public health and its government’s commitment to PHC, the hallmark of which was its innovative universal health-care coverage programme.

21. Dr Chan lauded Thailand’s “whole of government approach”, which was directed towards the prevention and control of diseases at the source, with major contributions from other sectors such as education, agriculture, environmental health and transport. The success of the iodine deficiency campaign highlighted this preventive approach. Thailand, along with Sri Lanka, led the Region in achieving universal coverage of skilled attendants at birth, equally for the rich and the poor. The SEA Region also led the world in ensuring affordable medicines for the management of heart disease and diabetes.

22. Urbanization and health, the theme for World Health Day 2010, deserved the highest level of attention since cities concentrated people, opportunities and services, as well as risks and hazards for health in the form of contamination of food and water, pollution, disease outbreaks and natural disasters. Cities also tended to promote unhealthy lifestyles leading to chronic diseases, the
Director-General said. She praised the solidarity of the Region in its response to pandemic influenza H1N1(2009) and urged Member States to facilitate technology transfer for vaccine manufacture.

23. The Director-General commended Thailand as a role model for its investment in human resources, capacity and infrastructure. She urged middle-income countries of the Region to enhance the capacity of other Member States through innovations in information and communication technology (ICT) and its transfer. *(For the full text of the address, see Annex 5)*

**Inaugural address by His Excellency**  
**Mr Abhisit Vejjajiva, Prime Minister, Royal Thai Government**

24. The Prime Minister of Thailand, His Excellency Mr Abhisit Vejjajiva, extended the warmest welcome to the ministers of health, the WHO Director-General and Regional Director, and other distinguished participants. Calling health a basic right of every citizen and a moral obligation, the Prime Minister highlighted the significant progress in health that Thailand had made in the last 40 years. This was made possible by the three-pronged development strategy that he summed up as the “3 Ps”:

- The primary health-care system initiated in the 1970s entailed extensive investment in local health infrastructure to provide “close-to-client services” and the upgrading of health-care centres using ICT.
- Overriding emphasis had been placed on people and participation to provide health care to all.
- Protection services for target groups and the provision of free medical services had been initiated in 1975.
25. A significant reduction of maternal and child mortality and combating HIV/AIDS had been achieved and legislation on tobacco and alcohol enacted. Emerging and re-emerging diseases was also being prioritized. Thailand had achieved the health-related MDGs well before 2015. All this had been possible, according to His Excellency, due to committed and planned development policies and strategic implementation. Thailand took pride in having achieved universal health coverage for the poor in 2002. Its commitment to the goal of a healthy society had been made possible by a generous health-care budget. Collaborative efforts with WHO and active engagement with multisectoral stakeholders were important parts of Thailand’s strategy, His Excellency added. *(For the full text of the address, see Annex 6)*
Introductory session

26. The Twenty-eighth Meeting of Ministers of Health of Countries of the South-East Region was held in Bangkok, Thailand, on 7 September 2010, at the invitation of the Royal Thai Government. H.E. Mr Abhisit Vejjajiva, Prime Minister, the Royal Thai Government, delivered the inaugural address at the joint inauguration of the Twenty-eighth Meeting of Ministers of Health and the Sixty-third Session of the WHO Regional Committee for South-East Asia.

27. Honourable ministers from Bangladesh, Bhutan, India, Maldives, Myanmar, Thailand and Timor-Leste participated in the meeting. Honourable ministers from DPR Korea, Indonesia, Nepal and Sri Lanka were represented by their observers. H.E. Mr Jurin Laksanawisit, Minister of Public Health, Royal Thai Government,
chaired the meeting. H.E. Mr Ghulam Nabi Azad, Union Minister of Health and Family Welfare, Government of India, was the Co-chair.

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

(1) Review of Kathmandu Declaration/Follow-up actions on the decisions and recommendations of the Twenty-seventh Meeting of Ministers of Health;

(2) Urbanization and Health; and

(3) Decentralization of health-care services.

**Business session**

29. In the absence of the outgoing Chair and Vice-Chair of the Health Ministers’ Forum, the Regional Director, Dr Samlee Plianbangchang welcomed the honourable ministers and invited their attention to the important milestones achieved during 2009, including adoption of the Kathmandu Declaration on Protecting Health Facilities from Disasters, which had a number of action points. He requested the honourable ministers to review the progress made on the actions points included in the Kathmandu Declaration.

30. In accordance with the practice of inclusion of the current year’s World Health Day theme as one of the agenda items of the
Health Ministers’ Meeting, Dr Samlee informed the ministers that the present year’s World Health Day theme i.e. “Urbanization and health” had been included in the agenda to provide them with an opportunity to discuss the way forward in this important area.

31. The Regional Director highlighted the progress made in the area of “revitalization of primary health care”. He informed the ministers that WHO had organized a regional seminar on “Decentralization of Health-care Services” in the South-East Asia Region in July 2010. Because of its importance, the subject of “Decentralization of health-care services” was also included as one of the agenda items for the present meeting.

32. The ministers noted that in accordance with the decision taken at the Health Ministers’ Meeting held in 2009, a meeting of Senior Advisers to the Ministers of Health of the South-East Asia Region was organized on 6 September 2010. At this meeting, the agenda items of the Health Ministers’ Meeting were discussed in detail by the Senior Advisers. Dr Samlee thanked the Prime Minister of Thailand, H.E. Mr Abhisit Vejjajiva, for inaugurating the Health Ministers’ meeting and for his inspiring keynote address. He also thanked Dr Margaret Chan, Director-General, WHO, for her inspiring address at the inaugural session and for her invaluable suggestions.

33. His Excellency Mr Jurin Laksanawisit, Minister of Public Health, Royal Thai Government, thanked the ministers for electing him Chairman, and also Chair of the Health Ministers’ Forum for 2010-2011.

34. Dr Margaret Chan appreciated the importance of agenda items selected for the Health Ministers’ meeting and highlighted that all items were interlinked. She thanked the Prime Minister, H.E. Mr Abhisit Vejjajiva, for sharing his government’s three-pronged policy of primary health care; people and participation; and financial-risk protection. She emphasized the need to put in place appropriate health systems at national, subnational and district levels. Dr Chan invited the ministers to share their experiences in decentralization of health care. She also complimented the Region for achieving excellent progress in the area of decentralization of health service delivery, and in application of primary health care principles. She underscored the emerging challenge being posed by lifestyle
diseases such as obesity, diabetes and heart disease that are now beginning to affect people in both developing and developed countries. The Director-General also emphasized the need to set up the right kind of health systems to deal with diseases and outbreaks that had a linkage with natural disasters, urbanization and impact of climate change on health. She stressed the need to address these challenges in an integrated manner.

35. Dr Paijit Warachit, Permanent Secretary, Ministry of Public Health, Thailand was nominated Rapporteur for the Twenty-eighth Meeting of Ministers of Health.

**Review of Kathmandu Declaration on protecting health facilities from disasters and follow-up actions on the decisions and recommendations of the Twenty-seventh Health Ministers’ meeting:** *(Agenda item 3)*

36. Dr Poonam Khetrapal Singh, Deputy Regional Director, WHO South-East Asia Region, made a presentation on this agenda item.

37. She summarized the developments and achievements made since the Twenty-seventh Meeting of the Ministers of Health where the Kathmandu Declaration expressing Member States’ commitment to protect health facilities from emergencies was adopted *(Annex 7)*:
- New policy/regulation introduced in India and Indonesia to ensure all new health facilities were resilient to hazards in locations where they were built;
- The Regional Office supported the development of a national preparedness and contingency plan in Bhutan following a bottom-up approach;
- Monitoring tools (benchmark, standards, indicators specific to safer health facilities) were made available to countries in order to assess progress and identify gaps on all aspects of preparedness and response;
- Tools for assessment were developed taking into consideration existing methodologies for structural assessment of buildings, as well as availability of global guidelines such as WHO’s Hospital Safety Index in Bangladesh, India, Indonesia and Nepal;

- An assessment for disaster resilience was conducted in four selected hospitals in Bangladesh;
- The Ministry of Heath and Family Welfare in India was working on several assessments, both structural and non-structural, for existing health facilities;
- In Indonesia, assessments were being conducted for having more health facilities in areas affected by the most recent earthquake in Sumatra;
In Maldives, a hospital vulnerability assessment was conducted jointly with the United Nations Development Programme (UNDP); a more comprehensive assessment was planned.

In Nepal, further structural and non-structural assessments in health facilities were being conducted.

As part of new policies in countries, such as India and Indonesia, national building codes and specific standards for health facilities were being enforced.

The private sector was actively involved as a stakeholder in all advocacy and policy implementation endeavours in all countries.

Other sectors, such as civil engineering, architecture, transport, public works, water and sanitation, energy and finance, were also playing a very active role.

Efforts were being made to enhance public awareness on the need to make health facilities safe and functional in emergencies;

38. Ministers were informed that the item had been discussed at the Senior Advisers’ Meeting, and that the main discussion points and recommendations had already been circulated.

**Discussions**

(1) Some Member States of the WHO SEA Region are more disaster-prone than others. Some disasters are preventable, such as landslides and flooding, etc., and others non-preventable, including earthquakes, volcanoes, and tsunamis. Etiologically, preventable disasters are often the consequence of human action. For example, some mudslides and landslides on the mountain slopes of Nepal had been triggered by deforestation; and heatstroke and heatwaves in Myanmar and DPR Korea had been influenced by environmental factors such as global warming.

(2) Health facilities are vulnerable to disasters in their structural, non-structural and functional dimensions, and each of these has specific mitigating factors.
(3) Resource mobilization, both financial and technical, is an important requirement in all Member States for making hospitals safe from disasters.

(4) A multisectoral approach is most suitable in making health facilities safe from disasters. It is essential to engage the private sector and other key stakeholders (for example the army, railways and labour ministry hospitals in India), as well as nongovernmental stakeholders. In view of the specific disasters that particular Member States may be more vulnerable to, it is important to involve relevant stakeholders and external development partners.

(5) Public awareness needs to be raised, for example through workshops for concerned personnel.

(6) Training of health personnel to enhance delivery of services is very important for better implementation of the Kathmandu Declaration. It is important to ensure that key utilities in health facilities such as water, electricity and telecommunications, remain functional during and after a disaster. Training of health personnel and technicians can help ensure this.

(7) Use of technology in areas such as telemedicine and satellite-based communications can help optimize and quicken response in times of crisis.

(8) Meticulous attention needs to be given to designing health facilities at the blueprint stage to reduce their innate structural vulnerability.
(9) Location of health facilities assumes critical importance in times of emergencies and natural disasters, especially during floods and earthquakes. For this reason, health facilities in flood-prone areas should not be built at low, coastal-level areas but rather should be located on higher-level ground.

**Recommendations for WHO**

- The scope of emergencies being addressed needs to be expanded to include disasters triggered by environmental changes such as heatwaves.
- The WHO benchmark toolkit needs to be evaluated regularly to see how health facilities deliver during disasters.
- Member States must be given assistance to prepare contingency plans that incorporate table-top/simulation exercises and drills.
- WHO should facilitate collaboration between sectors to help Member States have access to technical expertise to design disaster-resilient health facilities.
- WHO should continue to provide assistance for Member States to conduct vulnerability assessments of health facilities located not only in coastal areas but also located inland.
- Reports/outcomes of architectural assessments/studies conducted on devising structural designs to make health facilities seismic-resistant should be shared with Member States.

**Recommendations for Member States**

- Detailed vulnerability assessments of health facilities must be conducted against predictable as well as unforeseen damage during disasters.
- Structural strengthening of existing health facilities must be undertaken on a priority basis and in a phased manner to make them more resilient to natural disasters.
- Preventable disasters should be identified and gaps in their prevention addressed.
- Follow-up action must be initiated in case of disasters such as flooding to mitigate and reduce their impact.
• Local governments and communities must be engaged for disaster mitigation and management, especially in Member States where health systems are decentralized.

• Resources already available must be identified, with particular attention to human resources. This is especially relevant in low-resourced countries.

• Educational institutes of higher learning, including in architecture and engineering, must be involved in the effort to make public health facilities safer, and studies in designing safe hospitals incorporated in their curricula.

• In order to ensure immediate and timely relief during disasters, Member States should adopt innovative designs of portable tents and make-shift hospitals and laboratories; such designs should be flexible enough to accommodate the emergency needs and requirements of people and areas affected by different types of natural disasters, i.e. floods (outbreaks of infectious diseases) and earthquakes (injuries).

Urbanization and health (Agenda item 4)

39. Dr Poonam Khetrapal Singh, Deputy Regional Director, WHO South-East Asia Region, introduced the item, which is also this year’s World Health Day theme.
40. Urbanization is defined by the United Nations as the movement of people from rural to urban areas. People move into cities to seek better economic opportunities. As of now, half of the world’s population resides in urban areas and it is estimated that by 2020, 6 out of every 10 people will be living in cities.

41. With about 34% of the population of the WHO SEA Region currently living in urban settings and the figure set to rise, unplanned urbanization and its health consequences assume significant importance to policy-planners of the Region. Four of the 23 megacities of the world that currently have a population of more than one million coupled with large sections of them living in slums are also in the Region. Dr Singh highlighted the fact that the urban poor suffer the worst health consequences because they are victims of an urban equity gap.

42. Rapid urbanization presents several challenges. To illustrate a few:

   (1) It has outpaced the ability of most governments to plan essential infrastructure;

   (2) Water supplies often get contaminated because of lack of sanitation and waste disposal systems;

   (3) Urban growth has negatively impacted ecology, resulting in increased communicable diseases;

   (4) Social support systems are weakened;
(5) People living in slums and informal housing do not have access to health services; and

(6) Urban growth contributes to climate change, impacting the health of people.

43. Given the current scenario, urbanization will continue, and countries will be faced with the choice between planned and unplanned urbanization. Planned urbanization requires a holistic and multidisciplinary approach by all sectors of the government, industry and community.

44. The need to move in a concerted manner in this regard was emphasized. Health needed to be placed at the heart of the debate on urbanization, such as in terms of conducting health impact assessments, and promoting healthy cities and healthy lifestyles.

45. Dr Poonam Singh also elaborated upon WHO’s “healthy cities” approach that was initiated during the late 1980s, and which was an attempt to comprehensively deal with the problems associated with rapid urbanization.

46. Keeping in view the importance of the topic and the need to pool and prioritize efforts/resources in this regard, the Senior Advisers’ Meeting had recommended consideration and adoption of the Bangkok Declaration on Urbanization and Health.

47. Continuing on the subject, Dr Singh highlighted the key points of the Bangkok Declaration and requested the honourable ministers to consider adoption of the Bangkok Declaration on Urbanization and Health, which while taking into account the challenges ahead, expressed the commitment of Member States to initiate steps to mitigate problems associated with rapid urbanization.

48. In this regard, Dr Poonam Singh placed on record WHO’s appreciation for the Minister for Public Health, H.E Mr Jurin Laksanawisit’s initiative in sharing the draft Bangkok Declaration with his counterparts in the Member States of the Region.

49. Dr Poonam Singh concluded by stating that this item had also been discussed by the Senior Advisers at their meeting, and that the discussion points and recommendations arrived at during the meeting were included in the report.
Discussions

(1) All Member States supported the Bangkok Declaration and felt that it was very timely and relevant for the Region. It was suggested, however, that preventive measures for reducing/mitigating the negative health effects of urbanization should be included in the Declaration.

(2) A multisectoral approach was needed to tackle the challenges posed by unplanned urbanization. Intersectoral collaboration, therefore, needed to be strengthened.

(3) An increased role of municipalities in urban areas was needed, especially regarding issues such as provision of public toilets, ensuring food hygiene and management of solid waste. Though many municipalities were willing to take on these responsibilities, they lacked adequate capacity.

(4) The role of mayors in promoting healthy cities was underscored. The involvement of local government in rejuvenating healthy cities must be emphasized.

(5) Countries needed to focus on areas where immediate action could be taken and where a major impact could be achieved, such as provision of safe drinking water and adequate sanitation.

(6) The importance of education was reinforced. There was
a need to teach village children skills that would ensure them jobs appropriate for their rural settings.

(7) The limitation or lack of job/income-generation opportunities in rural areas was resulting in increased migration of the rural population to big cities. This was affecting the eco-systems negatively because of greater use of plastic and non-biodegradable products, besides affecting the social fabric of communities. Such migration was also leading to overcrowding, traffic congestion and air pollution in urban areas.

(8) Increased urbanization and booming real estate business were leading to rapid deforestation and to a greater frequency of natural disasters such as floods.

(9) Better coordination between urban planning and health planning was needed to create a balance between the two.

(10) Unplanned urbanization was also resulting in major epidemics such as dengue.

**Recommendations for WHO**

- A regional mechanism for knowledge management and dissemination of appropriate educational materials on urbanization and health should be facilitated, and educational workshops/forums to facilitate sharing of
experiences on best practices/role models should be conducted.

- Member States should be supported to build capacities and establish suitable mechanisms to monitor and evaluate the progress made in achieving the goals set by the Bangkok Declaration.
- Member States should be supported in conducting public health impact evaluations in respect of urban development activities/initiatives undertaken by various civic agencies.

**Recommendations for Member States**

- Policy-makers should ensure that the aspect/problem of rural migration to big cities is adequately addressed.
- Measures should be taken to minimize rural migration and maximize income-generation opportunities in rural areas. Also, the health infrastructure in rural areas needed to be improved.
- Steps should be taken to build satellite cities/towns bordering the densely populated areas in order to narrow the gap — created by unplanned urbanization — of job opportunities and health facilities in urban and rural areas.
- It should be ensured that rural health infrastructure development is systematic, planned and balanced and matches the pace of development in urban areas.
- Research facilities should be established to develop good role models of planned urbanization, which can be replicated in all Member States.
- Environment-friendly technologies should be used to the maximum for urban planning and development.

**Bangkok Declaration on Urbanization and Health**

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

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

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

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

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

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

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

We, the Health Ministers, commit ourselves to:

1. acknowledge unplanned urbanization as a major public health concern;
2. assess the public health impact of major development projects, particularly in urban and suburban areas;
3. advocate for a holistic and multidisciplinary approach by all sectors of the government, including local government, and industry and the community;
promote investment in pro-poor policies and strategies in order to reduce the health equity gap among urban dwellers;

extend resources and coverage of services to all urban populations particularly the urban poor to improve health outcomes and reduce the social costs of inequity;

promote improved transportation, infrastructure and greener technologies that enhance the urban quality of life, including fewer respiratory ailments and accidents and better health for all;

build increased capacity in all systems, infrastructure and service delivery in view of inevitable urban growth, in order to reduce the risk of further damage to health;

advocate to governments and municipalities to invest in health-promoting cities and to take actions that encourage social connectedness among city dwellers irrespective of their social status;

foster among all urban dwellers an understanding of the negative effects of unplanned urbanization and the shared responsibility for balancing resources and services;

work in collaboration with all other sectors and stakeholders to reduce and close the urban equity gap and promote healthy cities;

while planning for urban health, in addition to physical health, address social, psychological and mental health; and

take appropriate steps to address the causes of rural–urban migration and alleviate the pressures driving such migration.

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

Decentralization of health-care services  
(Agenda Item 5)

50. Dr Poonam Khetrapal Singh, Deputy Regional Director, while making a presentation on this item said that decentralization of health-care services in general was aimed at improving the efficiency of their delivery and equity of their outcomes. Decentralization was an important tool in improving governance.

51. As regards achievement of health-related Millennium Development Goals, there was a need to collect compelling evidence on decentralization of health-care services. The Regional Office would continue to provide technical assistance to develop country capacities in data collection and analysis, presentation, dissemination and use of data/information, especially by peripheral-level health workers.

52. WHO would also assist Member States in sharing experiences and research. Keeping in view the importance of the subject, the Regional Office recently organized a seminar on decentralization of health-care services in Bandung, Indonesia, which made the following recommendations to WHO:
(1) Facilitate exchange of information between countries through horizontal collaboration and multi-country activities;

(2) Collaborate with countries in operational research for improving effectiveness of decentralization; and

(3) Assist countries in evaluating their experiences with decentralization and disseminate successful examples.

53. The seminar also recommended steps to be taken by Member States, such as development of need-based policies for decentralization; providing legal framework for decentralization; involving communities and civil society; defining the role of the private sector; strengthening health information systems at national and subnational levels; improving primary care services and strengthening referral systems; and developing and strengthening the HR deployment policies, etc.

54. Dr Poonam Singh reiterated the Regional Office’s commitment to collaborate with Member States in improving their national health policies, strategies and health plans for strengthening their health systems based on PHC.

55. In conclusion, she mentioned that this item had been discussed at the Senior Advisers’ meeting and the report presented earlier contained the discussion points and recommendations.
Discussions

(1) It was agreed by Member States that though decentralization was a desired end, some functions should remain with the central or national authority. Monitoring and evaluation should also be carried out by national authorities to ensure quality and consistency. The scope of decentralization included administrative, financial, political, legal and professional aspects. This helped create a strong referral mechanism. Accountability, transparency and community involvement were necessary to ensure decentralization.

(2) It was felt that though decentralization had been in existence for quite some time, there was a need to identify the different roles and responsibilities of central and provincial authorities. Health-care services needed to be delivered according to local needs. Local participation at the grassroots level were important. In this regard, decentralization also involved democratization of health-care delivery, and empowerment of people.

(3) Capacity-building and shortage of expertise at the local level were problem areas, as was non-utilization of existing health-care facilities.

(4) For quality health care to be delivered, it was important to allow the central authorities to carry out important tasks such as policy formulation, legislation, training of professionals, and in making key appointments.

(5) Decentralization needed to be adopted with caution. Due care must be taken to ensure that vertical health-care delivery did not weaken the entire health system. Member States also reiterated the importance of some degree of centralization in technical matters, especially with regard to control of communicable and noncommunicable diseases and human resource development.

(6) It was vital to emphasize multisectoral advocacy on policy matters.

(7) It was also observed that a paradigm shift in terms of implementation of decentralization principles may be
required in some Member States, especially those with large populations or with wide fiscal deficits. Greater political commitment was vital.

(8) No standard model of decentralization could be applied to all countries; the differences and diverse needs of various Member States from large, highly-populous countries to island states with dispersed populations needed to be taken into account.

**Recommendations for WHO**

- WHO should collaborate with Member States and disseminate country experiences and best practices in decentralization.
- A declaration on decentralization of health-care services was proposed by the health ministers.
- Member States should be supported in developing training materials for health personnel and in building research capacity.

**Recommendations for Member States**

- Decentralization of health-care services is important in the context of achieving the health-related Millennium Development Goals (MDGs), especially MDGs 4 & 5; for this, it is necessary to empower civil society in general and local hospitals in particular; ensure that there is constant
collaboration between the central and local authorities; and focus on training of health-care managers at the local level and on advocacy with other sectors.

- All key stakeholders should be involved in the process to avoid rapid and unplanned decentralization, which may lead to a collapse of the whole system.

- To achieve decentralization of health-care services, an optimal partnership should be forged between civil society, the local administration and hospitals, and the Central government.

- Countries should share their experiences of decentralization with each other.

- A good balance should be maintained between centralization and decentralization of health-care services by training those who will implement decentralized health care at the local level.

**Any other item (Agenda item 6)**

**Elective Posts for the Sixty-fourth World Health Assembly and the 129th Session of the WHO Executive Board**

56. Dr Poonam Khetrapal Singh, Deputy Regional Director, introduced the agenda item related to the nomination of countries for elective posts for the Sixty-fourth World Health Assembly and the 129th session of the WHO Executive Board.
57. She placed before the Health Ministers’ Meeting a graphical presentation of the lists of office-bearers from the SEA Region who had been nominated over the last few years, for discussion and consensus.

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

<table>
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<tr>
<th>Office</th>
<th>Member State</th>
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<tr>
<td>Vice-President of the Sixty-fourth World Health Assembly – May 2011</td>
<td>DPR Korea</td>
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<tr>
<td>Vice Chairman, Committee B of the Sixty-fourth World Health Assembly – May 2011</td>
<td>Bhutan</td>
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<tr>
<td>Member, General Committee of the Sixty-fourth World Health Assembly – May 2011</td>
<td>India</td>
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<tr>
<td>Member, Committee on Credentials of the Sixty-fourth World Health Assembly – May 2011</td>
<td>Maldives</td>
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<tr>
<td>Vice-Chairman of the 129th Session of the Executive Board – May 2011</td>
<td>Timor-Leste</td>
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<tr>
<td>Nomination of a Member State from the SEA Region in place of Indonesia, whose term expires in May 2011</td>
<td>Myanmar</td>
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<td>PBAC</td>
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<td>Timor-Leste for a term of two years in place of Bangladesh</td>
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**Adoption of the Report (Agenda item 7)**

59. The Regional Director suggested that in order to make the best use of the time available, it would be advisable if ministers focused their attention on recommendations emerging from the deliberations. The draft report of the meeting would be appropriately finalized by the WHO Secretariat and shared with the ministers prior to its issuance.

60. The ministers accepted the suggestion of the Regional Director. They reviewed the recommendations pertaining to all agenda items and approved the same with certain modifications.

61. It was decided that the final draft report should be circulated to all Member States and finalized only after incorporating the comments received. With this guidance, the report as prepared by the Drafting Group was adopted.
Closing session *(Agenda item 8)*

62. The distinguished delegates acknowledged the importance of agenda items listed for the meeting. They also commended the Bangkok Declaration on Urbanization and Health, which should serve as a wake-up call within the Region regarding the important subject it comprised.

63. The Royal Thai Government and His Excellency Mr Jurin Laksanawisit, Minister of Public Health, were sincerely thanked by the participating delegations for hosting the Health Ministers’ meeting in Bangkok. They appreciated the warm hospitality extended to them, as well as the excellent arrangements that had been made. The distinguished delegates placed on record their special thanks to the Prime Minister, His Excellency Mr Abhisit Vejjajiva, for inaugurating the meeting and for his inspiring inaugural address. The preparatory work done by the Senior Advisers to the Ministers of Health in their meeting that preceded the Health Ministers’ meeting, was unanimously appreciated. The delegates also congratulated members of the WHO Secretariat for their able support in the conduct of the meeting.

64. The Regional Director, Dr Samlee Plianbangchang, in his vote of thanks, congratulated the Honourable Health Ministers on the successful conclusion of their meeting. He stated that the meeting had fully achieved its objectives and had made a definite contribution to further strengthen the bonds of friendship
among the health leaders in the Region. Dr Samlee reiterated the full support and cooperation of WHO to Member States in implementation of recommendations emanating from the Twenty-eighth Meeting of the Ministers of Health and the provisions of the Bangkok Declaration. He placed on record his thanks to His Excellency Mr Jurin Laksanawisit, Minister of Public Health, who, as Chairman, had guided the proceedings most efficiently. He also acknowledged the contribution of His Excellency, Mr Ghulam Nabi Azad, Union Minister of Health and Family Welfare, Government of India as Co-Chairperson. The contribution of the Rapporteur, Dr Paijit Warachit, Permanent Secretary, Ministry of Public Health, Royal Thai Government was also acknowledged.

65. Dr Margaret Chan, Director-General, conveyed her thanks for the opportunity afforded to her to participate in the meeting. She appreciated the successful conduct of the Meeting of Senior Advisers that preceded the Health Ministers’ Meeting. She also expressed her unequivocal praise for the Royal Thai Government for their excellent hospitality and for the smooth conduct of the meeting.

66. His Excellency, Mr Ghulam Nabi Azad, Co-Chairperson, in his closing remarks, thanked His Excellency, Mr Jurin Laksanawisit for the lead role taken by his government to further strengthen the health sector’s regional solidarity, as well as cooperation among Health Ministers of Member States in the Region. He expressed the hope that WHO would play its catalytic role in intercountry
cooperation. He thanked the Royal Thai Government for their excellent hospitality. As the Government of India would be hosting the next meeting of the Health Ministers, Mr Azad took the opportunity to extend a warm welcome to all honourable ministers, distinguished delegates and the WHO Director-General, to visit India in 2011.

67. It was noted that the Twenty-ninth Meeting of Ministers of Health for South-East Asia would take place in India, in 2011.
Annexes
Annex 1

Agenda

(1) Joint Inaugural Session of the Twenty-eighth Meeting of Ministers of Health and Sixty-third Session of the WHO Regional Committee for South-East Asia

(2) Introductory session

(3) Review of Kathmandu Declaration on Protecting Health Facilities from Disasters/Follow-up actions on the decisions and recommendations of the Twenty-seventh Meeting of Ministers of Health

(4) Urbanization and health

(5) Decentralization of health-care services

(6) Any other business

(7) Adoption of the report

(8) Closing session
Annex 2
List of participants

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Mr Niluka Kadurugamuwa  
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Regional Director

Members-
SEARO Staff
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Deputy Regional Director

Dr Myint Htwe
Director, Programme Management

Mr Bernard Harish Chandra
Ag. Director, Administration and Finance

Dr Monirul Islam
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Dr N. Kumara Rai
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Dr Sudhansh Malhotra
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Dr Rajesh Bhatia
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Blood Safety and Laboratory Technology

Dr Rui Paulo de Jesus
Technical Officer
Country Cooperation Strategy and Governing Bodies

Mr U.S. Baweja
Senior Administrative Secretary

Members-
WHO Country Office Staff-Thailand
Dr Maureen Elizabeth Birmingham
WHO Representative to Thailand

Mr Angus Pringle
Administrative Officer, and

WHO Country Office Staff
Prime Minister Abhisit Vejjajiva; Honourable Ministers from WHO’s South-East Asia Region; Dr Margaret Chan, the Director-General of the World Health Organization; Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia; distinguished delegates; ladies and gentlemen: on behalf of the Ministry of Public Health, it is my privilege to welcome Your Excellencies, the Health Ministers from the WHO South-East Asia Region to the Twenty-eighth Meeting of Ministers of Health and the Sixty-third Session of the WHO Regional Committee for South-East Asia being held here in Bangkok.

Our warmest welcome is extended to Dr Margaret Chan, the Director-General of the World Health Organization, and Dr Samlee Plianbangchang, the Regional Director of the WHO South-east Asia Region. Your leadership towards global and regional health has been very well recognized and truly deserves our commendation.

The highlight of this year’s Health Ministers’ Meeting is the adoption of Bangkok Declaration on Urbanization and Health. This
issue is specifically relevant to countries in this Region as unplanned and crowded urbanization would increase natural resources consumption and greatly impact the well-being of the people. It is expected that by the year 2030, 67% of the world population will live in urban areas. Currently in Thailand, the percentage of urban population is 36.11%. With this alarming figure, Thailand has promptly embraced the “One Thousand Cities One Thousand Lives” initiative launched by WHO early this year. Surprisingly, 51 municipalities have actively participated in the campaign. Two have already been selected to participate in the Global Forum on Urbanization and Health in Kobe, Japan this November, and 11 are awaiting further approval from WHO. Additionally, we have established a national committee chaired by the Prime Minister, comprised of concerned ministries, to work on this issue in a multisectoral and integrated manner.

Excellencies, distinguished delegates, the Thai government does not only place our concern to the urban health, but we also give high priority to the people scattered in rural areas all over the country. In this regard, we have initiated many projects and policy to ensure the well-being of all Thai citizens:

First, we increased the Universal Health Coverage budget from 2401 baht per capita to 2546 baht per capita. This is to provide free medical care, which would cover expensive treatment such as for AIDS, hypertension, diabetes mellitus, cancer, heart disease, renal disease and mental health problems.

Second, we expanded the social health insurance benefits for over 8.7 million private sector employees in Thailand to include both dependent and spouse.

Third, to prevent the problems of diabetes, hypertension, cancer, paralysis and heart disease, which cost us nearly US$ 3 billion for treatment per year, we have launched a social campaign to change the behaviour of consuming high sugar, fatty and salty foods to promote fruit and vegetable consumption, and increasing exercise.

Fourth, to solve the iodine insufficiency problem, we will give iodine supplements to pregnant women and issue a regulation to enforce universal salt iodization. This will take effect by the first of October this year.
Fifth, for people in the rural areas, we are using four strategies to strengthen the community:

(1) Upgrading 10,000 health centres to subdistrict health promoting hospitals nationwide. This will be completed by 2011.

(2) Promoting the role of village health volunteers as a key driving force.

(3) Setting up community health plans as a guidance towards community self-care.

(4) Establishing a community health fund.

Those are the things that I would like to share among us, and I look forward to further discussion with your excellencies as we move along the meeting agenda for today and the next three days.

Excellencies, Distinguished Delegates, may I once again welcome you all to Thailand. We are very pleased that you have taken your time off from the busy schedules to be with us. Our secretariat team will be at your disposal throughout the meeting to make sure that you have a pleasant and memorable stay in Thailand.

Thank you.
Annex 4

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

Your Excellency Abhisit Vejjajiva, Prime Minister, the Royal Thai Government; Your Excellency Jurin Laksanawisit, Minister of Public Health, the Royal Thai Government; Honourable Ministers of Health of Member States of the WHO South-East Asia Region; distinguished country representatives; honourable guests; Dr Margaret Chan, Director-General, World Health Organization; ladies and gentlemen: It is my privilege on behalf of WHO to warmly welcome you all to the joint inauguration of the Twenty-eighth Meeting of Health Ministers and the Sixty-third Session of the WHO Regional Committee for South-East Asia.

At the outset, I would like to express my overwhelming thanks to the Royal Thai Government for hosting these two important meetings of the WHO South-East Asia Region. And I gratefully thank the Right Honourable Prime Minister, Abhisit Vejjajiva, for graciously accepting to inaugurate the joint opening.

Thailand, a Member State of WHO’s South-East Asia Region, has made remarkable progress in its national development during the past few decades. Among others, Thailand has already achieved various targets set forth in the United Nations Millennium Development Goals (MDGs). Thailand is among the global pioneers
in implementing the primary health care (PHC) approach, which is the key to health for all people. In close collaboration with WHO, Thailand has developed a tool guide for furthering the work in community empowerment, which is the essence of PHC development. This guide is being shared with other Member States, both within and outside the Region.

Excellencies, overall, the SEA Region is on track towards the achievements of the MDGs by the year 2015. Over the past two decades, Member States achieved significant progress in reducing child mortality. However, in some countries this achievement is lacking, particularly in the area of maternal mortality reduction. Weak health systems have been identified as the main bottleneck in this regard. Strengthening of health systems based on PHC is considered to be the key to the achievements of the health-related MDGs.

In this connection, a regional seminar on decentralization of health-care services delivery was held recently and was considered very important. It was evident during the seminar that a majority of countries in the Region had made commendable progress in ensuring access to health-care services for hard-to-reach population groups.

At the same time, excellent progress has been made in the Region in eliminating neglected tropical diseases — diseases that primarily affect the poor, the vulnerable and underprivileged populations.

On another front, the health of the urban poor is being given due attention in the Region. WHO is devoting intensified efforts to advocating for the application of PHC principles in urban settings. A regional meeting on this important topic has been planned for next month.

The health of our people in the Region is profoundly affected by the impact of climate change. To mobilize political commitment, WHO-SEARO will hold two important meetings in the coming October. We have organized a Regional Conference of Parliamentarians on Protecting Human Health from Climate Change, and a High-Level Preparatory Meeting for the Conference of Parties, or COP 16. Unless
the impact on health from climate change is properly addressed with political commitment and political will, the high disease burden in the SEA Region will be further aggravated.

Excellencies, in conclusion, I wish the honourable ministers and distinguished representatives a conducive atmosphere in deliberating upon various agenda items of regional importance. And I also would like to express my sincere thanks to the local organizing committee for the excellent arrangements made for the meetings.

Thank you.
Annex 5

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

Excellencies, honourable ministers, distinguished guests, Dr Samlee, ladies and gentlemen. Let me thank the government of Thailand for hosting this Twenty-eighth Health Ministers Meeting and the Sixty-third Session of the Regional Committee for South-East Asia. This is a fitting venue.

Thailand is well known for its achievements in public health. Let me mention just a few: a strong commitment by the government to primary health care, an innovative scheme for moving towards universal health coverage, and pioneering efforts to improve access to essential medicines.

Thailand, together with Sri Lanka, has achieved nearly universal coverage with skilled attendants at childbirth, with very little difference between rich and poor women.

These are laudable achievements. In fact, this Region as a whole is leading the worldwide effort to ensure appropriate and affordable medicines for the long-term management of chronic diseases, including diabetes.

During this joint session, you will be discussing urbanization. This was the theme for this year’s World Health Day, and it generated a great deal of attention and debate, also in the media.
Clearly, urban health matters. Clearly, this is an issue worthy of your high-level attention.

For the first time in history, more people are now living in urban settings than in rural areas. By the year 2030, an estimated six out of every ten people will be living in towns or cities, with the most explosive growth expected in Asia and Africa.

Cities concentrate people, opportunities, and services, including those for health and education. But cities also concentrate risks and hazards for health.

The examples are numerous: contamination of the food or water supply, high levels of air or noise pollution, a chemical spill, a disease outbreak, or a natural disaster.

Cities also tend to promote unhealthy lifestyles. These lifestyles are directly linked to obesity and the rise of chronic conditions, and these conditions are increasingly concentrated in the urban poor.

Urban poverty and squalor are strongly linked to social unrest, mental disorders, crime, violence, and outbreaks of disease associated with crowding and filth.

Let me also acknowledge the solidarity of this Region in responding to the influenza pandemic. Since 2006, WHO has supported the accelerated development and production of influenza vaccines in 11 low-and middle-income countries. Thailand participated in technology transfer by conducting clinical trials of pandemic vaccine and following up with rigorous safety assessments.

Ladies and gentlemen,

On 10 August, I announced that the world was no longer in phase 6 of influenza pandemic alert. Epidemiological data from around the world indicated that the new H1N1 virus had largely run its course. As I stressed at the time, the decision to declare the pandemic over was based on a global assessment.

In the current post-pandemic period, we expect to see localized outbreaks of different magnitudes, and some “hot spots” will continue to show high levels of H1N1 transmission. This pattern
is indeed being seen in a few parts of the world, including here in South-East Asia.

Let me remind you: the pandemic virus has not gone away. Based on experience with past pandemics, we expect the H1N1 virus to take on the behaviour of a seasonal influenza virus and continue to circulate for some years to come.

In the immediate post-pandemic period, the virus is likely to continue to cause serious illness in the younger age group. Protecting high-risk groups and maintaining vigilance are recommended actions.

Some countries are continuing to protect at-risk groups with pandemic vaccine, and this policy is fully in line with WHO recommendations.

In fact, the actions of health authorities in India, in terms of vigilance, quick detection and treatment and recommended vaccination, provide a good model of how other countries may need to respond in the immediate post-pandemic period.

I thank all countries in this Region for their responsiveness during the pandemic and wish this Regional Committee a most productive session.

Thank you.
Your Excellencies Ministers of Health from the South-East Asia Region, Your Excellency Dr Margaret Chan, Director-General of the World Health Organization, senior officials, ladies and gentlemen, I warmly welcome you to Thailand and to the Twenty-eighth Meeting of the Ministers of Health and the Sixty-third Session of the WHO Regional Committee for South-East Asia.

Health is a basic right of every citizen. It is the moral obligation and the responsibility of governments to ensure that all citizens have equitable access to quality health care so that they can contribute fully to the economic and social advancement of the nation. Of course, maintaining a healthy lifestyle is the best medicine that one can have, and prevention is always better than cure.

In the last forty years, Thailand has achieved significant progress in health development, especially in the reduction of maternal and child mortality, improved life expectancy, combating HIV/AIDS, and introducing and enforcing legislation against tobacco and alcohol. Thailand has also achieved all the Millennium Development Goals on health well before our 2015 commitment.

The attainment of health goals was possible for Thailand thanks to our three-pronged development policy, which I will call the “3
P’s”. First is primary health care, in which there has been extensive investment in health service infrastructure since the 1970s, focusing on primary health care at the subdistrict and district levels. These local health systems provide “close-to-client” services, which are better accessible by the rural poor. The district health systems, such as community medical centres, have proven to be the key strategic approach in progressing towards more equitable health care in Thailand. We are also in the process of upgrading our health care facilities through the use of ITC to link up with other resources.

Second is the issue of people and participation. Primary health care functions best when there are enough well-trained health workers. Here in Thailand, for many decades we have put in place mandatory rural services by all medical, nursing and other health-care graduates. Various other schemes were also launched, such as rural recruitment, hometown placement, as well as financial and non-financial incentives to ensure rural retention of medical personnel. This also led to the creation of ThaiHealth and the Provincial Health Assemblies, as part of the effort toward people’s participation.

Third, is protection. Financial risk protection for health expenses ensures adequate access to health care. Low-income households and vulnerable populations have been the target groups for free medical care coverage since 1975, while private employees have been covered by social health insurance since 1990. All civil servants are covered by a government medical benefit scheme.

Ladies and gentlemen, Thailand takes pride in having achieved universal health coverage in 2002, which produced a pro-poor and more equitable policy outcome that corresponds with our goal to become a welfare society. The vibrant and continuous economic growth in Thailand has made possible a more generous health-care budget, and for this government, this is concomitant with the strong political commitment to human development.

Like all countries in the Region, Thailand is faced with many health challenges. For example, successive governments and civil society have for a long time worked on tobacco control. And there is still room for more introduction of tax-related measures, as price is one of the most effective interventions for bringing down tobacco
consumption. Moreover, emerging and re-emerging infectious diseases across the globe still pose a great threat to human health. A recent example is last year’s H1N1 pandemic influenza, which has taught us the great lesson that we must always be on full alert. As Minister Jurin has mentioned earlier, urban growth is continuous, and therefore environmental health problems are becoming more intensified. We also face many new diseases as the world faces climate change. In times of natural disaster, providing quality and affordable health-care is a highly challenging task. Indeed, we have to be very strategic in our health policies, in both planning and implementation.

As part of our international commitment, Thailand will actively share and exchange its experiences and expertise with our friends in the Region. We will continue to render close cooperation to WHO on health issues, and jointly tackle new diseases before they attack. Thailand will continue to reach out to countries to together solve global, regional and transnational health risks and threats. This collaborative effort requires a strong and effective platform, and an active engagement with multiple stakeholders to ensure that health implications are considered thoroughly in all public policy dimensions.

I hope that this meeting will serve as one such platform. I wish you all fruitful and productive discussions, to ultimately bring about good health and solidarity in the South-East Asia Region.

Thank you and Sawasdee Krub.
Annex 7

Kathmandu Declaration on Protecting Health Facilities from Disasters

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Twenty-seventh Health Ministers’ Meeting in Kathmandu, Nepal, appreciate the efforts being made by Member States and partners in the South East Asia Region to keep health facilities safe from emergencies and disasters. We also recognize that by optimizing the use of advances in technology and applying current good practices, stakeholders can scale up efforts to strengthen the structural, non-structural and functional aspects of protecting and increasing the resilience of health facilities;

Concerned that from 1998-2009, natural disasters killed over 750,000 people in the South-East Asia Region, which is 61.6 % of the world’s total deaths from natural disasters;

Aware that climate change-related events can predispose to disasters which can have a detrimental effect on health facilities;

Also aware that health facilities, including staff, equipment and other related resources, can become casualties when they are most needed;

Recognizing that the Hyogo Framework for Action specified that health facilities are critical infrastructure that needs to be kept intact in emergencies;

Recognizing further that the South-East Asia Regional Benchmarks, standards and indicators for emergency preparedness and response provide a framework based on which health facilities can be built or modified to withstand the forces of various kinds of hazards and disasters;
Acknowledging the outputs of the Global Platform for Disaster Risk Reduction held in June 2009 regarding structural evaluations of health facilities, enforcement of national building codes, financial incentives and mechanisms for retrofitting;

Noting the innovative work of Member States in the Region to reduce the structural and nonstructural risks of health facilities, as well as to increase training and contingency planning;

We, the Health Ministers, commit ourselves to:

(1) implement the goals of the Hyogo Framework for building the resilience of nations and communities to disasters;

(2) consider the outputs of the Global Platform for Disaster Risk Reduction in relation to safe health facilities;

(3) use the South-East Asia Regional Benchmarks, standards and indicators for emergency preparedness and response to build and modify health facilities to withstand events from various hazards and disasters;

(4) develop the capacity of health-sector professionals in the science and practice of health facility preparedness and risk reduction;

(5) promote assessments of health facilities in Member States using existing diagnostic tools and decision-making instruments;

(6) promote the enforcement of national building codes and specific standards for health facilities;

(7) include the private sector in all efforts so that health facilities remain resilient to disasters;

(8) engage other service and public sectors such as civil engineering, architecture, transport, public works, water and sanitation, energy and finance to strengthen infrastructure related to the functioning of health facilities in emergencies and disasters; and

(9) enhance public awareness of the need to make health facilities safe and functional in emergencies;
We, the Health Ministers of South-East Asia Region, urge all other WHO Member States as well as the Director-General and the Regional Director to continue to provide leadership and technical support in building partnerships between governments, the United Nations and relevant global health initiatives and partnerships, academia, professional bodies, NGOs, related sectors, the media and civil society, to jointly advocate and effectively follow up on all aspects of this Kathmandu Declaration on Protecting Health Facilities from Disasters.
Report of the Twenty-eighth Meeting of Ministers of Health of Countries of the South-East Asia Region

Bangkok, Thailand, 7 September 2010