Parliamentarians' Call for Action

Report of the Regional Conference of Parliamentarians on Health of the Vulnerable Populations
Kathmandu, Nepal, 1-3 November 1999
The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the World Health Organization.
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALL FOR ACTION</td>
<td>1</td>
</tr>
<tr>
<td>REPORT OF THE CONFERENCE</td>
<td>8</td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>8</td>
</tr>
<tr>
<td>2. INAUGURAL AND IntroDUCTORY SESSIONS</td>
<td>8</td>
</tr>
<tr>
<td>3. PRESENTATIONS ON HEALTH OF VULNERABLE POPULATIONS</td>
<td>12</td>
</tr>
<tr>
<td>3.1 Health and Development: Poverty and Health</td>
<td>12</td>
</tr>
<tr>
<td>3.2 Identification of the Vulnerable Population Groups</td>
<td>14</td>
</tr>
<tr>
<td>3.3 Priority Health Needs of the Vulnerable Population</td>
<td>14</td>
</tr>
<tr>
<td>3.4 Mobilization of Resources for the Health of the Vulnerable Population</td>
<td>16</td>
</tr>
<tr>
<td>3.5 Role of Parliamentarians in Improving the Health Status of the Vulnerable Populations</td>
<td>17</td>
</tr>
<tr>
<td>3.6 Discussions</td>
<td>19</td>
</tr>
<tr>
<td>4. ADOPTION OF THE CALL FOR ACTION AND REPORT</td>
<td>24</td>
</tr>
<tr>
<td>5. CLOSING SESSION</td>
<td>24</td>
</tr>
</tbody>
</table>

## Annexes

1. List of Participants                                                 | 28   |
2. Welcome Address by Honourable Minister of Health Dr Ram Baran Yadav | 31   |
3. Address by Sen. Prof. Dr. Prasop Ratanakorn, Secretary General - IMPO and AFPPD | 33   |
4. Address by Dr Uton Muchtar Rafei Regional Director, WHO
   South-East Asia Region ........................................................................ 37

5. Address by the Rt. Honourable Krishna Prasad Bhattarai,
   Prime Minister of Nepal ........................................................................ 42

6. Address by Honourable Mrs Chitra Lekha Yadav, Deputy
   Speaker of the House of Representatives ........................................... 45

7. Agenda .................................................................................................... 49
CALL FOR ACTION

CONVINCED that poverty is the single most important cause of vulnerability of populations, that governments have the responsibility to address it as a top priority, and that global advocacy for social development accords poverty alleviation a central place in the development agendas at national and international levels,

CONSCIOUS of the need for comprehensive inter-sectoral action to improve the health status of the poor, as the determinants of good health extend far beyond the formal health sector and inter alia include food, water supply and sanitation and environment,

RECOGNIZING the paradox that while government investments in health and other social sectors should be directed at the poor and vulnerable who suffer disproportionately from ill-health, disease and premature mortality, the benefits are mostly reaped by the middle and higher income groups in some countries,

COGNIZANT of the fact that there is a lack of involvement of the recipient community in the planning and implementation of the programmes for their good; and that NGOs, though a veritable resource for advocating and operationalizing pro-poor programmes at the grassroots, may need better scrutiny and support for enhancing the effectiveness of their partnership,
REALIZING the urgent need for creating an enabling environment for the poor through access to employment, education, water and sanitation and social empowerment so that they themselves can take proactive action to alleviate their poverty and vulnerability,

CONVINCED that the role of the government in the health development of the poor needs to be reassessed, that the health system needs strengthening and reorientation, and that although the public sector is beset with problems that hamper effective delivery of pro-poor programmes, it is not dispensable,

NOTING that even with high economic growth in the countries, the gap between the rich and the poor is widening and, further, aware that higher economic growth may not necessarily translate itself into better health and, therefore, many other variables at macro and micro levels would need to be addressed,

UNDERSTANDING that vulnerability is a subjective concept that embodies lack of "essential" services and opportunities, and hence country specific,

The Parliamentarians attending the Regional Conference of Parliamentarians on Health of the Vulnerable Populations, call upon themselves and all their colleagues to strive towards the following actions:

(1) Identification of the Vulnerable and Priority Issues

1.1 Identify vulnerable groups by using various national/local criteria, e.g., assets and income, lack of basic needs such
as water supply and sanitation, food, education and communication and access to essential health services.

1.2 Advocate the strengthening of free health care services for the poorest and most vulnerable; the State must accept its responsibility for them.

1.3 Set up mechanisms for curbing increasing commercialization of health services. The government should develop and enforce appropriate regulatory mechanisms for private sector health care services.

1.4 Analyse the health implications of profound changes, such as liberalization and globalization, and protect the health interests of the poor and the vulnerable.

1.5 Strengthen national capacities for health research, focused on the priority health needs of the vulnerable.

(2) **Review and Monitoring of Health Programmes for the Vulnerable**

2.1 Set up review committees composed of MPs, government officials from different sectors, community representatives, service providers and consumers to review existing health policies and strategies as related to the health needs of the vulnerable. Such a body should dynamically interact for multisectoral accountability towards sustainable health for the vulnerable.

2.2 Monitor the availability, access and utilization of health services by the vulnerable groups. Establish transparent monitoring mechanisms.

(3) **Resource Generation/Enhanced Budget Allocation**
3.1 Debate the issue in parliament for greater fund allocation for vulnerable groups.

3.2 Make the budgeting process more transparent by encouraging dialogue between parliamentary committees, the treasury and the health sector.

3.3 Establish trust funds through contributions from voluntary and trust organizations, and mobilize funds from the business community.

3.4 Advocate the creation of alternative and sustainable ways of health care financing, in both the public and private sectors, to support local cost-sharing initiatives in public financing of health services for the poor.

(4) Legislation and support to pro-poor health policies

4.1 Make rural service mandatory for all medical graduates as an integral part of obtaining their medical degree/registration, and consider providing incentives to them.

4.2 Create and nurture legal bodies, chaired by parliamentarians and including government officials, health providers, NGOs and women's groups, at all levels, for monitoring access to and utilization of health services by the vulnerable groups and, thus, ensuring their right to health.

4.3 Review laws that support ownership of land and access to water supply and sanitation, where appropriate, so that the environment of the poor can be strengthened for self help.
4.4 Introduce and enforce laws to regulate private health services and private practice, including pharmacies.

4.5 Introduce and enforce laws to ensure quality of drugs.

4.6 Ban sex-determination tests.

4.7 Introduce laws to curb the use of tobacco and harmful drugs by inter alia strengthening inter-country cooperation.

(5) Strengthening and reorientation of pro-poor health policies, focusing on mechanisms

5.1 Promote the idea of a coordinating ministry or a high-powered committee, as appropriate, to oversee inter-sectoral partnership.

5.2 Make more effective use of steering/consultative committees of Parliament, and obtain inputs from technical agencies.

5.3 Provide more resources for preventive and promotive health, as opposed to curative services.

5.4 Make health education mandatory in schools.

5.5 Make registration of births and deaths compulsory.

5.6 Strengthen reproductive health and other related policies to reduce the rate of growth of population and maternal and neonatal mortality.

5.7 Develop capacity building of the health providers by reorienting the basic education of doctors, paramedicals and other health providers towards adopting a more ethical caring and gender-sensitive attitude.
(6) **Addressing priority health needs**

6.1 Improve the health status of the poor through access to basic health care services provided by the government.

6.2 Improve the state of nutrition through targeted food price subsidies and ensuring increased production of nutritious food.

6.3 Improve access to safe drinking water and provision of sanitation.

6.4 Raise the educational level of the vulnerable.

6.5 Strengthen the provision of reproductive health services.

6.6 Enhance health awareness of vulnerable populations through health education.

6.7 Take measures such as afforestation to protect the environment and prevent negative impact on the employment of and full security for the poor.

(7) **Advocacy of the critical importance of health in development**

7.1 Undertake advocacy for health at all levels.

7.2 Raise awareness among other parliamentarians.

7.3 Advocate with the treasury and state the case for health and the financial implications of ill-health. Pre-budget interaction should secure a more rational budget targeting for the health needs of the vulnerable populations.

7.4 Use the public platform to raise issues of health of the vulnerable to help set the agenda in favour of strengthening their access to health.

(8) **Support to sub-national/district levels**
8.1 Promote decentralization for better implementation and accountability, especially at the district level, through committees consisting of people's representatives, district level officials, NGOs, etc. to monitor and evaluate the functioning of health services.

8.2 Advocate the issue of the vulnerable with legislators and elected representatives of the people at all levels.

8.3 Work towards making health a priority at district-level planning.

8.4 Streamline the working of NGOs in this sector to ensure a greater level of responsibility.

8.5 Promote the recruitment and training of paramedicals and promote midwifery training to ensure basic health services, including reproductive health services, to the people in rural areas.

8.6 Improve the health infrastructure at the periphery.

(9) Community empowerment

9.1 Promote community participation/capacity, and advocate decentralization.

9.2 Empower the community to raise health awareness and demand quality health care for the poor.

9.3 Protect and promote consumer rights in the health sector.
REPORT OF THE CONFERENCE

1. INTRODUCTION

The Regional Conference of Parliamentarians on Health of the Vulnerable Populations was held in Kathmandu, Nepal, from 1-3 November 1999. It was inaugurated by His Excellency Mr K.P. Bhattarai, Right Hon'ble Prime Minister of Nepal.

The Conference was organized by the International Medical Parliamentarians Organization (IMPO), with the technical and financial support of the South-East Asia Regional Office of the World Health Organization (WHO/SEARO). It was the fifth in the series of WHO/IMPO regional conferences of parliamentarians on important health issues.

Parliamentarians and other eminent persons from Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand participated in the Conference. (For list of participants and others, see Annex 1)

2. INAUGURAL AND INTRODUCTORY SESSIONS

At the Inaugural Session, His Excellency Dr Ram Baran Yadav, Minister of Health, His Majesty's Government of Nepal, welcomed
the distinguished parliamentarians from Member Countries of the WHO South-East Asia Region to the Conference. He referred to the health situation in the country and said that while the worst of the communicable diseases have been brought under control, many diseases like malaria, kala-azar and encephalitis are still prevalent. A tremendous effort would need to be made to strengthen health services at the district and lower levels to reach the vulnerable and the disadvantaged populations. He hoped that the participants and the experts attending the meeting would be able to offer concrete solutions to these problems. (For full text, see Annex 2).

His Excellency Mr Alhaj Salahuddin Yoosuf, Minister of Health and Family Welfare, Government of Bangladesh, stated that the inter-sectoral aspects of health had to be prioritized in terms of political commitment and development planning. He added that the parliamentarians as policy makers have the capability of securing the commitment of their governments for the betterment of health of the vulnerable populations. He informed the Conference that Bangladesh has introduced health sector reforms to improve the quality of health programmes, and a special essential services health package serves the most vulnerable.

Professor Dr Prasop Ratanakorn, Secretary-General of the International Medical Parliamentarians Organization, said that in this region there are huge gaps and inequalities in health. It is the responsibility of the MPs, as representatives of the people, to improve the health of the vulnerable populations. He said that a review of the past WHO-IMPO meetings for Parliamentarians has shown their usefulness. They had provided the impetus for many MPs who have actively followed up with concrete measures in their own countries. (For full text, see Annex 3).
Dr Uton Muchtar Rafei, WHO Regional Director, stated that rapid population growth and urbanization, unmindful industrialization and environmental degradation and widespread poverty and illiteracy all combined to increase the vulnerability of large population groups in the South-East Asia Region. He noted that as ill-health leads to poverty, investing wisely in health contributes to poverty reduction. Unless the health status of the vulnerable populations is significantly improved, health for all would remain a distant dream, and the potential of the contribution of health towards socio-economic growth and poverty alleviation would not be realized. He quoted Nobel Laureate Professor Amartya Sen to drive home the point that “............even when an economy is poor, major health improvements can be achieved through using the available resources in socially productive ways.” He emphasized that health development requires more of political will and social mobilization than financial resources. He also stressed the need for wide-ranging partnerships in order to attack the multi-dimensional determinants of both poverty and ill-health. In conclusion, he stated that MPs are best placed to advocate the health of the vulnerable populations and to recommend practical strategies for improving their health. (For full text, see Annex 4).

His Excellency Mr Krishna Prasad Bhattarai, Right Hon'ble Prime Minister of Nepal, said in his inaugural address that the present Regional Conference of Parliamentarians had tremendous importance in bringing about changes in the status of health of the most vulnerable populations. The ultimate objective of all governments is sustainable human development and the aim of development is the improvement of the health and well-being of
the people. The Prime Minister emphasized the need to establish and strengthen the link between economic growth and human development. This must be done through appropriate policies, he affirmed.

Mr Bhattarai noted that as ill-health and vulnerability are inter-linked, there is a need for close interaction among various sectors like education, housing, and water supply, to improve health in the countries and of vulnerable populations in particular. He said that international partnerships for health like the South Asian Association for Regional Cooperation (SAARC) can play a pivotal role in this. (For full text, see Annex 5)

The Deputy Speaker of the House of Representatives, His Majesty's Government of Nepal, Ms Chitralekha Yadav, said that each country must commit itself to improving basic and primary health care. This is the only way to tackle the double burden of disease and to ensure an improvement in the health of all people, particularly the vulnerable groups (For full text, see Annex 6)

Dr Banshi Dhar Mishra, Member of Population and Social Committee, Parliament of Nepal, proposed a vote of thanks.

At the introductory session, the WHO Regional Director, Dr Uton Muchtar Rafei, recalled the health gains achieved during the current century. At the same time, there were challenges as the Member countries and WHO enter the next century. As the main determinants of ill-health and disease are socio-economic, their remedies must be found in those areas and not only in medicine. The responsibility of the State towards the health of the vulnerable populations needs to be redefined. In this context, he mentioned
the initiatives launched by WHO towards the health of the poor and the vulnerable. He concluded by saying that the objectives of the conference would be served if the parliamentarians secure a higher priority for the health of the vulnerable populations in their national, political and development agendas.

His Excellency Dr Ram Baran Yadav, Minister of Health, His Majesty's Government of Nepal, was unanimously requested to chair the Conference. He appointed Professor M.S. Akbar (Bangladesh) and Dr Rekso Ageng Herman (Indonesia) to be the moderators for the technical sessions.

A drafting group, comprising members of parliament from all the participating countries was set up to draft the Call for Action and Report of the Conference.

The agenda adopted by the Conference is given in Annex 7.

3. PRESENTATIONS ON HEALTH OF VULNERABLE POPULATIONS

The gist of the presentations on various aspects of this subject, made by Dr Peter Heywood, Dr Indrani Gupta, Ms K. Sujatha Rao, Dr Bal Gopal Baidya and Mr R. Sampanthan, is given below.

3.1 Health and Development: Poverty and Health

(1) Spending on health at 4-5% of GDP is rather low; 50-60% of it comes from individuals, and the balance from the government.
(2) Though health status has been steadily improving, infant mortality and fertility rates remain high in most countries of SEAR, and malnutrition rates are among the highest in the world.

(3) Poverty results in higher morbidity, mortality and fertility. At the same time, ill-health and sickness lead to poverty. Major illnesses often contribute to poverty.

(4) Though the poor, who suffer more from ill-health and disease, are expected to use public services, actual utilization by them is rather low. The subsidy in public health services mostly benefits the middle and higher income groups.

(5) Investment in health is important because a healthy and educated population is critical for sustainable economic growth. There is, therefore, a need to make such investments in health that improve the health, nutrition and fertility outcomes for the poor. The health systems need to be oriented towards the poor, and the performance of services enhanced, inter alia, through decentralization, separation of public funding from public provisioning, securing sustainability of financing, and fostering an enabling environment for households to improve health. Given the socio-economic conditions, public sector health services cannot be dispensed with: they must be oriented towards the poor and made more efficient.

(6) The role of the World Bank in investment, particularly for pro-poor health programmes, such as prevention and control of malaria, tuberculosis and HIV/AIDS, through interest-free IDA credits, was appreciated.
3.2 Identification of the Vulnerable Population Groups

(1) Large risks from external shocks and inability to cope with them were the twin prime features of vulnerability, which is the key determinant of poverty in terms of low income, inadequate food and nutrition, and lack of access to health care and education.

(2) On the basis of the major indicators, such as lack of physical assets and education, landless and marginal farmers, agricultural/casual workers, chronically unemployed/under-employed, homeless and slum dwellers are identified as vulnerable population groups. Socio-economic inequalities are responsible for the emergence of vulnerable population groups and their perpetuation.

(3) Among the above, women, children, particularly girls, the elderly and other disadvantaged groups, including AIDS patients, as also people in remote and inaccessible areas, need special attention.

(4) Vulnerability of population groups is dynamic over time; some groups come out of it, while others get into it. Vulnerability is also relative. Policy makers need to, in view of limited resources, start from the most vulnerable and go upwards. Identification of vulnerable groups, noted at 2 above, can be easily done through the involvement of the community, particularly in the rural areas.

3.3 Priority Health Needs of the Vulnerable Population
(1) The health status of vulnerable populations, as reflected in communicable diseases, particularly leprosy, malaria, tuberculosis and HIV/AIDS, disproportionately affects the vulnerable population. Among women and children, anaemia and low birth-weight are as high as 80 and 40% respectively. The maternal mortality ratio is appallingly high. Neonatal, peri-natal and infant and child mortality together constitute 40% of total mortality. The situation is compounded by lifestyle and noncommunicable diseases such as cancer due to high tobacco consumption.

(2) To meet the health requirements of the vulnerable populations, there is an imperative need for a multi-sectoral approach to health, universal access to health care, and higher health spending by the government.

(3) It is necessary to look beyond the health sector to address the priority health needs of the vulnerable population, as there is close inter-connectivity between education, women’s empowerment, poverty alleviation and good health. Health outcomes are also linked to macro-economic policies and liberalization and globalization, which contain both risks and opportunities.

(4) Promotion of an equitable health system should accompany healthy public policies in agriculture, environment and other sectors.

(5) Decentralization, appropriate research and technology, increasing consumer awareness and enhancement of the national capacity would contribute to the health of the vulnerable population.
3.4 Mobilization of Resources for the Health of the Vulnerable Population

(1) Health of vulnerable peoples is an outcome of complex inter-relationships among the existing social condition, availability of health and other basic services, environmental conditions, food and nutrition, existing legal framework, and the vulnerable people themselves.

(2) Vulnerable peoples have limited capacity to pay for the health services and accordingly rely heavily on public health services. It is well established that the primary health services and the basic social services have the largest pay-off in improving the health of the vulnerable peoples in this region.

(3) There are several types of resources that need to be mobilized for the health of the vulnerable populations. The important resources are: financial resources; human resources; and legal framework.

(4) In many of the SEAR countries the overall public budget is small. More of internal revenue as well as external assistance need to be mobilized. Along with a larger public budget, there is also a need to ensure a larger allocation to health and basic social services and environmental improvement. This requires inter-sectoral adjustments. Similarly, more community resources, user fees and private sector resources need to be mobilized.

(5) Improving the effectiveness and efficiency of the use of available resources will go a long way in improving the health of vulnerable peoples. This will require intra-sectoral
adjustments in line with the 20/20 compact, greater transparency and accountability through decentralization and adoption of more cost-effective approaches for health delivery.

(6) Many SEAR countries have inadequate human health resources to meet the health needs. More such resources need to be trained by mobilizing the public as well as private sectors. Similarly, more attention needs to be paid to the proper mix of human health resources and better management of existing human resources.

(7) Appropriate laws need to be enacted and enforced, especially to ensure balanced deployment of human health resources, provision of reproductive health services to all and to reduction of maternal mortality.

3.5 Role of Parliamentarians in Improving the Health Status of the Vulnerable Populations

(1) While parliamentarians are committed to the ideology and policies of their own political parties and are bound by the party whip, it should be possible for them to arrive at a consensus, irrespective of the party divide, on the "improvement of health standards of vulnerable population".

(2) As paucity of resources is a major constraint, there is an imperative need for every country to allocate not less than a certain definite percentage of its GDP for health: it can be more but not less than the existing percentage. This would contribute to attenuating one of the main causes that
adversely impact on the provision of adequate health services, particularly to vulnerable segments.

(3) Populist measures, such as various types of subsidies, can only be at the expense of something else: there are instances of governments appeasing influential or vociferous sections of the population: frequently, these are at the expense of the health needs of the vulnerable segment.

(4) Parliamentarians can extend cooperation to ensure a fair and equitable distribution of resources so as to make health facilities adequately available to the more vulnerable population groups.

(5) Parliamentarians should help to ensure that medical and paramedical personnel and drugs, etc. are equitably distributed throughout the length and breadth of the country so that health facilities are within the reach of even the vulnerable segments also.

(6) Greater autonomy in implementing and monitoring health programmes and health facilities at the local level would enhance efficiency.

(7) There is a need to promote organized sponsorship of the health needs of the vulnerable. As individuals they may be powerless, but collectively their voice will be powerful and will be heeded better.

(8) Parliamentarians need to bear in mind the impact of economic liberalization and globalization. Even if there be economic growth, it may not benefit a broad spectrum of the population
and thus sharpen inequities, which would perpetuate the vulnerability of various population groups.

(9) Parliamentarians should nurture the people of the country, as human resource is the most vital resource for development. The formulation of public policies and enactment of laws, influenced by parliamentarians, should contribute to the human capital of the country.

3.6 Discussions

The presentations on the above subjects were followed by discussions in three groups. The salient points that emerged from these group discussions were:

(1) Identification of the Vulnerable and Priority Issues

1.1 Identify vulnerable groups by using various national/local criteria, e.g., assets and income, lack of basic needs such as water supply and sanitation, food, education and communication and access to essential health services.

1.2 Advocate the strengthening of free health care services for the poorest and most vulnerable: the state must accept its responsibility for them.

1.3 Set up mechanisms for curbing increasing commercialization of health services. The government should develop and enforce an appropriate regulatory frame for private sector health care services.

1.4 Analyse the health implications of profound changes, such as liberalization and globalization, and protect the health interests of the poor and the vulnerable.
1.5 Strengthen national capacities for health research, focused on the priority health needs of the vulnerable.

**(2) Review and Monitoring of Health Programmes for the Vulnerable**

2.1 Set up review committees composed of MPs, government officials from different sectors, community representatives, service providers and consumers to review existing health policies and strategies as related to the health needs of the vulnerable. Such a body should strike a dynamic interaction for multisectoral accountability for sustainable health for the vulnerable.

2.2 Monitor the availability, access and utilization of health services by the vulnerable groups. Establish transparent monitoring mechanisms.

**(3) Resource Generation/ Enhanced Budget Allocation**

3.1 Debate the issue in Parliament for greater fund allocation for vulnerable groups.

3.2 Make the budgeting process more transparent by encouraging dialogue between parliamentary committees, the treasury and the health sector.

3.3 Establish trust funds through contributions from voluntary and trust organizations, and mobilize funds from the business community.

3.4 Advocate the creation of alternative and sustainable ways of health care financing, in both public and private sectors, to support local cost sharing initiatives in public financing of health services for the poor.
(4) **Legislation and support to pro-poor health policies**

4.1 Make rural service mandatory for all medical graduates as an integral part of obtaining their medical degree/registration, and consider providing incentives to them.

4.2 Create and nurture legal bodies, chaired by parliamentarians and including government officials, health providers, NGOs and women's groups, at all levels, for monitoring access and utilization of health services by the vulnerable groups and, thus, ensuring their right to health.

4.3 Review laws that support ownership of land and access to water supply and sanitation, where appropriate, so that the environment of the poor can be strengthened for self-help.

4.4 Introduce and enforce laws to regulate private health services and private practice, including pharmacies.

4.5 Introduce and enforce laws to ensure quality of drugs.

4.6 Ban sex-determination tests.

4.7 Introduce laws to curb the use of tobacco and harmful drugs, inter alia, through strengthening inter-country cooperation.

(5) **Strengthening and reorientation of pro-poor health policies, focusing on mechanisms**

5.1 Promote the idea of a coordinating ministry or a high-powered committee, as appropriate, to oversee inter-sectoral partnership.
5.2 Make more effective use of steering/consultative committees of Parliament, and obtain inputs from technical agencies.

5.3 Provide more resources for preventive and promotive health, as opposed to curative services.

5.4 Make health education mandatory in schools.

5.5 Make registration of births and deaths compulsory.

5.6 Strengthen reproductive health and other related policies to reduce the rate of growth of population and maternal and neonatal mortality.

5.7 Develop capacity building of the health providers by reorienting the basic education of doctors, paramedics and other health providers towards adopting a more ethical caring and gender-sensitive attitude.

(6) **Addressing priority health needs**

6.1 Improve the health status of the poor through access to basic health care services provided by the government.

6.2 Improve the state of nutrition through targeted food price subsidies, ensuring increased production of nutritious food.

6.3 Improve access to safe drinking water and provision of sanitation.

6.4 Raise the educational level of the vulnerable.

6.5 Strengthen the provision of reproductive health services.

6.6 Enhance health awareness among vulnerable populations through health education.
6.7 Take measures such as afforestation to protect the environment and prevent negative impact on the employment and full security for the poor.

(7) **Advocacy of the critical importance of health in development**

7.1 Undertake advocacy for health at all levels.

7.2 Raise awareness of other parliamentarians.

7.3 Advocate with the treasury and state the case for health and the financial implications of ill-health. Pre-budget interaction should secure a more rational budget targeting for the health needs of the vulnerable populations.

7.4 Use public platform to raise issues of health of the vulnerable to help set the agenda in favour of strengthening their access to health.

(8) **Support to sub-national/district levels**

8.1 Promote decentralization for better implementation and accountability, especially at the district level, through committees consisting of people's representatives, district-level officials, NGOs, etc. to monitor and evaluate the functioning of health services.

8.2 Advocate with legislators and elected representatives of the people at all levels to take up the issue of the vulnerable.

8.3 Work towards making health a priority at district-level planning.

8.4 Streamline the working of NGOs in this sector to ensure a greater level of responsibility.
8.5 Promote recruitment and training of paramedicals, and promote midwifery training to ensure basic health services, including reproductive health services, to the people in rural areas.

8.6 Improve health infrastructure at the periphery.

(9) Community empowerment

9.1 Promote community participation/capacity, and advocate the implementation of decentralization.

9.2 Empower the community for raising health awareness and demand creation for quality health care for the poor.

9.3 Protect and promote consumer rights in the health sector.

4. ADOPTION OF THE CALL FOR ACTION AND REPORT

After due deliberations, the Call For Action, and the report of the Conference, as contained in this document, were unanimously adopted.

5. CLOSING SESSION

The closing session was chaired by H.E. Mrs Chitralektha Yadav, Deputy Speaker, House of Representatives, Nepal. H.E. Dr Mohammad Mohsin, Chairman, National Assembly of Nepal, was the Chief Guest. H.E. Dr Ram Baran Yadav, Minister of Health, His Majesty’s Government of Nepal, and H.E. Mrs Kamla Pant, State Minister of Women and Social Welfare, also graced the session.
The participants and others attending the meeting unanimously endorsed the resolution of solidarity with the victims of the cyclone in Orissa State of India: everyone stood for a minute in silence and prayer. The resolution was moved by H.E. Ram Baran Yadav, Minister of Health; His Majesty’s Government of Nepal.

Senator Vitura Sangsingkeo, speaking on behalf of Dr Taro Nakayama, the IMPO President, expressed IMPO’s satisfaction at working with WHO/SEARO in mobilizing parliamentarians for health. IMPO would be happy if MPs take more interest in health-related issues, and monitor the government health system. He added that this meeting would be considered a great success if MPs work with the health authorities in their own constituencies to see that the vulnerable populations receive due attention.

Dr Uton Muchtar Rafei, Regional Director, WHO, stated that it was a matter of great satisfaction for him to have organized this conference, particularly since the participants found it relevant and opportune. The Conference had achieved its objectives and had been entirely successful. In view of the keen interest evinced by the participants during discussions, he had no doubt that the health of the vulnerable population would be accorded a higher priority in national political and development agendas. He expressed the hope that the participants would disseminate the key messages of the Conference to their colleagues and espouse the cause of the health of the vulnerable with their prime ministers and finance ministers. He felt that it would be useful if mechanisms could be developed in the countries to follow up the implementation of the recommendations of the Conference.
H.E. Mrs Kamla Pant, State Minister of Women and Social Welfare, stressed that, in the context of Nepal, vulnerable populations consist of women, children, the aged and the disabled. She informed the meeting that the Second Long-Term Health Plan (1999-2017) of Nepal is holistic and recognized the need for self-reliance, gender sensitivity, decentralization and effective management to ensure equity of access to health services. Unchecked population growth and urbanization, widespread illiteracy and poverty have enlarged the vulnerable population groups. Health is a multi-faceted problem of the nation and not the concern of the ministry of health alone. As ill-health is the outcome of poverty, the poor need to be kept in mind while addressing the health issues of the population. In conclusion, she commended the recommendations emerging from the Conference, which would suitably redirect the health strategy.

H.E. Ram Baran Yadav, Minister of Health, stated that the people living in remote areas of the country and in urban slums are also vulnerable and their ignorance leads them to spoil their own environment. He stressed the need to view health development as a part of total human development. There is a need to redistribute resources, giving higher priority to preventive services, particularly in rural areas. In conclusion, he thanked WHO/SEARO/IMPO for organizing the Conference.

H.E. Mohammed Moshin, Chairman of the National Assembly, commended the agenda of the meeting and the contributions made by the participants towards elaborating the core theme of the Conference. He was pleased that the Conference had identified the interdependence between vulnerability, unemployment and poverty, and stressed the need for adopting multi-dimensional
strategies to address the issues. Commending the Call For Action, adopted at the Conference, he expressed his confidence that parliamentarians would be able to accomplish the task entrusted to them by the Conference.

The Chairperson of the Conference, H.E. Mrs Chitralekha Yadav, expressed her happiness at the views and observations voiced by the distinguished speakers. She acknowledged the wisdom with which the Minister of Health guided the deliberations of the Conference, and the able assistance provided to him by the Moderators. She congratulated the Parliamentarians on the success of their Conference, and expressed her pleasure that the Call for Action and the report of the meeting have been unanimously adopted. She reminded the participants that it was now their responsibility to translate the Call for Action into reality through partnership among all concerned.

Dr Sonam Tenzin, participant from Bhutan, speaking on behalf of the participants, thanked the Regional Director for convening the Conference and IMPO for organizing it. He also thanked His Majesty’s Government of Nepal, particularly the Minister of Health and the Deputy Speaker of the House of Representatives for hosting the Conference in such an excellent manner. On behalf of all the participants, he thanked everyone involved in the success of the Conference, and affirmed the resolve to suitably follow up the implementation of the Call for Action.

Mr Shiv Khare, Executive Coordinator of IMPO, proposed the vote of thanks, and thereafter the Regional Conference of Parliamentarians on Health of the Vulnerable Populations was closed.
Annex 1

LIST OF PARTICIPANTS

BANGLADESH

Prof. Dr M.S. Akbar, MP
Chairman Parliamentary Standing Commit
on Women and Children Affairs
Dr H.B.M. Iqbal, MP
Syed Mehedi Ahmed Romy, MP
Dr S.M. Mckhlesur Rahman, MP
Dr Mir N. Anwar
Dr Ziaul Haque Mollah, MP
Dr Dewan Mohammad Salahuddin, MP

INDIA

Dr S Venugopalachary, MP,
Leader of the Delegation
Dr Girija Vyas, MP
Dr Ashok Patel, MP
Dr (Smt) V Saroja, MP
Dr Gopalrao Vithalrao Patil, MP
Dr D Masthan, MP
Shri Lachhman Singh, MP
Shri G Ramaiah, MP
Mr Nand Ram Bairagi, MP
Ms Mabel Rebello, MP
Dr Jaganathan, MP
Mr G S Ghalib, MP
Dr Ranjit Pania, MP

BHUTAN

Dr Sonam Tenzin, MP
Dasho Tashi Dorji, MP
Dasho Sherub Tenzin, MP
Ms Leki Perno, MP
Ms Karma, MP

INDONESIA

Dr Surya Chandra Surapaty, MF
Mrs Zawiyah Ramlie, SKM, MP
Dr Charles Jones Mesang, MP
Dr Rekso Ageng Herman, MP
Mr B L Goel, MLA
Mr Rakesh Pandey, MLA
Mr Virender Sisodia, MLA
Mr V Kataria, ex-MP
Mr Manmohan Sharma
Executive Secretary, AAPPD

MALDIVES
Mrs Fathmath Jameel, MP
Mr Mohamed Ismail Fulu, MP
Mr Ali Mohamed, MP

MYANMAR
Dr Soe Tun
Rector, Institute of Medicine, Mandalay
Dr Tha Hla Shwe
Restor, Institute of Medicine (2)
Dr Min Swe
Medical Superintendent

NEPAL
Mrs. Chitra Lekha Yadav, MP
Deputy Speaker
Dr Ram Baran Yadav, MP
Health Minister
Mr Dil Ram Acharya, MP
Mr Krishna Charan Shrestha, MP
Mr Banshi Dhar Mishra, MP
Mr Yadav Bahadur Rayamaghi, MP
Mrs. Asta Laxmi Shakya, MP
Mr Narendra Bahadur Bam, MP
Mr Farmullah Mansur, MP
Mrs. Sabitri Bogati, MP
Mr Ganga Prasad Nepal, MP
Mr Shiv Kumar Basnet, MP

PARLIAMENT OF NEPAL - POPULATION AND SOCIAL COMMITTEE
Dr Ram Hari Aryal
Joint Secretary
Mr K P Pancley
Under Secretary
Mr M P Bhattarai
Under Secretary
Mr K P Pudasani
Under Secretary
Mr P Ghimire
Under Secretary
Mr Begendra Sharma
Section Officer
Mr Surya Prasad Aryal
Senior Assistant
Mr Indra Poudel
Assistant
Parliamentarians’ Call for Action

SRI LANKA
Mr R Yogarajan, MP
Mr M M Zuhair, MP
Mr D Sithadthan, MP
Mr R Sampathan, MP
Mr Kesaralal Gunasekera, MP

THAILAND
Sen. Proi. Dr Prasop Ratanakorn
Leader of the Delegation
Secretary General, IMPO
Sen. Admiral Patpong Sripen
Sen. Rear Admiral Vitura Sangsingkeo
Sen. Vichien Usvisessivakul
Ms Poonsook Lohajoti, MP
Dr Prasong Boonpong, MP
Dr Preecha Musikul, MP

WHO SECRETARIAT
Dr Uton Muchtar Rafei
Dr Klaus Wagner
Dr Rita Thapa
Dr Abdul Sattar Yoosuf
Dr Paolo Hartmann

Mr B.S. Lamba
Dr Harry Feirman
Dr Sailesh Kumar Upadhyay
Ms Harsaran Bir Kaur Pandey
Mr Ved Narayanan
Mr Lava N. Shrestha
Mr Narendra Raj Tandukar
Mrs Ranjani Joshi

IMPO SECRETARIAT
Mr Shiv Khare
Executive Coordinator
Ms Vipunjit Ketunuti
Programme Associate
Ms Kwannara Shchaichanakul
Administrative Associate
Mr Devendar Kumar Bhagat

RESOURCE PERSONS
Dr Peter Heywood
Dr Indrani Gupta
Ms K. Sujatha Rao
Dr Bal Gopal Baidyal
Ms Priyanee Wijesekara
Annex 2

WELCOME ADDRESS BY HONOURABLE MINISTER OF HEALTH
DR RAM BARAN YADAV

Chief Guest Rt. Honourable Prime Minister
Mr Krishnan Prasad Bhattarai
Chairperson
Hon’ble Deputy Speaker of the House of Representative
Mrs Chitra Lekha Yadav, Excellencies, WHO Regional Director
Distinguished Guests,
Ladies and Gentlemen:

I feel honoured to have this privilege to welcome you all, the delegates and participants to this Regional Conference of Parliamentarians on Health of Vulnerable Population. I would like to take this opportunity to thank the Regional Director of WHO SEARO and the International Medical Parliamentarians Organization (IMPO) for organizing this important Conference in Kathmandu in coordination with the Population and Social Coordination Committee of the House of Representatives in Nepal. I would like to express my deep appreciation to all of you for travelling to Kathmandu to participate in this conference. I hope your stay in our country will be pleasant and productive.

I would like to express my personal gratitude to the Rt. Hon’ble Prime Minister, Mr Bhattarai, for sparing his valuable time to inaugurate this important Conference. He has all along been
providing us valuable guidance for focusing our policies and developmental efforts towards the poor and the vulnerable. His inspiring inaugural address at this conference shall set the tone of our deliberation. We hope to live up to his expectations by coming with feasible ways of reaching our goal in providing health to the poor and the vulnerable.

I am happy to see that we have many experts in this conference who will be making their presentations on the substantive agenda items. I would like to place on record my appreciation for their contribution in this conference. The presence of the WHO Regional Director, Dr Uton Muchtar Rafei, during the conference would be a source of great strength and encouragement. Similarly, the presence of Prof. Prasop Ratanakorn, the Secretary General of the International Medical Parliamentarians Organization, is symbolic of the partnership which is being fostered between the health sector and the parliamentarians.
Annex 3

ADDRESS BY SEN. PROF. DR. PRASOP RATANAKORN,
SECRETARY GENERAL - IMPO AND AFPPD

Hon. Mr. Krishna Prasad Bhattarai - Prime Minister,
Hon. Health Minister,
Dr. Uton Muchtar Rafei,
and fellow Parliamentarians,

We have gathered today in one of the most beautiful surroundings of the world, i.e. Kathmandu, to discuss one of the most important issues, "Health for the vulnerable population". South and South-East Asia are full of those people who can be termed as vulnerable population. Therefore, we as representatives of the people have a special responsibility to tackle the issue. Let us do something, and believe me, "something is better than nothing".

In South Asia especially, there is an urgent need to make health services available to people who are poor, live in far-way areas, children, women and old. I am told that in some cases there are no health facilities in a several-kilometres area and the population have to depend on local traditional healers.

Dear friends, let me resolve:

to be tender
with the young, compassionate
with the aged, sympathetic with the striving,
and tolerate,
with the weak and the wrong.
Some time in life
you will have been all of these.

In Thailand, the situation is a little better, we have been able
to provide affordable health services to a large population, but we
also need to reach our hill tribe area and some far-way remote
areas.

Listen – Hope is like the sun
which, as we journey towards it, casts the shadow of our
burden behind us.

As you all know, WHO-SEARO&IMPO have been organizing a
regional event each year bringing together 40-50 medical and
non-medical parliamentarians to discuss issues important to our
voters. You may be wondering as to what happened after these
conferences. We, in IMPO, have done some soul searching and
informal evaluation. The result showed that most of the
parliamentarians who attended our meetings become quite active
in the health front in their own countries.

No man has a right to do what he pleases,
except when he pleases to do right.

Dr. Taro Nakayama, MP from Japan and IMPO President,
moved and got approved legislation on organ transplant. He also
met the Director General of WHO, Dr. Brundtland, in Geneva and
briefed her about IMPO as we are a WHO affiliated organization.
He also discussed the IMPO programmes with the new Regional Director of WHO-WPRO in Manila and his advisers. I also visited Manila and met Dr. Omi and others to discuss IMPO and health issues for regional and international programme activities.

Last fortnight, I participated in the Advisory Committee meeting at the WHO Health Development Centre, Kobe, which approved plans for international conferences in which parliamentarians could share their views.

In Sri Lanka, IMPO members started a lobby group on health of the children and child rights and conducted a number of activities.

I myself as the Chairman of the Senate Committee on Public Health have circulated the recommendation of the previous declaration. We are also making all out efforts to see that no segment of our society is left unattended in health. As you all know, we have been serving you from our secretariat in Bangkok since 1990 to achieve "Health for all by the year 2000".

In Bangladesh, medical parliamentarians are specially active and working closely with the Ministry to review legislation. IMPO has now published an international directory of medical parliamentarians.

I hope this meeting will be another step to educate parliamentarians in health related issues, and you, I am sure, on return will take special interest in health issues - "Life without health is lifeless".

May I thank the Government of Nepal, Hon. Prime Minister, the WHO/SEARO Regional Director, Dr. Uton, and the Parliament of
Nepal for support in organizing this important meeting. Fellow Parliamentarians, we look forward to knowing from you as to what you wish to do for the vulnerable population.

Dear friends, I shall be 80 in a few month’s time – and this is the message from one older person – your friend.

“There are things
that cannot be bought with silver or with gold,
As thoughtfulness and kindness and love are never sold
They are priceless things in life for which no one can pay,
And the giver finds rich recompense in giving them away”.

I wish you all the great success, prosperous life and happiness.
Honourable and dear friends - I Thank You.
Annex 4

ADDRESS BY DR UTON MUCHTAR RA FEI
REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA REGION

Your Excellency, Mr Prime Minister
Hon’ble Health Minister of Nepal
Excellencies
Distinguished Members of Parliament
Ladies and Gentlemen,

The presence of such a large number of distinguished Parliamentarians from the Member countries of WHO’s South-East Asia Region underscores the importance attached to the Health of the Vulnerable Populations. The august presence of the Speaker and the Health Minister clearly indicates the high priority accorded to this area by His Majesty’s Government.

Our Region is home to about 1.5 billion people. This is a quarter of the world’s population, living in an area that constitutes only 5 per cent of the global land mass. In addition, nearly 40 per cent of the world’s absolute poor live in this region.

Rapid population growth, accompanied by very rapid urbanization, unmindful industrialization widespread illiteracy, particularly among women, the generally low status of women, environmental pollution and degradation, have all combined to
increase the vulnerability of large population groups in countries of our Region.

Mr Prime Minister, Sir

It is obvious that the magnitude of the health problems faced by the vulnerable population is enormous. Generally speaking, women, children, indigenous people, landless workers, daily wage earners, the illiterate, and the disabled constitute vulnerable population groups. What they all have in common is poverty.

It is well established that poverty causes ill-health. The poor die younger and suffer more from disease and disability. However, ill-health also leads to poverty; disease and sickness perpetuate and accentuate poverty. Investing wisely in health, therefore, contributes to poverty reduction.

I am happy to recall that, at the initiative of the Health Ministers of our Region, issues relating to poverty and health in the context of our Region were studied. As a result, a monograph on Poverty and Health was prepared. Among other things, it highlighted that the provision of adequate health care is a necessary precondition to accelerate poverty reduction and economic growth.

Unless the health status of the vulnerable populations is significantly improved, Health for All would remain a distant dream. Health, by itself, is a desirable goal. Therefore, the health of the poor and the vulnerable populations must be urgently addressed. This is more so because the health of a community, a country, or of humankind itself, is closely inter-dependent. Disease and ill-health anywhere threaten health everywhere. Secondly, the
potential of the contribution of health towards socio-economic growth and poverty alleviation can never be realized if vast numbers of the vulnerable are forced to exist in ill-health, squalor and disease.

Your Excellency, Mr Prime Minister

It is often said that poor countries lack resources to provide proper health services to their teeming millions. The Nobel Laureate Prof Amartya Sen, however, has said, and I quote: “...even when an economy is poor, major health improvements can be achieved through using the available resources in socially productive ways”. Unquote. Prof Sen has further emphasized that good health is an integral part of good development. He says, and I quote again, “Good health and economic prosperity tend to support each other”. Unquote

The point is that steady health development requires more of political will and social mobilization than financial resources. This has been clearly shown by the remarkable progress that our countries are making towards polio eradication through National Immunization Days. Similarly, the large and growing incidence of cataract-induced blindness in many of our countries can be very cost effectively curbed. Towards this end, we have launched a 20-year programme, Vision 2020.

We have evidence to show that health, education and nutrition are essential for building human capital, which, in turn, is vital for sustainable development. Experience also shows that economic growth may not automatically translate itself into human development. A link between growth and human development
must be created through conscious national policies. The emphasis should be equally on economic growth, and distributing its benefits equitably. The most effective way of ensuring equitable distribution is through wise investments in public health and education.

Your Excellency,

Poverty and vulnerability are multi-dimensional. So is health. The determinants of health extend beyond bio-medical reasons. Therefore, in order to launch a determined attack on both poverty and ill-health, the need for wide-ranging partnerships is imperative.

Since 1996, we have, in collaboration with the International Medical Parliamentarians Organization, organized four conferences of Parliamentarians. These have been on Health in Development; Women, Health and Environment; the Health Impact of the Economic Crisis; and on HIV/AIDS and Reproductive Health.

The objectives of this Conference are to further strengthen the partnership between WHO, the ministries of health and the health sector, on the one hand, and parliamentarians on the other. It is also hoped to enhance inter-sectoral action for health in the perspective of the inter-linkages between poverty and health. We are confident that participation of so many MPs would result in a higher priority for the health of the vulnerable populations in national political and developmental agendas.

In view of the pivotal role that health plays in improving the lives of the poor and the vulnerable, Hon’ble MPs are best placed to advocate for the health of these groups with their presidents,
prime ministers, finance and planning ministers. With their vast experience in public life and civic affairs, members of parliament are most qualified to recommend viable and practical strategies for meeting the health needs of the vulnerable populations.

Your Excellency, Mr Prime Minister
Hon’ble Minister
Distinguished Parliamentarians
Ladies and Gentlemen,

Before concluding, I would like to express my sincere thanks to His Excellency, the Prime Minister of Nepal for making it convenient to inaugurate this conference. I am also grateful to the Hon’ble Health Minister of Nepal for hosting the Conference. The success of the Conference is ensured by the presence of such a large number of MPs. I thank the hon’ble MPs for their participation. I thankfully acknowledge our collaboration with the International Medical Parliamentarians Organization. I also thank the Population and Social Committee of the Nepalese Parliament and the Ministry of Health for making meticulous arrangements for this conference.

I thank all of you for your kind attention.
Annex 5

ADDRESS BY THE RT. HON. KRISHNA PRASAD BHATTARAI, PRIME MINISTER OF NEPAL

Madam Chairperson,
Your Excellencies, Distinguished Participants,
Ladies and Gentlemen:

It gives me great pleasure to welcome you all to this Regional Conference of Parliamentarians on Health of the Vulnerable Population.

First of all, I would like to express my sincere gratitude to the organizer of the South Asian Parliamentarians Meeting on Health of the Vulnerable Population and also for giving me the opportunity to inaugurate this very important meeting. I believe that such type of meeting has tremendous importance in bringing about changes in the status of health of the most disadvantaged and vulnerable population of our countries in the next century.

Distinguished Parliamentarians,

I firmly believe that our ultimate objective is sustainable human development. In plain words, development is meant for improving the health and well-being of the people.

Experience has conclusively demonstrated that the link between economic growth and human development is rather
delicate. It can easily break. Therefore, the link between economic growth and human development needs to be concisely established through appropriate policies: it needs to be nurtured by the implementation of those policies. Economic growth is only a means towards this end. Gross disparities in incomes among various groups of people in countries of our region have emerged. Nepal is not an exception to such changes.

A rapid deterioration of national resources and environmental degradation in Nepal is an unhappy legacy being created for future generations. Overcrowding of our cities, particularly Kathmandu, is creating a new set of socio-civic problems.

We all know that there have been dramatic changes in socio-economic situations in most of our nations over the past decades. There are some areas where tremendous progress has been made towards the eradication of various diseases. However, disparities in the provision of health services and prevalence of diseases widely exist among regions and within nations. Within nations, large chunks of population who live in remote rural areas are being deprived of basic health facilities. Due to this, infectious diseases are still the leading causes of morbidity and mortality in this region. They are still a major contributor of the global burden of diseases.

Ladies and Gentlemen,

Ill health and vulnerability are not only inter-linked, both are also multi-dimensional. There is an urgent need for a close interaction among various sectors such as education, housing, water supply and environment to solve the health problem of the
country concerned and bring about changes in the life of the most disadvantaged and vulnerable group of our population. These is also a need to develop and strengthen international partnership for health development, where associations like the South Asian Association for Regional Cooperation (SAARC) can play a pivotal role.

I am very happy that the theme of this conference is linked to employment generation, poverty alleviation and social cohesion. It may be recalled that these were also the three main concerns of the Social Summit held at Copenhagen in 1995.

I am fully confident that the outcome of these meetings will be of significant importance for our countries to address the health-related issues like life expectancy, infant, child and maternal mortality and disabilities, as well as help reduce the burden of disease within our countries.

I am deeply appreciative of the endeavours of the WHO Regional Director, Dr Uton Muchtar Rafei, and Dr Tao Nakayama, President of the International Medical Parliamentarian Organization, in convening and organizing this conference in Kathmandu.

I wish for a successful conclusion of this conference and I am looking forward to receiving well-thought and constructive recommendations as an outcome of this meeting.

Thank you.
Annex 6

ADDRESS BY HONOURABLE MRS CHITRA LEKHA YADAV,
DEPUTY SPEAKER OF THE HOUSE OF REPRESENTATIVES

Rt. Hon’ble Prime Minister
Hon’ble Ministers and Members of the Parliament
Excellencies
Distinguished Participants
Ladies and Gentlemen,

I am pleased and feel honoured to have this opportunity to address this august conference.

It is my privilege to welcome each one of you on behalf of the Parliament of Nepal, as also on my own, to this Regional Conference of Parliamentarians on the Health of the Vulnerable Populations.

I am particularly glad that WHO has provided us this opportunity to host this important Conference in Katmandu. I am also pleased that the International Medical Parliamentarians Organization has organized this Conference in association with the Population and Social Committee of the House of Representatives, Nepal.

I agree with the remarks made by earlier speakers that it is high time to get collaboratively into action. The identification of
issues and problems and their resolution have to be brought collectively since no nation can progress without an able and capable human resource. I appreciate the commitments and concerns expressed by the earlier speakers in addressing the issues concerning the health of the vulnerable populations.

Despite heavy investments in the health sector of the Region as a whole during the past few decades, countries of the Region are facing not only the burden of noncommunicable diseases but also other preventable diseases. This doublepronged burden of diseases has imposed a tremendous strain on the health budget. Diseases such as tuberculosis and malaria continue to take a heavy toll of lives of the economically and socially vulnerable group of the society.

The population categorized as ‘vulnerable’ are necessarily the weaker sections of the society who lack access to resources, to education and to health. It follows that such a section of society will be difficult to reach. Spreading awareness among the ‘vulnerable’ section poses the real challenge before us. Preventive and primary health cares require that the population be aware. The time has come to focus attention on the basic and primary health care services and universalize primary health care. It should be the fundamental goal of the health policy of each nation of the Region.

To effectively implement the concept of universalization of primary health care requires commitments from all the sectors concerned and engagement of local bodies, political parties and the community. In this regard, a joint partnership among nations of the Region is urgently called for to cope with the problem associated with the population in general and vulnerable groups of the society in particular.
I think that parliamentarians are in a unique position to effectively address the health needs of the poor and the vulnerable, improve their health status, and alleviate their poverty and vulnerability. Parliamentarians make not only laws, but also they determine government policies. An appropriate framework of laws and pragmatic developmental policies are a pre-requisite for health development, particularly of the poor and the vulnerable sections of the society.

I am glad to see that the agenda of this conference has been very well designed. I am sure that the parliamentarians present here will reflect on their own role in promoting the health status of the vulnerable populations. I am confident that the parliamentarians present here would disseminate the messages emanating from its conference to their colleagues; that they would collectively discharge their responsibilities towards health development of the vulnerable population groups of their countries.

I wish to call upon the participating Hon’ble delegates to look upon the issues and problems in a broader perspective to serve the interest of the people at large and also seek to create an environment so that our future generations may not be discriminated from having health facilities.

On behalf of the Parliament of Nepal, its Population Social Committee and on my own behalf, I once again welcome the delegates to this conference. I wish your deliberations all success.

Last but most importantly, I express my profound gratitude to the Rt. Hon’ble Prime Minister for inaugurating this very important
Conference of Parliamentarians, despite his onerous responsibilities of State.

Thank you.
Annex 7

AGENDA

1. Inauguration
2. Introductory Session
3. Health and Development: Poverty and Health
4. Identification of the Vulnerable Population Groups
5. Priority Health Needs of the Vulnerable Population Groups
6. Mobilization of Resources for the Health of the Vulnerable Populations
7. Role of Parliamentarians in Improving the Health Status of the Vulnerable Populations
8. Field visit
9. Adoption of Call for Action
10. Closing Session