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Parliamentarians' Call for Action

Report of the Regional Conference of Parliamentarians on Legislative and Policy Actions for Promoting Health in the Countries of the WHO SEA Region

Bali, Indonesia, 8-9 October 2007

World Health Organization
Regional Office for South-East Asia

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Contents

Call for action

We,

the Parliamentarians from Member States attending the Regional Conference on Legislative and Policy Actions for Promoting Health, organized by the World Health Organization's Regional Office for South-East Asia, in Bali, Indonesia, on 8-9 October 2007, being mindful of the lessons learnt from the legislative actions for tobacco control, the policy options for reducing harm from alcohol use, and the innovative financing of health promotion;

APPRECIATING the efforts of the Governments, civil society and the World Health Organization and its partners to promote, support and protect the health of the people using a wide range of legislative and policy actions;

CONVINCED that promoting health is a justifiable investment that requires tackling the broad determinants of health, including those related to use of tobacco, alcohol and other behaviours using multisectoral interventions;

CONCERNED that the Member States of the WHO South-East Asia Region are facing a disproportionate burden of diseases and premature deaths due to communicable and noncommunicable diseases and from new threats such as avian influenza and global climate change;

RECOGNIZE that the prevalence of tobacco use in Member States of the Region is highest among developing countries, and the patterns of tobacco use and its control are complicated due to the widespread use of indigenous tobacco products such as *bidi, kreteks* and a variety of other smoke-less products, and that legislative and policy action for tobacco control are the key to the effective control of its use;

ACKNOWLEDGE the imperative need for comprehensive multisectoral action, including legislative and policy, to promote health and all its determinants extending far beyond the conventional health sector and, *inter alia*, encompassing literacy levels, education and skills, environmental protection and enhanced social status of women; and that

the fulfilment of the basic minimum needs of life is a necessary prerequisite for good health;

ENDORSE that national legislative and policy actions for reducing harm from alcohol use require: (a) developing a comprehensive national policy on alcohol, (b) setting up a multisectoral implementing agency within the Government, and (c) establishing a monitoring and evaluation mechanism within different levels of the Government;

EXPRESS the need for increasing investment in financing health promotion, given the fact that health resources are utilized in higher proportion for curative services and in less proportion for disease prevention and health promotion;

REAFFIRMING our shared interest and commitment to undertake legislative and policy actions for promoting health in order to address public health concerns; and,

Call upon all Member States

- To develop and strengthen their comprehensive tobacco control legislation in compliance with the WHO Framework Convention on Tobacco Control by the year 2010, and to establish strong enforcement authorities for effective implementation of tobacco control legislation and policy measures;
- To organize effective education, communication and awareness raising campaigns for the public, policy-makers, legislators and society in general about the harmful effects of tobacco use in order to sustain the enforcement of tobacco control measures including appropriate legislation;
- To create awareness about the wide spectrum of harm from alcohol use including its social impact and economic loss inflicted on the people and the State, and to promote effective community-based interventions as an essential component of the success of prevention of harm from alcohol and for the sustenance of enforcement measures;
- To develop comprehensive intersectoral, inter-ministerial legislative and policy action to reduce harm from alcohol use;

- To strengthen information for community-based assessment and monitoring of alcohol and tobacco consumption, including information on social and cultural determinants of alcohol and tobacco use;
- To increase their budgetary allocations for health promotion both within the health sector allocation and also within other sectors;
- To organize national forums and consultative meetings of key stakeholders in order to review various innovative financing options, including the use of dedicated or earmarked taxation from tobacco and alcohol to implement initiatives to promote health; and
- To strengthen capacity in developing and implementing legislative and policy actions for health promotion.
- We, the Parliamentarians from Member States pledge our full support towards the realization of our Call for Action in the interest of and to foster regional solidarity on legislative and policy actions for promoting health in the WHO South-East Asia Region.

Bali, Indonesia, 9 October 2007

1. Introduction

The Regional Conference of Parliamentarians on Legislative and Policy Actions for Promoting Health was held in Denpasar, Bali, Indonesia, on 8-9 October 2007. The Conference was inaugurated by Dr Rachmi Untoro, Adviser to the Minister on Medico-legal issues, Ministry of Health, on behalf of Her Excellency Dr Siti Fadilah Supari, Minister for Health, Republic of Indonesia. The conference was organized by WHO's South-East Asia Regional Office in collaboration with the Ministry of Health of the Republic of Indonesia.

The objective of the conference was to enhance advocacy for health in national development and to help bring about a national consensus on important health issues, particularly legislative and policy actions for promoting health.

Parliamentarians from Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand and Timor-Leste participated in the conference (the list of participants is at Annex 1).

2. Inaugural session

Dr Rachmi Untoro, Adviser to the Minister on Medico-legal issues, delivered the inaugural speech on behalf of Her Excellency Dr Siti Fadilah Supari, Minister of Health, Republic of Indonesia. Her Excellency welcomed the distinguished delegates and said the Government of Indonesia has consistently accorded a high importance to this conference and extended total support for this initiative on policy actions for promoting health. This policy action was one of the important issues for health-care reform in most countries of the Region, including Indonesia. She also said that it was important for countries to learn from each other and relate their experience to country-specific conditions.

Relevant policy action could prevent certain noncommunicable diseases, she said. For instance, tobacco consumption could be reduced by

increasing tobacco taxes and strictly enforcing the ban on its advertisement and promotion. Only certain high-income countries, however, were aggressively pursuing these approaches. Challenges in developing countries should be met with good health policy reform she said, and hoped that the delegates would make important recommendations drawing from their shared experiences.

Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, welcomed the Honourable Parliamentarians and distinguished delegates to the meeting and thanked the Government of Indonesia for hosting the meeting on the historic and beautiful island of Bali. The Regional Director stated that health development has a multisectoral dimension and, therefore, required the cooperation of and the collaboration from all sectors. The Parliamentarians' Forum is an appropriate platform for discussing the multisectorality of health issues in various areas of WHO's concern. Dr Samlee informed the participants that health development was always considered an important strategy for Human Resource Development.

Good health for all citizens, regardless of their social and economic status, is a priority for all governments worldwide. This goal also calls for equity and social justice in the provision of health care and services, the Regional Director said. He emphasized that working together towards social control of health technology to ensure that the technology was socially and culturally acceptable, appropriately affordable and includes relevant information. In order to achieve the desired social goals, the burden of disease must be reduced through primary prevention, which is possible through public health interventions.

Dr Samlee also elucidated that health is an ideal bridge on the road to achieving lasting peace in the world. There will be no health if there is no peace, and to ensure this, multisectoral action and healthy sectoral policies are necessary. He emphasized that investment in health must be made by all development sectors to attain the ultimate goal of health for all. These issues must first be addressed at the political and decision-making levels in countries, and the parliamentarians' platform is an appropriate place for reviewing and discussing them, he said. Three areas of public health concern would be discussed during this conference. These are tobacco control, reducing harm from alcohol use, and health promotion. The focus

therein would be legislative action, policy options and innovative financing respectively, the Regional Director explained.

Dr Goenawan Slamet, honourable chairperson of the Conference, said health for all can be achieved only through concerted efforts by all nations towards health care and health promotion. Health promotion is a cross-cutting, cross-sectoral and cross-disciplinary action and not a monopoly of the health sector or health providers alone. Competent legislation should be formulated and improved for the attainment of the highest possible levels of health and to ensure effective and sustainable cross-disciplinary action for health.

Dr Slamet added that the role of parliamentarians is pivotal for developing legislation and regulation in support of people's health. Parliamentarians could also play important roles in securing budget any allocations for the health sector from different sources including government taxes, the provision of levying sin tax from alcohol and tobacco, and through corporate social responsibility, social insurance, public-private partnership, the regulation of expenditure on other sectors and through careful control of the usage of resources for health.

In order to enhance the role of parliamentarians in this regard, a functional health forum within Parliament could be a source of comprehensive inputs for policy advocacy and formulation. This forum will accommodate inputs from nongovernmental organizations, consumer associations, professional and faith-based associations, women and child protection activists, and others.

Office-bearers

Dr Goenawan Slamet, Member of Parliament from Indonesia, and Mr Mahinda Yapa Abeyawardana, Honourable Minister of Cultural Affairs, Government of the Democratic Socialist Republic of Sri Lanka, were elected Chairman and Co-Chairman for the Conference.

A drafting group was also established, consisting of the following:

- Dr R. Senthil, Member of Parliament, India (Convenor).
- Mr (Dasho) Kinzang Wangdi, Dzongda, Gasa Dzongkhag, Bhutan.

- Mr Anshory Siregar, member of Parliament and member of Commission IX for Health and Welfare, Indonesia.
- Dr Banshidhar Mishra, member of Legislature-Parliament, Nepal.
- Mr Chob Yordkaew, Representative of the National Legislative Assembly, Thailand.

3. Lessons learnt from legislative actions for tobacco control

The devastating tobacco epidemic is distinguished not only by its scale but also by its nature. Unlike issues of sanitation or malnutrition, this epidemic involves a powerful addiction and strongly held opinions and values. Unlike communicable diseases, tobacco use is promoted aggressively by a sophisticated global industry with a history of undermining and subverting public health initiatives. The death and diseases caused by tobacco is one of the biggest global threats to public health, especially in developing countries. Of the 5.2 million global deaths from tobacco every year, 1.2 million occur in the South-East Asia Region. Significantly, tobacco use is the second highest cause of global death; more than the number of deaths from HIV/AIDS and tuberculosis combined.

As of 20 August 2007, 149 Member States of the World Health Organization (WHO) are contractual parties to the WHO Framework Convention on Tobacco Control. Ten out of 11 countries in the South-East Asia Region are party to the Convention. The Framework Convention recommends and provides for opportunities to promulgate legislation in the area of tobacco control in order to implement the Convention effectively and fully. Thus, the Framework Convention accelerates legislative action in many countries. Two sessions of the Conference of Parties (CoP) of the Framework Convention have been held, the last being from 30 June to 6 July 2007, during which Parties agreed to accelerate the Framework Convention's implementation. The second session also decided to negotiate a protocol on illicit trade in tobacco products. The tobacco epidemic cannot be reversed without strong and concerted action. A comprehensive tobacco control programme requires strong tobacco control legislation. Laws can reinforce and make the health aspirations of society more lasting and permanent. Legislation serves to prioritize tobacco control, establishes

a focal point and mobilizes governmental resources and institutions as well as the public to support it.

The choice of whether to pursue a comprehensive law on tobacco control to eliminate its use or proceed incrementally over time would depend on the political circumstances of a country. However, WHO and its Member States have emphasized the adoption of a comprehensive law, integrating all components of tobacco control as the best strategy. A single law provides a unified vision and ensures that the elements complement and reinforce one another. Indeed, many countries have used a comprehensive or multifaceted approach successfully.

A comprehensive legislation must include mechanisms such as focal points or institutions to oversee tobacco control programmes. The national tobacco control focal point/institution must be given the necessary power as well as funding to do its job effectively. The law must ban tobacco advertising and its promotion and sponsorship. It must have the provision for imposing the highest levels of taxation of tobacco products to reduce tobacco use, especially among the poor and the youth. It should also have the provision for enforcing a comprehensive ban on smoking in public and workplaces as is the case with many countries around the world. The law also needs to stipulate the provision of prominent health warnings and messages, covering at the minimum 30%-50% of the principal surface areas of tobacco packages as well as to ban the use of misleading terms such as "light" and "mild" to describe tobacco products. It must also have provisions for mandatorily educating the public on the ill effects of tobacco use, to restrict or preferably ban the sale of or access to tobacco by minors, regulate the production of tobacco products and incorporate measures against illicit trade in these. The law must also include provisions to support cessation programmes and to provide for provisions to make the industry liable for the ill health resulting from tobacco use.

It was pointed out that issues of employment and revenue that the tobacco industry generates impeded the implementation of an effective tobacco control programme and the formulation of strong tobacco control legislation.

The role of education in tobacco control was discussed threadbare during the presentations. It was mooted that mass education of the

population can play a significant role in sustaining the enforcement of any control measure.

Discussions

The session was moderated by Mr Mahinda Yapa Abeyawardana, Honourable Minister for Cultural Affairs of Sri Lanka Hon'ble Minister. Mr AKM Zafarullah Khan, Secretary, Ministry of Health and Family Welfare, Bangladesh, and Mr (Dasho) Kinzang Wangdi, Dzongda, Gasa Dzongkhag, Royal Government of Bhutan, were the panelists.

A technical presentation was made on the subject and the following issues were raised:

- Tobacco prevalence is high in the Region and the patterns of tobacco use and its control are complicated due to widespread use of indigenous tobacco products, *bidi, kreteks* and a variety of other smokeless products.
- Tobacco control legislation is a key tool for the effective implementation of the tobacco control programme.
- Tobacco control legislation should be compatible with the provisions of the Framework Convention. Obligations under the Framework Convention can be better met by developing and enforcing tobacco control legislation.
- National capacity building and close collaboration among relevant sectors of the Government are critical for the formulation of the necessary legislation. Multisectoral collaboration and coordination, partnership with civil society organizations and NGOs are very important for the success of any tobacco control programme. Parliamentarians also have an important role in legislation development and its adoption by Parliament.
- Evidence generation, education and communication should be ensured for the increased participation of the people in the development of legislation and its enforcement.
- Necessary and strong mechanisms and a competent authority should be set up with adequate resources for effective

enforcement, while ensuring close and effective collaboration and coordination among multiple sectors of the Government. In this connection, certain national foundations such as "Thai Health" can be very useful for sustained flow of resources for tobacco control and health promotion activities.

- Enforcement compliance should be ensured through compliance monitoring, compliance promotion and compliance evaluation.
- Countries should utilize the support received from WHO and other available sources for the development of legislation and its enforcement while the primary role remains in this regard remains with them.

The two panellists in their presentation highlighted the tobacco control situation and control measures and their enforcement that have been adopted in these two countries. Bangladesh, in particular, referred to the support it had received from the Bloomberg Global Initiative in reducing tobacco consumption. The panelist from Bhutan emphasized that the country was politically committed to tobacco control and has strong support from its leadership in this initiative.

Members of Parliament and other representatives shared their national experiences on tobacco control and expressed appreciation for the support received from WHO for their tobacco control programmes.

The delegate from Nepal informed the meeting that its national tobacco control legislation was awaiting the approval of Parliament. The Government also earmarked two 2 paisa out of the stipulated tax on each cigarettes stick exclusively for cancer treatment. India shared its concerns regarding employment and revenue-related issues, which are regularly touted by the Industry to thwart effective tobacco control measures. Thailand highlighted the earmarked tax on tobacco and alcohol, the funds from which are used for health promotion activities. Efforts were currently being undertaken in the area of controlling second-hand or "passive" smoke and increasing the number of smoke-free public places.

The delegate from Sri Lanka shared with the participants the measures taken in that country for tobacco control, which includes a complete ban on tobacco advertisements, prohibition of promotion and sponsorship of activities by tobacco manufacturers, and compulsory health warnings on tobacco packages under the National Tobacco and Alcohol Act. Maldives

stated the challenges faced by it in making the entire nation by making the entire nation tobacco-free including the possible impact of a total ban on the tourism industry, which is its biggest revenue earner.

The delegate from Timor-Leste shared the country's efforts in tobacco control during the past four years, which entailed substantial support from WHO. Indonesia shared the fact that more than 200 of its Members of Parliament in Indonesia were in favour of the country's accession to the Framework Convention. Parliamentarians were requested to reach out to the Indonesian leadership to convince them of the gains of becoming a party to the Convention.

Steps to reduce both supply and demand of tobacco products should be taken in tandem and in a balanced fashion to ensure the reduction of tobacco use. Health promotion, being a related and overlapping area should form a part of the standard gamut of interventions for tobacco control.

Recommendations

The following recommendations were made during the plenary session and discussion among parliamentarians:

For Member States

(1) Countries should tap available support from WHO and other sources to develop comprehensive tobacco control legislation by 2010 and to work towards its implementation.

(2) Countries that already have legislations on tobacco control in place should bolster the same taking into account the provisions of the Framework Convention and should avail of the support provided by WHO and other sources.

(3) A strong enforcement authority should be created to monitor and ensure the prompt and effective implementation of tobacco control legislation and other measures along with making provisions to ensure compliance with monitoring, promotion and evaluation.

(4) Educating people and policy-makers and effective communication of the anti-tobacco message to society as a whole are key to the success of the tobacco control programme and to sustain the enforcement of any control measures, including legislation. Elements of health promotion should be accorded due importance in tobacco control programmes and activities in order to raise awareness against the harmful effects of tobacco use and generate support from both the public and policy-makers in favour of tobacco control.

(5) Multisectoral collaboration and coordination should be ensured and strengthened in the development and implementation of tobacco control programmes and legislation. Partnerships with NGOs and other non-state anti-tobacco partners should also be developed and bolstered.

(6) An additional health tax should be levied on any tobacco products for health promotion activities pertinent to tobacco control.

For WHO

- WHO would continue to support Member Countries to develop and strengthen their legislative mechanisms to meet their obligations under the Framework Convention and provide a forum/platform for exchange of information and sharing of best experiences on the enforcement of tobacco control legislation and measures.
- Special support need to be provided to Timor-Leste in its efforts to develop a comprehensive national tobacco control legislation with emphasis on the technical aspects.

4. Policy options for reducing harm from alcohol use

Member States of WHO's South-East Asia Region are increasingly showing higher levels of consumption of alcohol since the recent past. It is well established that an increase in alcohol consumption by a community leads to a progressive increase in alcohol-related health, social and economic problems. Thus, there is a need to focus on the prevention and control of

harmful use of alcohol from the perspectives of health promotion and disease prevention as well as socioeconomic development.

Many types of alcohol are produced and consumed in the Region, with beer and whisky being marketed widely. There are other types of alcohol, produced and sold both legally as well as illegally. In some countries, domestic brewing for personal consumption is also common. The production, consumption and sale of such alcohol falls outside the purview of the formal market and will not be covered directly by those policies and legislation that targets the formal or legal market.

Drinking patterns adhere to certain stereotypes such as heavy drinking on pay day that is seen in many countries. Violence, including domestic violence, associated with alcohol is a serious concern. Alcohol is also a significant contributing factor to poverty and loss of income in addition to inflating its health costs. This further impedes the acquisition of basic necessities for the family as well as the nutrition, education and well-being of its members, dragging them further down into the vicious cycle of poverty. Alcohol is also causally related to more that 60 medical conditions.

Despite the fact that some policy-makers may consider alcohol to be a major revenue earner, a balance between the revenue generated from alcohol and its social and economic costs has to be struck when taking a decision or formulating policy. The most effective policies to reduce alcohol consumption are based on the principle that reducing per-capita alcohol consumption of a population will simultaneously reduce harm from alcohol.

The policy options which can be used to reduce alcohol-related harm include an increase in taxation, restrictions or bans on advertising and promoting alcohol, restricting its availability and accessibility, health awareness and promotion of community action, countermeasures against drunken driving, and the provision of appropriate services for users.

Some actions which have been found to have limited or no effectiveness include: school programmes conducted in isolation and based on the harmful effects of alcohol and the desired refusal skills; provision and encouragement of alternate activities; dissemination of health information related to alcohol through the mass media or by other means, and to initiate pub/bar server training and increase the safety levels of taverns.

Suggested actions for reducing harm from alcohol use include: (a) formulation and adoption of a national policy on alcohol; (b) setting up an implementing agency within the government; and (c) establishing a monitoring and evaluation mechanism in the government system.

Discussions

The session was moderated by Mr Tuang Untachai, Representative of the National Legislative Assembly, Thailand. Mr Mahinda Yapa Abeyawardana, Honourable Member of Parliament and Minister of Cultural Affairs, Government of Sri Lanka, and Dr Rui Maria de Araujo, Special Adviser to the Ministry of Health, Government of Timor-Leste, were panellists for the session.

- The participants concurred that alcohol consumption has steadily increased over time and that the figures from past studies did not accurately depict the real nature and extent of the problem.
- Data from Member States clearly highlighted alcohol-related mortality and morbidity rates.
- The average expenditure on alcohol in households is both large and growing.
- The importance of intersectoral approach, e.g. the role of the Ministry of Culture in Sri Lanka and Nepal, and intercountry collaboration was emphasized.
- There are many prevalent myths about alcohol in communities which need to be addressed, e.g. the perception that toddy is a safe drink because it is natural.
- Legislation on alcohol intake and sale has been in existence in many countries but enforcement of the same remains a challenge.
- The issue of proliferation of illicit and home-brewed alcohol needs to be addressed; in some cases the government is producing low-cost alcohol which is being promoted to replace illicit and potentially dangerous alcohol.

- The younger generation with its increasing purchasing power finds it easier to accept the use of alcohol in the changing sociocultural context.
- There is a need to change the cultural perspective on alcohol use to reduce its demand.
- Country-specific approaches should be adopted as alcohol use is linked to social, cultural and economic factors, which are unique to each country, taking into consideration experiences and evidence accumulated in the Region and worldwide.
- Research on patterns of alcohol consumption at the national and sub-national levels needs to be promoted and supported to form a basis for future programme development.

Recommendations

The following recommendations were made during the plenary session and discussion among parliamentarians:

For Member States

- To develop an effective communication strategy incorporating aspects of health promotion and health education to emphasize the harmful effects of alcohol use in order to educate the public and influence policy-makers.
- Comprehensive collaboration and coordination should be ensured and promoted for the development and implementation of an alcohol control policy and programmes.
- Substantial efforts should be made to delink alcohol use from its association with "fun and good food". These are commonly accompanied by alcohol consumption and have become part of the mindset of the youth as things that go well together.
- An additional health tax should be levied on alcohol products and the revenue generated should be used for health promotion activities.
- Each country should consider having a national policy on alcohol and an action plan. They should also consider establishing an

implementing agency and a monitoring/evaluation mechanism. A national consultation can pave the way for the development of the alcohol control programme.

- Each country should consider conducting a community-based research on the alcohol consumption behaviour of its population, including the socio-cultural determinants of alcohol use.

For WHO

- WHO should provide technical assistance to Member States to monitor patterns of alcohol consumption and alcohol-related harm, and support the development of effective policies, strategies and programmes to reduce the harmful use of alcohol.

5. Innovative financing of health promotion

WHO estimates that 89 million people in the South-East Asia Region will die from chronic diseases over the next 10 years. Consequently, in India alone, an estimated US$ 220 billion could be lost over the same period from the cumulative national income due to premature deaths attributed to heart disease, stroke and diabetes. Many deaths and disabilities caused by these diseases are due to risk factors: (a) use of tobacco and tobacco products; (b) high blood pressure; (c) high concentration of cholesterol in the blood; (d) being overweight or obese; (e) lack of or inadequate physical activity; and (f) an unhealthy diet.

The strategies for the prevention and control of such risk factors through health promotion on a nationwide programme basis require the adoption of proper and target-oriented policy and legislative action along with mechanisms for planning and implementation. Governments need to allocate adequate resources and provide leadership to address the problem of inadequate funding for health promotion.

Many countries, mainly in the developed world, have adopted different means of increasing investment towards promoting health. These include allocating earmarked or dedicated taxes to be realized from a certain proportion of general tax revenue usually from the taxes (referred to as "sin tax") levied on tobacco, alcohol and/or gambling. While the main purpose of the "sin tax" is to increase the general revenue to be used for

general public expenditure, it has been, in some cases, earmarked with the additional aim of reducing or eliminating the consumption of a particular consumer product. The revenue thus collected is usually spent on social welfare activities. Funds generated from dedicated taxes or an earmarked expenditure could separate the budget and expenditure from the main health budget, and also provide some autonomy for managing such funds by a separate body.

Since all resources are from the national or state budget, the government would like to maintain its strong control on the use of these funds, including in matters of appointment of board members and approving policies and controlling decisions. The legislative framework adopted by the highest level (national or state parliaments) also provides for government control. There are, however, a few disadvantages. For example, it may not be possible to redirect funds being guaranteed through legislation to other health issues in times of national budgetary constraints or during cutbacks. This could affect other health programmes. Another possible disadvantage is that the institution, being an autonomous body, could dissociate itself from the health and commerce ministries. Having appropriate government representation on the governing board could minimize the duplication of effort and allow close links to emerge so that national priorities could be pursued.

In the WHO South-East Asia Region, Thailand, Nepal and India have used a dedicated taxation mechanism to raise funds which are used for health promotion and other health development activities. Thailand has established the Thailand Health Promotion Foundation (ThaiHealth), which has since 2001 managed the funds generated from the dedicated tax on alcohol and tobacco. Nepal has earmarked a tax on tobacco since 1994 and allocated the funds raised for cancer hospitals and other health facilities. The fund is managed by the Ministry of Health. India has earmarked a proportion of excise tax raised from tobacco products in 2006 to be utilized as part of government funding for the National Rural Health Mission. Sri Lanka has established a National Alcohol and Tobacco Authority through legislation since early 2007. The funding for this authority is yet to be decided.

The idea of introducing dedicated taxation for health promotion, including alcohol and tobacco control, has always led to reaction and

resistance. Powerful arguments, advocacy and lobbying are required to initiate appropriate legislation and implementation. It took Thailand and Malaysia more than 10 years for adopting legislation on dedicated taxation, and Sri Lanka about 10 years of negotiation to reach the final agreement on the same.

The representative from Nepal gave an overview of how the health system was responding to public health concerns requiring health promotion interventions. The earmarked tax on cigarettes was highlighted but since the funds were dedicated for the establishment of a health-care centre for cancer patients, the financial need for other health prevention activities remained.

The Thai delegation's presentation showed how the dedicated 2% tax on tobacco and alcohol was being used to support health promotion activities that included the control of tobacco and alcohol consumption and reducing road traffic injuries, among others. Issues related to the management and coordination of the Thai Health Promotion Foundation were also presented.

Discussions

The session was moderated by Dr R. Senthil, Member of Parliament (Lok Sabha), India. Dr Banshidhar Mishra, Member of the Legislature-Parliament, Government of Nepal, and Dr Samarn Futrakul, Chief, Tobacco and Alcohol Control, Department of Disease Control, Ministry of Public Health, Thailand, were the panellists.

- The need for increasing investment to finance health promotion was highlighted given the fact that a major part of health resources were being spent not on prevention but on curative services.
- Legislative and policy actions for promoting health, especially with regard to alcohol and tobacco use, have been in place in most Member States of the Region. However, they need to be strengthened in order to be effectively implemented.
- Dedicated or earmarked taxation on tobacco and alcohol and directly allocating such funds for health promotion activities was considered a viable option.

- Countries of the SEA Region are experiencing changes in lifestyle among their populations, particularly with regard to food consumption, cultural beliefs and values, and communication habits and moods. The impact of globalization and trade which has introduced new trends and consumables including tobacco and alcohol to lifestyles was felt mostly on the young population.
- There is the need to understand human behaviour and the factors that are likely to influence the adoption of risk behaviours among population groups across sectors.
- Health promotion activities implemented by various sectors of the Government including civil society, should be strengthened with the incorporation of more resources.

Recommendations

The following recommendations were made during the plenary session and discussion among parliamentarians:

For Member States

- To organize national forums and consultative meetings of key stakeholders to review, evaluate and adopt the various alternatives for innovative financing of health promotion.
- To advocate for the increase in investment for health promotion within the corpus of ministerial budgets.
- To develop and implement a multisectoral approach health promotion activities in order to ensure effective use of limited resources.

For WHO

- To collect and disseminate evidence of the effectiveness of innovative financing for health promotion, and to provide guidance for establishing innovative financing mechanisms.
- To provide support to strengthen the capacity of Member States in the development and implementation of legislative and policy actions for health promotion.

6. Adoption of the report

The report of the Regional Conference of Parliamentarians on Legislative and Policy Action for Promoting Health, as contained in this document, was unanimously adopted after due deliberations. The Parliamentarians also unanimously endorsed the "Call for Action".

7. Closing session

The Regional Director, Dr Samlee Plianbangchang, in his closing remark thanked the Government of Indonesia, the honourable parliamentarians, all participants and the WHO secretariat for their time and contribution towards the success of the meeting. The Regional Director observed that the deliberations had been conducted in a frank and open atmosphere, which yielded fruitful deliberations on the three substantive agenda items. The discussions and recommendations made by the delegates provided the opportunity for the development of effective strategies for control of tobacco and alcohol in the countries.

The Regional Director reiterated the need for adopting multisectoral actions and healthy sectoral development policies as well as for enhancing understanding and addressing the sociocultural and religious contexts of alcohol and tobacco use.

The recommendations of the parliamentarians and distinguished delegates will be used as a base to provide technical support to Member States to formulate for more effective policies and strategies.

In conclusion, the Regional Director affirmed WHO's commitment to address alcohol-and tobacco-related problems in Member countries. In that regard, WHO shall continue to work closely with countries in promoting healthy behaviours and lifestyles among their populations, he said. The Regional Director also said that he was looking forward to the next Regional Parliamentarians' Conference that shall deliberate on other important subjects.

Dr Poonam Khetrapal Singh, Deputy Regional Director, WHO/SEARO, reiterated that working with other sectors is one of the key elements in addressing health-related matters in the Region over particular

issues related to alcohol consumption and tobacco use as well as health promotion activities. Multisectorality should be considered from the early stages of policy formulation till the point of ensuring its implementation. She valued highly the recommendations produced during the meeting and reminded all participants of the commitment of the WHO South-East Regional Office to continuously support Member States to implement the recommendations. The technical units should incorporate the recommendations into their respective workplans in the coming years, she added.

The role of the Government of Indonesia, and especially its Health Minister, in successfully hosting the meeting was acknowledged and appreciated. The role and contribution of Indonesia's Parliamentarian, Dr Goenawan Slamet, who was the Chairman of the meeting, towards the successful conduct and conclusion of the proceedings was particularly lauded.

The Regional Director was thanked for the comprehensive technical support provided by WHO in organizing the meeting. The Drafting Group was also praised for meticulously drafting the report of the meeting.

The Chairman of the conference acknowledged the kind views and valuable thoughts expressed by his honourable colleagues and other delegates. He observed that the smooth conduct of the meeting and its success was entirely due to the contribution of his colleagues and other participants and the cooperation extended by them. He also placed on record the valuable contribution made by the Co-chairman towards the success of the meeting.

The parliamentarians suggested that such meetings should be held annually and promised to make concerted efforts to ensure that the recommendations made are disseminated and implemented.

The Chairman then announced the conclusion of the Regional Conference of Parliamentarians on Legislative and Policy Actions for Promoting Health of the Countries of the WHO South-East Asia Region.

Annex 1

Agenda

1. Inauguration
2. Introductory session
3. Lessons learnt from legislative actions for tobacco control
4. Policy options for reducing harm from alcohol use
5. Innovative financing health promotion
6. Adoption of the Report
7. Closing session

Annex 2

List of participants

Bangladesh

Mr AKM Zafarullah Khan
Secretary
Ministry of Health and Family Welfare
Dhaka

Prof. A M M Shariful Alam
Director
National Institute of Cancer Research and Hospital, and Programme Manager for Noncommunicable Diseases
Dhaka

Mr Md Reza Ali
Deputy Secretary (Drafting)
Ministry of Law, Justice and Parliamentary Affairs
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Atoll member
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Member of Legislature, Parliament
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Honourable Mr Mahinda Yapa Abeyawardana
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Mr S. Kisshor
Member of Parliament Tamil
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Ms Diyah Herawati
Secretary

Annex 3

Inaugural speech by Dr Siti Fadilah Supari, SpJP(K), Minister of Health of Republic of Indonesia

First of all, let us praise God Almighty for his blessings that enabled us today to gather here to attend the opening ceremony of the Regional Conference on Parliamentarians on Legislative and Policy Action for Promoting Health.

The Government of the Republic of Indonesia places a high value on this very important conference, and is pleased to express its full gratitude to the organizing committee for facilitating this international event with Bali as its venue.

On behalf of the Government of Indonesia I would like to welcome you all here, and wish you a very pleasant stay in Bali during this conference. It is a big honour for Indonesia to have had this chance to host this important conference. We fully support this initiative in accordance with our policy actions for promoting health.

Although our system differs from one country to another, it is very important to learn from each other and translate the goals into action in accordance with the specific contributions of each country. At the same time, we understand the importance of a regional perspective and approach.

Today, many health systems are still facing challenges in delivering optimum and adequate health services universally. The changing of epidemiological profiles in developing countries, as well as the rapid shift from a rural subsistence economy to an urban, market-oriented, industrial economy that is being witnessed in many countries along with the rapid mechanization of agriculture has triggered fundamental changes in the volume of demand for health services and in the provision of health-care services. The mix of common diseases is also changing due to the epidemiological and demographic transitions.

Although some countries including Indonesia have demonstrated good progress in reducing mortality from communicable diseases, the shift to a lower fertility is changing the age profile structure towards higher

proportions in middle age. The assessments of the epidemiological situation in the last decade in Indonesia show the shift in the distribution of diseases from communicable diseases, maternal, perinatal and nutritional conditions to the relatively expensive non-communicable diseases among the adults and the elderly.

The shift and diversity of the epidemiological pattern due to differences in the pace of transition are reflected in the morbidity and mortality patterns. This expresses the challenge of health systems to implement a broader range of promotion and prevention efforts as well as to develop more cost-effective interventions to control the remaining communicable diseases. The response of the health care system and public policies due to demographic transition and epidemiological transition can affect the quantum, characteristics and distribution of future diseases.

We understand that worldwide evidence shows that promoting such relevant policy actions could prevent certain NCDs. For instance, tobacco use can be reduced by increasing tobacco taxes, banning advertising and promotion, imposing restrictions on smoking in public places, extensive dissemination of health risks smoking, and cessation of smoking through nicotine replacement therapies. Only some high-income countries, however, are aggressively pursuing these approaches. These challenges in the developing countries should be incorporated when preparing health policy reform for the future.

We are glad that the participants who are attending this conference are experts in this area. Their contributions will be very valuable. We expect that some important recommendations will emerge from this conference through the exchange of ideas and experiences on relevant issues. I hope that the members of Parliament of member countries who are expected to attend this important conference can initiate policy action for promoting health as a part of health policy reform by generating relevant supportive legislations.

In the context of Indonesia, I am happy to inform you that the country's health sector reform started simultaneously with the process of national reform. This policy encompasses the vision, mission, main values and strategy of the Ministry of Health. Our vision is created a self-motivated community that practices healthy living. Our mission is also to make people healthy. Our main values are to be oriented to common people, ensure rapid and appropriate response, provide team work, high integrity,

transparency and accountability. This vision will be achieved by implementing four grand strategies: social mobilization and community empowerment for healthy living; improving quality of health services; improving health surveillance, monitoring and information systems; and ensure health financing.

The first strategy on social mobilization and community empowerment for healthy living is aimed to achieve by carried away such activities including policy actions for promoting health. However, as in other developing countries, many challenges still exist. Continuous effort is needed to engage the attention of policy-makers, parliamentarians and stakeholders to support policies that promote health living.

I would also say that although each country should develop its own policy regarding this issue, Indonesia is nevertheless keen to learn from the experience of other countries in promoting health for the people. This conference provides a very good opportunity for all of us to learn from varied and different experiences.

I am pleased to note that experts, officials from WHO SEA Region, parliamentarian representatives and country delegates are present here. I am also happy to note the level of participation at this important event. This gives me the confidence that the Bali conference will be able to meet its objectives successfully.

I also hope that this Bali conference would be remembered as an important milestone in enhancing our collaboration and networking on endorsing policy actions on health promotion among various experts, countries and regions as a whole.

I would thank all conference participants for being here. Your involvement in this conference will guide us in our follow-up activities. Hopefully this conference would benefit all of us tangibly.

Finally, with the utterance of Bismillahirrahmanirrahim, I do declare the Regional Conference on Parliamentarian on Legislative and Policy Action for Promoting Health officially open.

I wish you all very fruitful discussions, debates, and success in your deliberations. Have an excellent conference and may God bless us. Thank you.

Annex 3

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

With great pleasure, I warmly welcome you all to this important conference. At the outset, I would like to thank the Government of Indonesia for agreeing to host the meeting in the famous land of Bali. I thank the honourable parliamentarians and all other participants for being here to come to share their experiences.

It is increasingly evident that any aspect of health development is multisectoral and requires action from all sectors. And the Parliamentarians' Forum is one of the appropriate platforms for discussing the multisectorality of health issues in various areas of our concern. It is also an important forum to reach a consensus on the issues of priority public health problems.

Therefore, the SEA Regional Office of WHO has convened the Regional Parliamentarians' Conference on topical subjects from time to time to discuss multisectoral actions in specific areas of health concern.

To facilitate our deliberations, let me place various issues involved in this connection in a proper perspective within a broad framework.

Before and immediately after the two World Wars, the world had been busy with fighting diseases. Efforts had been devoted mostly to building up curative service systems for treatment of sick people. Public health programmes had been developed and launched to control outbreaks of diseases and its spread, especially that of communicable diseases. Health matters were almost totally viewed as being the responsibility of the health sector above.

Once the World Health Assembly passed a resolution in 1977 calling for the attainment of health for all, rapid changes came about in the concept and approach to health development. Since then such a concept has been considerably widened in its scope along with changes in health development framework and strategy. Health went beyond the responsibility of the health sector.

Health has become a shared responsibility, at both national and international levels, calling for multisectoral and multiagency actions. All sectors, including health, have to work in coordination and cooperation to achieve the national health development goals. Health development has been considered as a very important strategy for human resource development.

Individual development sectors have to recognize their own health responsibilities. They have to take health concerns into account in the development and implementation of their individual sectoral development and programmes. They have to ensure not only that their own development activities will not adversely affect the health of the people but also that such activities will contribute positively to the health benefits of the people in the community. This responsibility of the respective individual development sectors is part of "healthy sectoral policy", whereby investment in health will also have to come from those respective sectors.

Nowadays more and more, health issues have become issues of public concern; and these concerns emerged into subjects for public debate. Health has also increasingly gained its place on political agendas for social and economic development.

Good health for all citizens, regardless of their social and economic strata, is the goal of all governments worldwide. This is a goal that calls for equity and social justice in the provision of health care and services. This goal also recognizes health as a fundamental right of everyone.

In providing health-care services to the population the governments have to ensure universal coverage through reaching the unreached. The unreached are usually the poor, underserved, underprivileged, marginalized and vulnerable.

In this context, we have to work towards social control of health technology. The technology that is socially and culturally appropriate and acceptable to all people in the community and is economically affordable by everyone in the community. The technology also includes pertinent information that can enlighten the population to understand and recognize health risks, such as the use of tobacco and alcohol.

The world today is longing for all people to live longer and healthier. The world needs all people to attain the level of health that can permit them to lead a socially and economically satisfying and productive life.

To achieve this social goal, among other things, the burden of disease must be reduced through primary prevention. That prevention is achieved through public health interventions that focus on the management of health risks and health determinants.

Furthermore, the world needs to use public health interventions to contribute to the ongoing efforts to reduce poverty. Without health, there will be no economic productivity or progress and poverty will therefore not be reduced significantly.

At the same time, the world also needs to use health as a bridge for peace. There will be no health if there is no peace.

Honourable parliamentarians, All these need multisectoral actions and healthy sectoral policies.

Investment in health must come from all development sectors if the ultimate goal of "Health for All" is to be attained. These issues must first be dealt with at the political and decision-making levels in countries and the parliamentarians' platform is an appropriate forum to review and discuss the issues involved.

The parliamentarians' platform is the place where we can push for priority health concerns to be reflected on national development agendas. For this, we need legislative action, as well as commitment at the national policy-making level.

For this conference, we have selected three areas of public health concern for our deliberations. These are: tobacco control, reducing harm from alcohol use, and health promotion.

Health promotion is actually a cross-cutting area involving many disciplines and several sectors. However, WHO is currently focusing on diet, physical activity and lifestyles. Since there will be a presentation on the three subjects by Secretariat members, I, therefore, will not dwell on their technical content.

I would just like to remind you in this connect that we need to focus our attention on legislative action, policy options, and innovative financing, respectively, for the three areas.

I have briefly laid down a broad framework of health development that calls for action by all sectors involved. The meeting will deliberate upon various aspects of those three specific areas of concern within this broad framework.

I hope that the distinguished participants will find this conference both interesting and useful. I hope that this conference would lead us to the developing more effective strategies for tobacco control, reducing harm from alcohol use, and health promotion.

I wish all of you all the best and all success in your deliberations. I hope the meeting is a fruitful one, and I wish you all an enjoyable stay in Bali.