Meeting of Ministers of Health
of the
WHO South-East Asia Region

Report of the Thirty-first Meeting

New Delhi, India
10 September 2013
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Introduction

1. The First Meeting of the Ministers of Health of the WHO South-East Asia Region was held in 1981 in Jakarta, Indonesia. Since then, the ministers have met every year (except in 1988 and 1990). The meetings of the ministers of health of the WHO South-East Asia Region provide a forum to discuss important health issues in the Region and to forge bilateral and intercountry cooperation and regional solidarity.

2. The objectives of the meetings of the ministers of health are:

   (1) to reinforce the commitment of the Member States to the attainment of the highest possible level of health for their people;

   (2) to exchange national experiences on the social, political and economic dimensions of health in the process of national development;

   (3) to explore and identify new avenues for further intercountry cooperation and collaboration in health and health-related fields.

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

4. The meetings have also contributed towards enhancing cooperation and reinforcing political commitment in respect of regional health concerns and policies.

5. In keeping with the spirit of cooperation, with effect from the Twenty-fourth Meeting of the Ministers of Health held in Dhaka, Bangladesh, the practice of adopting a “ministerial declaration” on the current World Health Day theme was started. These “ministerial declarations”, which have since been adopted in successive meetings of the Ministers of Health, have served as an effective basis for Member States and WHO to work together towards achievement of the results stipulated in the World Health Day themes.
6. The Thirty-first Meeting of Ministers of Health of the WHO South-East Region was held in New Delhi, India, on 10 September 2013, at the invitation of the Government of the Republic of India. The Honourable President of India, Shri Pranab Mukherjee delivered the inaugural address at the joint inauguration of the Thirty-first Meeting of Ministers of Health and the Sixty-sixth Session of the WHO Regional Committee for South-East Asia (held at Rashtrapati Bhawan, New Delhi).

7. Honourable Ministers from Bangladesh, Bhutan, the Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Thailand and Timor-Leste participated in the meeting. Dr YD Nihal Jayathilake, Secretary, Minister of Health, Democratic Socialist Republic of Sri Lanka attended as observer. His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India, chaired the meeting. His Excellency Mr Vidyadhar Mallik, Minister of Health and Population, Democratic Republic of Nepal was Co-Chairperson.

8. The agenda of the meeting included the following substantive items:
   - Review of the Yogyakarta Declaration on Ageing and Health and other previous HMM declarations/Follow-up actions on the decisions and recommendations of the Thirtieth Meeting of Ministers of Health
   - High blood pressure (hypertension)
   - Health in the post-2015 development agenda

9. The agenda, as adopted by the ministers, and the list of participants are contained in Annexes 1 and 2, respectively.
10. The joint inauguration of the Thirty-first Meeting of Ministers of Health of Countries of the South-East Asia Region and the Sixty-sixth Session of the WHO Regional Committee for South-East Asia was hosted by the Honourable President of India, in New Delhi, India, on 10 September 2013.

11. In his inaugural address, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, expressed his appreciation to the Government of India for hosting the Meeting of Ministers of Health and the joint inauguration, and to His Excellency, the President of India, Shri Pranab Mukherjee, for his gracious presence at the joint inaugural session. Dr Samlee welcomed the ministers of health of Member States of the WHO South-East Asia Region, Dr Margaret Chan, WHO Director-General, and all other delegates to New Delhi.

12. The Regional Director noted with satisfaction that wild poliovirus transmission in the Region had been terminated in 2011. He added that many countries had already reached the Millennium Development Goal (MDG) targets, and had agreed on universal health coverage as a strategy in the post-2015 development agenda.

13. Thanking the Ministry of Health and Family Welfare, Government of India, for the excellent arrangements, he conveyed his best wishes to the distinguished participants for productive deliberations and successful outcomes. (For the full text of the address, see Annex 7.)
14. Her Excellency Dr Nafsiah Mboi, Minister of Health, Republic of Indonesia, and Chairperson of the Thirtieth Meeting of Health Ministers, recalled that at their previous meeting, hosted by the Government of Indonesia, the health ministers had adopted the Yogyakarta Declaration on Ageing and Health. Dr Mboi informed participants that much progress had been made, including the Regional Strategy on Ageing and Health which had been finalized in May 2013. Noting the progress made in universal health coverage and noncommunicable diseases, she called upon health ministers to ensure that equitable, affordable and accessible treatment and care was provided through a strengthened primary health-care system. Dr Mboi reiterated that health promotion and prevention were fundamental to raise the quality of life of the people of the Region.

15. The progress made in achieving the MDG targets was commended, while it was recognized that continued work was needed to promote economic growth and eliminate extreme poverty. In this context, the Honourable Minister welcomed the proposed health priorities outlined in the post-2015 sustainable development agenda.

16. Concluding with a special tribute, Dr Mboi applauded the presence of the Honourable President of India as an example of leadership, and noted that the inaugural address would inspire all those who are dedicated to raising the health status of their people. (For the full text of the address, see Annex 4.)

17. Dr Margaret Chan, WHO Director-General, thanked the Honourable President and the Government of India for hosting the Thirty-first Health Ministers Meeting.

18. The 2013 World Health Day theme “high blood pressure” was significant, since more than one in three adults worldwide are estimated to suffer from the condition. High blood pressure contributes to 9.4 million deaths each year due to heart disease and stroke and is a high risk factor for many other health outcomes. Unfortunately, it often goes unnoticed, even when values are dangerously high, and thus public health must focus on early testing and follow-up. Dr Chan encouraged the ministers to adopt the New Delhi Declaration on High Blood Pressure, and to build partnerships at the national, regional and global levels.

19. The Director-General noted that the High-level Panel of Eminent Persons on the post-2015 development agenda had submitted its report in June 2013. A major goal of the new agenda is to “ensure healthy lives”. Dr Chan urged Member States to promote their health priorities in the new development agenda, based on universal access to basic health care.
20. Dr Chan concluded by congratulating the Honourable Minister for Health and Family Welfare of India for his outstanding commitment to health, and wished all distinguished delegates a very constructive dialogue. (For the full text of the address, see Annex 6.)

21. His Excellency Mr Ghulam Nabi Azad, Minister for Health and Family Welfare, Government of India, expressed his gratitude to the Honourable President of India for gracing the joint inaugural session. It was a privilege for India to host the Health Ministers Meeting in New Delhi, with its rich history and cultural heritage. He also thanked the Director-General of WHO for her leadership for global health in the context of prolonged global economic slowdown.

22. The Honourable Minister noted that India’s journey to achieve polio-free status had been successful due to strong political will and leadership at the highest levels of government, WHO’s technical guidance and support, as well as the dedicated efforts of more than 2 million volunteers, partners, and health workers across the country.

23. In the context of noncommunicable diseases, Mr Azad said that India had launched the National Programme on Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke in 2010. He also cited the high-level platforms that had been pivotal in raising the importance of prevention and control of noncommunicable diseases and forming the basis of the New Delhi Declaration on High Blood Pressure.

24. The Honourable Minister noted that the pharmaceutical industry in India had enabled a dramatic reduction in the cost of many treatments across the globe. Finally, His Excellency called for Member States to join hands to achieve the common goal of providing affordable and accessible health care to all people of the Region. (For the full text of the address, see Annex 5.)

25. The Honourable President of India, Shri Pranab Mukherjee, expressed his great pleasure to inaugurate the Thirty-first Meeting of Ministers of Health and the Sixty-sixth Session of the WHO Regional Committee for South-East Asia. The Honourable President thanked Dr Margaret Chan, Director-General of WHO, for her strong leadership in the health arena, and extended a warm welcome to the ministers of health, the Regional Director, as well as to the ambassadors, representatives of United Nations agencies and the distinguished participants.

26. His Excellency noted that achieving universal health coverage would require solid primary health care systems, prevention and promotion activities, and optimal utilization of scarce resources. Strategic investment in medical training will enhance the availability of health-care professionals, particularly at the community level. Institutional mechanisms and community participation in oversight and governance will also lead to efficiencies in the supply chain and logistics management of drugs and vaccines.
27. Regarding the health of the elderly, the Honourable President underscored the need for effective implementation of the Yogyakarta Declaration on Ageing and Health 2012. Commending the efforts of Member States in achieving many of the Millennium Development Goals, His Excellency stressed the need to define health priorities for the global development agenda beyond 2015.

28. The Honourable President concluded that sharing best practices would set a road map for cooperation in the areas identified for the meeting, and result in the most productive outcome. (For the full text of the address, see Annex 3.)
introductory session

29. The outgoing Chairperson of the Health Ministers’ Forum, Her Excellency Dr Nafsiah Mboi, Minister of Health, Republic of Indonesia, welcomed the honourable ministers and other distinguished representatives to the Thirty-first Meeting of the Ministers of Health.

30. Dr Mboi thanked His Excellency Shri Pranab Mukherjee, Honourable President of India, for inaugurating the Thirty-first Meeting of the Ministers of Health and for his thought-provoking address. She also thanked Dr Margaret Chan, Director-General of the World Health Organization, for her inspiring address at the inaugural session and for her invaluable guidance.

Nomination of the Chairperson of the Health Ministers’ Forum

31. His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India, was elected as Chairperson of the Thirty-first Meeting of Ministers of Health as well as Chairperson of the Health Ministers’ Forum for 2013–2014.

32. The Regional Director pledged the support of the WHO Regional Office for South-East Asia to the Chairperson of the Health Ministers’ Forum.
Nomination of Co-Chairperson

33. The honourable ministers nominated His Excellency Mr Vidyadhar Mallik, Minister of Health and Population, Nepal, as the Co-Chairperson of the meeting.

Opening addresses

34. The Chairperson, His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India, welcomed the honourable ministers to the Thirty-first Health Ministers Meeting. His Excellency placed on record his gratitude to the Honourable President of India for his inaugural address and also expressed his appreciation to Her Excellency Dr Nafsiah Mboi. Mr Azad thanked the Director-General for her leadership and reaffirmed the Region’s support to all WHO initiatives, under her guidance. He noted the significance of the agenda items on high blood pressure and health in the post-2015 development agenda, and emphasized the importance of regional cooperation and knowledge-sharing in furthering health development in the countries.

35. Dr Margaret Chan, WHO Director-General, thanked the Honourable President of India for hosting the joint inauguration ceremony, and gave her appreciation to the outgoing Chairperson and welcomed the incoming Chair. Dr Chan commended the inclusion of hypertension as a theme for the meeting, reflecting the ministers’ commitment to addressing the daunting challenges imposed on countries by non-communicable diseases. She noted that the Region was also forward looking by discussing the post-2015 development agenda and aiming to shape the dialogue, debate and ultimate sustainable development goals for 2015–2030. Dr Chan expressed her hope that before 2015, countries would come to an agreement on a list of health priorities that would promote the continuation of Millennium Development Goals 4, 5 and 6, and she highlighted the importance of universal health coverage in achieving these goals.

Review of the Yogyakarta Declaration on Ageing and Health and other previous HMM declarations/Follow-up actions on the decisions and recommendations of the Thirtieth Meeting of Ministers of Health [Agenda item 3(i)]

36. His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India while introducing the subject, reminded the ministers that in order to make their meeting effective and efficient, a meeting of senior advisers was
held yesterday. His Excellency said that the senior advisers had deliberated at length on the items included on the agenda of the Thirty-first Health Ministers Meeting and the draft New Delhi Declaration on High Blood Pressure, and their discussion points and recommendations have been made available to the ministers for their consideration.

37. His Excellency then drew the attention of the distinguished participants to the working paper, which provided an overview of the implementation of the following declarations:

- Yogyakarta Declaration on Ageing and Health
- Jaipur Declaration on Antimicrobial Resistance
- Bangkok Declaration on Urbanization and Health
- Kathmandu Declaration on Protecting Health Facilities from Disasters

38. The distinguished participants were informed that the working paper on this particular item also included follow-up actions initiated on the other substantive agenda item(s) discussed at the last meeting of the honourable ministers.

**Discussions**

- It was noted that the Yogyakarta Declaration had been instrumental in moving forward national programmes and interventions for ageing and health in the past year.
- It was noted that the proportion of elderly population in the Region was continuing to increase, and that national policies, plans and programmes need to be adapted to include healthy ageing.
- The emphasis on a community-based approach remained important, especially as the Region adheres to cultural values whereby care of the elderly has traditionally been within the family.
- The importance of sustaining health systems in rural areas was highlighted, especially as rural–urban migration was resulting in a lack of home-care for elderly citizens.
- The importance of linking interventions for elderly care with noncommunicable
disease programmes was emphasized, as longer life is associated with chronic disease and disabilities.

**Recommendations for Member States:**

1. to strengthen training in essential aspects of geriatrics and gerontology, accreditation and standards-setting of health-care providers;
2. to examine appropriate models for long-term care, and to share experiences of existing successful programmes;
3. to establish and strengthen national integrated policies and plans of action for the promotion of healthy ageing;
4. to ensure provision of community-based care, including long-term care for the elderly.

**Recommendations for WHO:**

1. to ensure that information, experiences and databases on healthy ageing continue to be shared between countries through the mechanism of regional and interregional consultations;
2. to promote use of the Urban Health Equity and Response Tool (Urban HEART) for improving the health of urban populations.
High blood pressure (hypertension) [Agenda item 3(ii)]

39. His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India introduced the subject of high blood pressure, which was also the theme of World Health Day 2013.

40. His Excellency stated that high blood pressure, also known as hypertension, is the leading risk factor for mortality worldwide and in WHO’s South-East Asia Region. It increases the risk of heart attacks and strokes and can also cause kidney failure, blindness, peripheral vascular disease and heart failure.

41. His Excellency said that strategies to address hypertension should be integrated within national programmes for prevention and control of noncommunicable diseases. Political commitment and sustained resources are, among others, important key elements of a country-level response.

42. Keeping in view the importance of the topic and the need to pool and prioritize efforts/resources in this regard, the Senior Advisers’ Meeting had recommended consideration and adoption of the New Delhi Declaration on High Blood Pressure.

43. His Excellency highlighted the key points of the New Delhi Declaration and requested the honourable ministers to consider its adoption which, while taking into account the challenges ahead, expressed the commitment of the Member States to initiate certain steps and jointly advocate and effectively follow up on all aspects mentioned therein.
44. In this regard, His Excellency Mr Ghulam Nabi Azad informed that the draft New Delhi Declaration had already been shared with respective counterparts in the Member States of the Region.

45. In conclusion, the Honourable Minister said that this item had been discussed by the senior advisers in their meeting and the discussion points made and recommendations arrived at were included in their report.

**Discussions**

- Member States unequivocally supported the inclusion of the agenda on high blood pressure in the meeting owing to its enormous health and socioeconomic burden. Acknowledging their impact on health and development, noncommunicable diseases were discussed in 2011 by the High-level Meeting of the United Nations General Assembly.

- It was emphasized that because of commonality of risk factors, high blood pressure should be addressed through an integrated approach within the broader national programmes for prevention and control of noncommunicable diseases.

- Participants underscored the importance of “primary prevention” for addressing noncommunicable diseases including hypertension. Primary prevention is cost-effective and includes both behavioural change interventions through mass awareness campaigns, and the development and implementation of health-promoting activities through multisectoral and multistakeholder collaboration.

- Promoting healthy diets including reduction in population salt intake is vital for prevention and control of hypertension. However, this is not easy to achieve. One of the first challenges is that data on current salt consumption are generally lacking. Generating data on current salt/sodium consumption in the Region is, therefore, a high priority. Further research is also needed to develop regionally appropriate strategies.

- While prevention remains the cornerstone of the national response, early detection and treatment with safe, effective, quality generic drugs is also important. Strengthening primary health care for health promotion, early detection and management of high blood pressure and other noncommunicable diseases is a critical priority. Furthermore, there is a need to build national capacity for production and quality assurance of generic drugs for prevention and control of noncommunicable diseases.
• There is a need to build capacity in Member States for effective surveillance and monitoring systems for noncommunicable diseases and their risk factors.

**Recommendations for Member States:**

1. to share experiences on successful interventions for prevention and control of high blood pressure and other noncommunicable diseases;

2. to generate baseline data on prevalence of key risk factors for noncommunicable diseases including population salt consumption.

**Recommendations for WHO:**

1. to facilitate exchange of experiences and build capacity of Member States for prevention and control of noncommunicable diseases including hypertension;

2. to enhance regional cooperation for building national capacity for production and quality assurance of generic drugs for prevention and control of noncommunicable diseases;

46. After deliberations, the following New Delhi Declaration on High Blood Pressure was unanimously adopted by the honourable ministers (see Annex 8 for full text of the Declaration).
New Delhi Declaration on High Blood Pressure

47. We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Thirty-first Health Ministers’ Meeting in New Delhi, India, appreciate the efforts being made by Member States and partners in the South-East Asia Region for prevention and control of high blood pressure. We also recognize that a sustainable and affordable response to tackle high blood pressure requires an integrated strategy that addresses multiple risk factors shared by major noncommunicable diseases, and which is implemented through a primary health care approach.

48. Noting with profound concern that hypertension, also known as high blood pressure, is the leading risk factor for mortality worldwide, causing 9 million deaths each year;

49. Noting with concern that according to WHO hypertension affects one out of three adults in the South-East Asia Region and that it increases the risk of heart disease, stroke and kidney failure, contributing to premature death and disability;

50. Expressing deep concern that hypertension and its complications lead to increased financial burden on individuals, families and communities due to long-term health-care costs and high out-of-pocket expenditure; as well as loss of national productivity;

51. Emphasizing the importance and need for technology transfer as a means to empower developing countries and the important role of generic medicines in the realization of the right to health;
52. Aware that the poor are disproportionately affected by hypertension due to a higher exposure to unhealthy behaviours, delay in diagnosis and limited access to treatment, thereby resulting in poorer health outcomes;

53. Noting with concern that the major noncommunicable diseases and their risk factors including hypertension are linked to common risk factors including excessive consumption of salt, insufficient intake of fruits and vegetables, harmful use of alcohol, physical inactivity, tobacco use, excess weight and poor stress management;

54. Recognizing that poverty, uneven distribution of wealth, lack of education, rapid urbanization and other social and environment determinants of health are important contributing factors to the burden of noncommunicable diseases and their risk factors including hypertension;

55. Cognizant that cost-effective interventions are available to prevent and control noncommunicable diseases and their risk factors including hypertension throughout the life-course, and that coordinated actions across all sectors of society are required, including partnerships among governments, civil society, academia, international organizations and the private sector;

56. Considering that implementation of public health policies that reduce exposure to behavioural risk factors and promote early detection and treatment of hypertension will prevent heart attacks, strokes and other related conditions, avoiding the need for surgical and expensive tertiary care interventions and thus saving lives and resources;

57. We, the Health Ministers of Member States of the WHO South-East Asia Region, commit ourselves to:

(1) accord high priority to the prevention and control of high blood pressure and strive towards achieving the global voluntary targets and indicators for prevention and control of noncommunicable diseases, included in the global monitoring framework and endorsed by the Sixty-sixth World Health Assembly, including 25% relative reduction in the prevalence of hypertension by 2025;

(2) provide leadership and promote active collaborations among key multisectoral stakeholders in society such as education, agriculture, finance, communications, trade, transport, urban planning, environment, sports and youth affairs, in order to create health promoting environments that empower individuals, families and communities to make healthy choices and lead healthy lives;
(3) develop, strengthen and implement national multisectoral policies and action plans to promote physical activity and healthy diet, and reduce exposure to tobacco and harmful use of alcohol;

(4) continue to implement the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, of September 2011, as well as the WHO 2013–2020 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases with emphasis on: implementation of the WHO Framework Convention on Tobacco Control (FCTC); WHO Global Strategy on Diet, Physical Activity and Health; WHO Global Strategy to Reduce the Harmful Use of Alcohol; and WHO Set of recommendations on the marketing of foods and non-alcoholic beverages to children;

(5) implement national salt reduction strategies such as creating public awareness and health education through mass media, food labelling, and regulation of the food industry in order to reduce salt levels in processed food;

(6) create healthy environments by adopting effective national legislation for 100% tobacco smoke-free environments in all indoor workplaces, public transport, indoor public places and other public places consistent with Article 8 (Protection from exposure to tobacco smoke) of the WHO FCTC; promoting access to healthy diet; providing opportunities for physical activity at workplaces, schools and other educational institutions as well as creating facilities for physical activity in public and private settings;
(7) promote universal access to cost-effective prevention and treatment through generic medicines and care for integrated management of noncommunicable diseases including hypertension through a primary health care approach;

(8) strengthen health systems that support primary health care, to ensure an adequate and well-trained workforce, and the availability of affordable, safe, effective and quality medicines and technologies for prevention and control of major noncommunicable diseases including hypertension;

(9) promote access to cost-effective, affordable and quality medicines for all, including through the use, to the full, of the provisions of the TRIPS Agreement which provides flexibility for that purpose;

(10) foster the development and transfer of technology to developing countries, on mutually agreed terms aligned with national priorities;

(11) build and strengthen experience-sharing mechanisms among Member States for capacity building;

(12) strengthen national health information systems, for effective surveillance and monitoring of noncommunicable diseases and their risk factors including hypertension, and to build national capacity for quality research and development;

(13) provide adequate and sustained resources through domestic and external channels, and explore innovative financing mechanisms for achieving universal health coverage for integrated prevention and control of noncommunicable diseases including hypertension.

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

Health in the post-2015 development agenda
[Agenda item 3(iii)]

59. While introducing the subject, His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India stated that health is at the heart of sustainable development. The health of populations, and how equitably health is distributed, provide a yardstick to judge progress across all aspects of economic, social
and environmental policy. Better health is also an outcome of, and prerequisite to, reducing poverty.

60. His Excellency further informed the ministers that extensive discussions on the post-2015 development agenda, including for health, have been underway as the target date for the Millennium Development Goals (MDGs) is drawing nearer. In the South-East Asia Region, a regional consultation on the post-2015 development agenda was held in March 2013 in Bangkok. In addition, a number of national consultations on various aspects of the post-2015 development agenda were organized in Bangladesh, India, Indonesia and Timor-Leste.

61. In conclusion, His Excellency mentioned that this item was discussed in detail at the Senior Advisers’ Meeting and invited the honourable ministers to take note of their report containing the discussion points and recommendations.

Discussion points

- The health ministers shared many relevant activities that had been carried out in order to achieve the MDGs. While some of the MDG targets may have been met by 2015, it was agreed that the unfinished agenda should be carried forward into the next phase of sustainable development goals.

- The background provided by the Secretariat on the post-2015 development agenda was appreciated. The reports of the global, regional, national and
thematic consultations on health in the post-2015 development agenda are in line with the emerging theme of “maximizing health at all ages” through universal health coverage.

- The importance of health as central to development should continue to be advocated and collaboration strengthened at all levels; to this end, participants welcomed the regional vision of health as “human well-being and happiness”, and the notion of “everybody counts”.

- The sustainable development goals and targets reflected in the global and thematic reports need to be further discussed and refined, and overall strategies examined, while addressing the issues of access, effectiveness and affordability.

- It was appreciated that measuring improvements in health in the post-2015 development agenda will be more difficult, and this issue will be part of the continued national and regional dialogue. In this respect, multisectoral collaboration, both in the public and private sectors, was underlined.

- Special attention may be given in the future to population groups such as children with special needs, and the social dimension of health.

- The process of framing a new set of global development goals has reached the end of its first phase, and the next phase will be debates and negotiations in the UN General Assembly. Member States, while following up on Resolution WHA66.11, are committed to participate in the intergovernmental process in a coordinated manner and reflect the regional perspectives, particularly health in the post-2015 development agenda.
Recommendations for Member States:

(1) to actively engage in discussions on the post-2015 development agenda at the national/regional levels, and ensure national coordination and representation at the international level so that health is adequately reflected in the development agenda;

(2) to carry forward the country ownership in articulating national plans and priorities and aligning efforts and resources towards the achievement of the current health-related MDGs.

Recommendations for WHO:

(1) to support Member States in accelerating and sustaining their attainment of the health-related MDG targets by 2015;

(2) to ensure that Member States are fully informed and can contribute to the negotiation process, particularly to promote the centrality of health in the post-2015 development agenda;

(3) to work with Member States to review novel ways to measure the goals and targets in the post-2015 development agenda.

Any other business [Agenda item 3(iv)]

Elective posts for the Sixty-seventh Session of the World Health Assembly and 135th Session of the WHO Executive Board

62. His Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India introduced the agenda item related to the nomination of countries for elective posts for the Sixty-seventh World Health Assembly and the 135th Session of the WHO Executive Board.
63. His Excellency placed before the Meeting of the Ministers of Health lists of office bearers from the South-East Asia Region who had been nominated during the past few years, for discussion and consensus.

64. The ministers, after due consideration, endorsed the following positions and requested the Regional Director to inform WHO headquarters accordingly.

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<thead>
<tr>
<th>Office</th>
<th>Member State</th>
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<tbody>
<tr>
<td><strong>Sixty-seventh World Health Assembly – May 2014</strong></td>
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<tr>
<td>Vice-President</td>
<td>Sri Lanka</td>
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<td>Vice-Chairman, Committee A</td>
<td>Myanmar</td>
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<tr>
<td>Member, General Committee</td>
<td>Timor-Leste</td>
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<tr>
<td>Member, Committee on Credentials</td>
<td>Democratic People’s Republic of Korea</td>
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<tr>
<td>Rapporteur, Committee B</td>
<td>Nepal</td>
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<td><strong>135th Session of the WHO Executive Board – May 2014</strong></td>
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<tr>
<td>Chairman</td>
<td>Maldives</td>
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<td>Member</td>
<td>Nepal</td>
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<td><strong>Programme Budget and Administration Committee (PBAC) of the Executive Board</strong></td>
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<td>Nepal for a term of two years in place of Maldives whose term expires in May 2014</td>
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Concluding session [Agenda item 4]
Adoption of the report [Agenda item 4(i)]

65. The Regional Director suggested that it would be advisable for the ministers to focus their attention on the recommendations emerging from the deliberations. The draft report would be finalized by the WHO Secretariat. The ministers accepted the Regional Director’s suggestion, and reviewed the recommendations pertaining to all the agenda items and approved them with certain modifications.

66. It was agreed that the revised draft report should be circulated to all Member States and finalized only after incorporating the comments received. With this, the report was adopted as presented.

Closing [Agenda item 4(ii)]

67. The Regional Director congratulated the honourable health ministers on the successful conclusion of the meeting, which had benefited greatly from the efficient conduct of the process by the Chairperson. He expressed his sincere thanks to the Chair and the Co-Chair, and thanked the health ministers for creating a conducive atmosphere for the proceedings.

68. The Regional Director was gratified to note that the honourable ministers had adopted the New Delhi Declaration on High Blood Pressure, reflecting a high level of commitment to tackling hypertension-related ailments in an integrated manner and using a multisectoral approach. He also noted that it had been timely for the honourable
ministers to consider health in the post-2015 development agenda, recognizing that equity in health provides an important basis to adjust the development process. Dr Samlee praised the strong regional cooperation that contributed to the success of the meeting, and reiterated his thanks to the Government of India for hosting the Thirty-first Health Ministers Meeting.

69. It was noted and appreciated that the Thirty-second Meeting of Ministers of Health would be hosted by the Government of the People’s Republic of Bangladesh in 2014.

70. Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, Government of India, thanked the Honourable President of India for inaugurating the meeting at the President of India’s Estate and for setting the tone of the discussions through his insightful address. He thanked the honourable ministers for their valuable and practical deliberations, and placed on record his appreciation of the senior advisers whose work had considerably facilitated the discussions. His Excellency recognized the commitment made by the adoption of the New Delhi Declaration on High Blood Pressure, which would provide a roadmap for tackling the menace of high blood pressure in the Region in the years to come. He also noted that useful and practical recommendations had been made to help carry forward the task of keeping health central in the post-2015 development agenda.

71. His Excellency expressed his gratitude to the Secretariat for their support in producing a timely report. He further thanked the Director-General for her active and constructive cooperation, and placed on record his deep appreciation of the work done by the Regional Director. His Excellency urged the honourable ministers to rededicate themselves to achieving the targets set for health priorities in the Region.

72. In conclusion, he declared the Thirty-first Meeting of Ministers of Health of Countries of the WHO South-East Asia Region closed.
Annexes
Annex 1

Agenda

(1) Joint Inaugural Session of the Thirty-first Meeting of Ministers of Health and Sixty-sixth Session of the WHO Regional Committee for South-East Asia

(2) Introductory session

(3) Business session

   (i) Review of Yogyakarta Declaration on Ageing and Health and of all other previous HMM declarations / Follow-up actions on the decisions and recommendations of the Thirtieth Meeting of Ministers of Health

   (ii) High Blood Pressure (Hypertension)

   (iii) Health in the Post-2015 Development Agenda

   (iv) Any other business

(4) Concluding session

   (i) Adoption of the report

   (ii) Closing
Annex 2

List of participants

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Annex 3

Text of inaugural speech by the President of India

It gives me immense pleasure to extend a very warm welcome to you all to the Inaugural Session of the Thirty-first Meeting of Ministers of Health and the Sixty-sixth Session of the WHO Regional Committee for South-East Asia. I hope that your stay in the historic city of Delhi would be comfortable and will invigorate you with the zeal, energy and enthusiasm necessary for successful deliberations during the meetings.

I would also like to take this opportunity to congratulate Dr Margaret Chan, Director-General, World Health Organization for her untiring efforts in pursuing the goal of ‘health for all’ and for her commitment to the cause of public health in the international community of nations.

Excellencies, ladies and gentlemen,

I feel honoured that we are hosting the Thirty-first Health Ministers’ Meeting, where Health Ministers from the 11 countries of this Region – Bangladesh, Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste – would be discussing the key health issues and challenges facing the Region.

This international platform at the regional level is crucial for this Region which houses 1.79 billion people – about 26.4% of the global population. Around 46% of the population in this Region is living below the poverty line. A significant portion of the disease burden in this Region, more than 28%, arises from communicable diseases, maternal and perinatal conditions and nutritional deficiencies, which are closely related to poverty.
The data also reveal that the South-East Asia Region has more than 27% of the global disease burden due to noncommunicable diseases, which indicates their increasing prevalence in the Region.

It is also a matter of concern that the South-East Asia Region registers the lowest total expenditure on health as a percentage of gross domestic product (3.8%) and per capita total expenditure on health as per World Health Statistics 2009, with 84.4% out-of-pocket expenditure.

In this background, I am sure that the meeting of the Health Ministers of the Region followed by the session of the WHO Regional Committee for South-East Asia would map the way forward for the entire Region, and would throw up broad agreements and the desired joint commitment on important initiatives and strategies.

Ladies and gentlemen,

It is an urgent necessity to build a conducive environment to ensure the highest quality of health for the people of the Region. However, this needs a multidimensional approach on the part of the respective governments. I am happy to note that the agenda for these two events include most of the health issues in the Region warranting serious discussion and immediate interventions thereupon.

It is a matter of some satisfaction that several countries of the Region are on track to achieve the majority of health-related Millennium Development Goals due to their ongoing systematic efforts as well as WHO support. These efforts have led to some remarkable achievements like the eradication of polio and smallpox, improvement in life expectancy and reduction in infant and maternal mortality rates. However, the situation is not uniform in all countries of the Region. Some countries are still lagging far behind and would require much more efforts as well as resources to achieve the health-related Millennium Development Goals. An estimated 142 million people, or 8% of the population of the WHO South-East Asia Region are above the age of 60 years. This number will continue to increase and by 2025, the estimated proportion of the population over 60 years will be twice that of 2000, and by 2050, will have further increased to three times the proportion of 2000.

The Yogyakarta Declaration on Ageing and Health 2012 rightly affirms that elderly people are a precious social asset and serious efforts should be made by the Member States and partners in the South-East Asia Region to adopt a holistic and
multidisciplinary approach to promote healthy ageing in the Member States. All stakeholders in the Region should advocate jointly and follow up effectively on all aspects of the Yogyakarta Declaration.

The unabated rise in the prevalence of hypertension among the population in the Region cannot also be ignored. It is all the more alarming that the incidence of hypertension is especially increasing among the youth. Stressful modern lifestyles further aggravate the situation.

We know that hypertension has serious health implications, especially in the long run. Thus, necessary cost-effective and timely interventions need to be explored by countries in the Region to check this undesirable trend.

As the 2015 target date for achievement of the Millennium Development Goals approaches, there is wide debate as to what development goals the global community should set next. The United Nations has already appointed a High-level Panel to advise on the global development agenda beyond 2015.

In support of this process, the United Nations Development Group is also leading efforts to catalyse a “global conversation” on the post-2015 agenda through a series of global thematic consultations. Thus, this may be the ideal time for the Ministers of Health of the Region to debate on this imperative issue, keeping Region-specific preferences in context.

An ideal health-care delivery system should be accessible to all in the Region. Considering the current lack of access to quality health care at an affordable cost for the majority of the population in the Region, the proposal for universal health coverage seems to be a very plausible solution.

However, evidence indicates that two areas cause significant inequities and inefficiencies in health in the Region: first, direct out-of-pocket payments for access to care that can push households into poverty; and, second, a significant proportion of these payments go towards the purchase of medicines.

It is important that the countries in the Region strengthen their health systems based on the primary health care approach – focusing on public health including prevention and promotion activities; using appropriate technologies; using domestic resources as far as possible.
Strategic investments in medical education and training would be needed to enhance the availability of scientifically accredited professionals for all communities.

The existing inefficiencies in the supply chain and logistics management of drugs and vaccines should also be addressed on a priority basis. Strengthening of institutional mechanisms for community participation in oversight and governance of health at multiple levels – rural and urban – would also be crucial.

Noncommunicable diseases are the leading cause of mortality globally and in the Region. Each year, around 7.9 million people die due to noncommunicable diseases, accounting for 55% of all deaths in the Region. In order to control this epidemic, it seems appropriate that besides adopting the nine global voluntary targets, a detailed Regional Action Plan is drawn up and strictly adhered to.

The world has been implementing the International Health Regulations – IHR (2005) since 2007. This legally-binding agreement significantly contributes to global public health security by providing a new framework for coordinating the management of events that may constitute a public health emergency of international concern, and will improve the capacity of all countries to detect, assess, notify and respond to public health threats.

It is important for all the countries in the Region to discuss the developments in this regard and to ensure that they meet the IHR core surveillance and response requirements.

In conclusion, I sincerely hope that these sessions would contribute significantly towards an improved health-care environment in the Region.

Before I conclude, let me again wish you a memorable and enjoyable stay in New Delhi and successful deliberations.

Ladies and gentlemen,

With these words, I hereby declare the Thirty-first Meeting of the Ministers of Health and the Sixty-sixth Session of the WHO Regional Committee for South-East Asia officially open.

Thank you for your attention.
Your Excellency, Shri Pranab Mukherjee, President of the Republic of India, Honourable Ministers of Health of Member States of the WHO South-East Asia Region, Dr Margaret Chan, Director-General of the World Health Organization, Dr Samlee Plianbangchang, Regional Director WHO Regional Office for South-East Asia, Representatives from Partner Countries and International Organizations, Distinguished Delegates and Participants, Ladies and Gentlemen,

Good morning,

At the outset, it is a privilege and great honour for me to address this distinguished Joint Inaugural of the Thirty First Meeting of the Ministers of Health and the Sixty-Sixth Session of the WHO Regional Committee for South-East Asia.

Last year, the Thirtieth Meeting of Ministers of Health and Sixty-Fifth Session of the WHO Regional Committee was held in Yogyakarta, Indonesia. The meeting discussed various important health issues and adopted the Yogyakarta Declaration on Ageing and Health. The importance of Yogyakarta Declaration is in acknowledging the issue of Ageing and Health as a priority public health challenge in the South East Asia Region. Since then, the Declaration had been implemented in the Region through various innovative national programmes and interventions for Ageing and Health. In this regard, the Regional Strategy on Ageing and Health was finalized in May 2013.

Excellencies, Ladies and Gentlemen,

As the Chair of the Thirtieth Meeting of the Ministers of Health and the Sixty-Fifth Session of the WHO Regional Committee for South-East Asia Region, I
have observed the significant health progress in this Region. This includes, among others, the incremental progress of the Universal Health Coverage programme, the development of a Regional Framework on Noncommunicable Diseases, and the significant development of Health Systems Strengthening.

These are our achievements, but there also challenges to bear in mind with the dynamic future situation globally and regionally. I also would like to stress the importance of a promotion and prevention approach as a fundamental aspect of health care, as well as the importance of the primary health care principle.

Currently, we are heading to the last phase of the Millennium Development Goals period. Many targets have already been achieved and some targets require extraordinary efforts. Parallely, we are preparing and developing a strategy for the post-2015 development agenda, and we are highly expecting that the issue of health would be one of the important issues in the Sustainable Development Goals.

Excellencies, Ladies and Gentlemen,

Leadership and solidarity are very important measures for controlling the public health problem in our Region. In the future, we should provide our very best to achieve the highest possible health status of our Region. It is my hope that this Thirty First Meeting of the Ministers of Health and the Sixty-Sixth Session of the WHO Regional Committee for South-East Asia here in New Delhi, India, will trigger the strongest cooperation and solidarity among South-East Asia Region Member States.

Thank you.
At the outset, I would like to thank the Honourable President of India for sparing his valuable time to be with us today, to grace this joint inaugural session of the Thirty-first Meeting of Health Ministers and Sixty-sixth Session of the Regional Committee of WHO South-East Asia Region. Honourable President Sir, we are truly honoured by your august presence on this important occasion. Honourable Ministers, it is a privilege for India to host all of you at these meetings in the capital city of Delhi which carries rich culture, history and heritage and I thank you that you have made it possible to attend these meetings.

We are equally glad to have the Director-General of WHO, Dr Margaret Chan, who has provided global leadership of a complex health scenario in the most difficult times of prolonged global economic slowdown and has been very ably carrying forward all activities, despite the limited resources at her command.

It is a matter of great satisfaction for us that we are meeting at a time when we are just four months away from becoming a polio-free country. This long and worthwhile journey has been made possible due to strong political will and continuous leadership at the highest levels of Government and the undivided support of WHO, translating into adequate financial resources, vastly improved coverage, quick response times, adoption of technological innovations, dedicated officers and massive efforts by more than two million volunteers, partners, supervisors and health workers across the country. We have also seen significant reductions in maternal
and infant mortality rates, total fertility rate and HIV/AIDS in our progress towards achieving the MDGs in the Region.

We are happy that the Health Ministers’ Meeting will address a number of equally important issues on health cooperation among the Member countries of the WHO South-East Asia Region, and review the progress made in earlier Declarations by the health ministers. Being home to almost 1.8 billion people, this Region is the most populated of all the six WHO Regions and therefore, our voice overwhelmingly reflects the voice of the developing countries across the globe.

This Health Ministers’ Meeting will take up the theme of World Health Day 2013 on high-blood pressure (hypertension), which is an important component of the broader group of noncommunicable diseases (NCDs) and will come out with the “Delhi Declaration on High Blood Pressure”. Noncommunicable diseases, especially hypertension, are now globally recognized as major challenges to human health and economic growth and are now the major causes of premature deaths in our Region as well, striking the poor and the vulnerable the hardest and driving them deeper into poverty. WHO highlighted this increasingly serious problem by adopting a resolution on NCDs at the Sixty-third World Health Assembly in May 2010 in Geneva.

Thereafter, the Moscow Declaration adopted at the first Global Ministerial Conference on Healthy Lifestyles and NCDs in Moscow, Russia in April 2011, called for strengthening policy coherence to maximize the positive and minimize the negative impacts of NCD risk factors. To sensitize Heads of State, Heads of Governments and Health Ministers of the world on the importance of prevention and control of NCDs, a Special Session was organized in New York in September 2011 by the UN General Assembly.

I would like to inform this august gathering with a sense of great satisfaction, that much before the UN Special Session, India had already brought about a paradigm shift in 2010 by launching the National Programme on Prevention and Control of Cancer, Diabetes, CVDs, and Stroke. More than 43 million persons have been screened for diabetes and 38 million for hypertension in its pilot phase.

We have worked out the modalities to implement the CVD and cancer component of the programme, by associating both private and government medical colleges to roll out this programme across the country by the end of this year. Therefore, the
Delhi Declaration on High Blood Pressure comes at an opportune time to carry the NCD agenda forward.

The discussions in the Regional Committee will cover a wide spectrum of health issues that confront the Region, including universal health coverage. These meetings will provide a platform not only to share experiences, but also to identify areas of mutual cooperation and reinforce our common goal to guarantee higher health status in the Region. The South-East Asia Region has resolved to work together and demonstrate solidarity in various international forums.

Excellencies,

Here, I would like to briefly mention some areas where India remains committed to further strengthen the mutual bonds of cooperation in the South-East Asia Region. As you know, India is called the “Pharmacy of the World” for producing high quality and affordable generic drugs which have substantially brought down the prices; a case in point being the dramatic reduction in costs of HIV/AIDS treatment across the globe.

India also has several excellent public health institutions that are open to our neighbouring countries for capacity building of their health personnel, with the aim of increasing the overall availability of skilled human resources in health in the Region. We will also be happy to share our experience in the field of medical education and training.

Similarly, scientists working in the Ministry of Health and Family Welfare are continuously striving to develop new technologies that can be used across the Region. Some of the recent innovations in health research which have taken place during the past three years are worth emulating, should any neighbouring country so desire. For example, we have developed indigenous vaccines and testing reagents for H1N1 and other influenzas as well as indigenous vaccine for Japanese encephalitis (JE). A number of other products ready for launch are: a magnifying device for cervical cancer screening in the field; a new food safety test for detection of pathogens in food; a test for molecular diagnosis of thalassemia for early diagnosis and pre-natal screening and ELISA test for diagnosis of lung fluke. As many as 75 leads are being translated for development of affordable products and are at various stages of development and testing. Sixteen new biosafety laboratories have been established for working on viral diseases, TB, and other infectious diseases.
I take great pride in stating that a BSL-IV Lab, which is Asia’s first active laboratory for human medicine, was established in 2012 at Pune, to deal with the most dangerous lethal infections like haemorrhagic fevers and agents of bioterrorism. I am sure that many more such innovations in other fields of medical education and healthcare must be happening in the South-East Asia Region, and India would be glad to take advantage of them.

I urge the Member States of the South-East Asia Region to join hands to develop and share new initiatives and technologies to achieve our common goal of providing affordable and accessible health care to our people in the Region.

Honourable President,

This is an important year for the Region, as we come together to elect a Regional Director in this Session. In this situation of global economic slowdown, the role of the Regional Director, WHO South-East Asia Region will be especially important, since the Regional Director is a key player in shaping and implementing the regional agenda and priorities.

Before I conclude, I once again express our gratitude to the Honourable President of India for being with us today and would like to thank him sincerely for taking keen interest in health. His constant support and encouragement have enabled us to revolutionize public health in India. I once again welcome the Honourable Health Ministers of the Region, the accompanying delegates and the Director-General, WHO and look forward to further expanding our cooperation. With these words, I wish Honourable Ministers and their delegations, a very pleasant and productive stay in New Delhi.

I thank you very much.
Honourable ministers, distinguished guests, Dr Samlee, ladies and gentlemen,

Let me join others in thanking India for hosting this session of the Regional Committee for South-East Asia. I will be commenting on some of the agenda items tomorrow.

The Thirty-first Health Ministers Meeting will discuss high blood pressure and the place of health in the post-2015 development agenda.

High blood pressure is a huge and usually silent problem, but a manageable one. High blood pressure is preventable, and it is treatable.

The scale of the problem is a challenge. WHO estimates that more than one in three adults worldwide has high blood pressure.

This is a deadly challenge. Each year, high blood pressure contributes to nearly 9.4 million deaths due to heart disease and stroke.

High blood pressure also increases the risk of kidney failure, blindness, and several other conditions.

It often occurs together with other risk factors, like obesity, diabetes, and high cholesterol, increasing the health risk even further.

For all these reasons, high blood pressure contributes substantially to the escalating costs of health care associated with the rise of noncommunicable diseases.
High blood pressure is a strong and reliable warning signal that health is at risk and that something needs to be done.

But high blood pressure is also a silent warning signal, usually showing no symptoms for years or even decades, even when values are dangerously high.

When symptoms do appear, cardiovascular disease is usually advanced and the risk of sudden acute events, like a heart attack or a stroke, is greatly increased.

This is the key challenge for public health: to get more people tested early, ideally routinely, and then properly managed, whether through lifestyle changes or medication.

Countries with health systems based on primary health care are in the best position to do so.

Wellness programmes at the workplace can also provide a good entry point for blood pressure measurement. Measurement devices for use in low-resource settings are available.

The Regional Committee will be discussing the nine voluntary targets in the noncommunicable diseases global monitoring framework, including the target set for reducing the prevalence of raised blood pressure.

Ladies and gentlemen,

Consultations about the place of health in the post-2015 development agenda have moved forward. The High-level Panel of Eminent Persons, convened by the UN Secretary-General, delivered its report in early June.

The report’s key message is a call to end absolute poverty in the context of sustainable development by 2030.

The report articulates five fundamental principles.

Leave no one behind. Put sustainable development at the core. Transform economies for jobs and inclusive growth. Build peace and effective, open and accountable public institutions. And, finally, forge a new global partnership.
These principles are then translated into 12 proposed goals. Goal four is to “ensure healthy lives”.

The goal has five targets. These cover infant and young-child mortality, maternal mortality, immunization coverage, sexual and reproductive health, and the disease burden from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases, and priority noncommunicable diseases.

As the report states, achieving goal four “requires universal access to basic health care.”

Health also has a role in several other proposed goals.

This is where we stand today. The first phase of the process has been completed.

In my view, health is in a good place.

But the debate continues, as Member States negotiate and eventually agree on the best agenda for sustainable development in the years to come.

I look forward to your discussions.

Thank you.
Excellency, Shri Pranab Mukherjee, President of the Republic of India; Excellency,

Mr Ghulam Nabi Azad, Minister of Health and Family Welfare, the Government of the Republic of India; Dr Margaret Chan, WHO Director-General; Honourable Ministers of Health from Countries of WHO SEAR; Distinguished country representatives; Honourable guests; Ladies and gentlemen:

On behalf of WHO South-East Asia Region, it is my privilege to warmly welcome you all to the joint inauguration of the 31st Meeting of Health Ministers of the countries of WHO SEAR and the 66th Session of WHO Regional Committee for SEA.

I gratefully thank Ministry of Health and Family Welfare, the Government of the Republic of India, for organizing this joint inauguration. And I overwhelmingly thank Excellency, Shri Pranab Mukherjee, President of the Republic of India for his gracious presence to inaugurate the joint opening.

Excellencies, ladies and gentlemen,

Over the last decade, health of populations in all countries of SEAR have been steadily improved. First and foremost is the termination of wild polio virus transmission in SEAR in early 2011 and the Health Ministers agreed to launch “Regional Intensification of Routine Immunization” in 2012, resulting in significant increase in the immunization coverage in the Region, upto 90%.
In area of prevention and control of Non-communicable diseases, all countries now have solid road maps to move forward towards time bound risk reduction targets.

Concerning the progress towards health related MDGs some countries have already reached the MDG targets. To contribute to the “Post 2015 Development Agenda Framework”, a regional consultation was held to highlight our Member States’ perspectives. The consultation considered “Universal Health Coverage” as the best way forward in addressing the wide range of the current health concerns.

Emerging infectious diseases will continue to haunt us. Control of diseases will continue to drain the scarce health resources. Health challenges today become more complex, and we are dealing with them mostly on the surface. We need to go deeper into bottom of the matter in order to bring all people with various health risks for health promotion and health protection that can lead to our healthier populations.

Honourable Health Ministers and distinguished representatives, I wish you all successful meetings. Thank you.
Annex 8

New Delhi Declaration on High Blood Pressure

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Thirty-first Health Ministers’ Meeting in New Delhi, India, appreciate the efforts being made by Member States and partners in the South-East Asia Region for prevention and control of high blood pressure. We also recognize that a sustainable and affordable response to tackle high blood pressure requires an integrated strategy that addresses multiple risk factors shared by major noncommunicable diseases, and which is implemented through a primary health care approach.

Noting with profound concern that hypertension, also known as high blood pressure, is the leading risk factor for mortality worldwide, causing 9 million deaths each year;

Noting with concern that according to WHO hypertension affects one out of three adults in the South-East Asia Region and that it increases the risk of heart disease, stroke and kidney failure, contributing to premature death and disability;

Expressing deep concern that hypertension and its complications lead to increased financial burden on individuals, families and communities due to long-term health-care costs and high out-of-pocket expenditure; as well as loss of national productivity;

Emphasizing the importance and need for technology transfer as a means to empower developing countries and the important role of generic medicines in the realization of the right to health;

Aware that the poor are disproportionately affected by hypertension due to a higher exposure to unhealthy behaviours, delay in diagnosis and limited access to treatment, thereby resulting in poorer health outcomes;
Noting with concern that the major noncommunicable diseases and their risk factors including hypertension are linked to common risk factors including excessive consumption of salt, insufficient intake of fruits and vegetables, harmful use of alcohol, physical inactivity, tobacco use, excess weight and poor stress management;

Recognizing that poverty, uneven distribution of wealth, lack of education, rapid urbanization and other social and environment determinants of health are important contributing factors to the burden of noncommunicable diseases and their risk factors including hypertension;

Cognizant that cost-effective interventions are available to prevent and control noncommunicable diseases and their risk factors including hypertension throughout the life-course, and that coordinated actions across all sectors of society are required, including partnerships among governments, civil society, academia, international organizations and the private sector;

Considering that implementation of public health policies that reduce exposure to behavioural risk factors and promote early detection and treatment of hypertension will prevent heart attacks, strokes and other related conditions, avoiding the need for surgical and expensive tertiary care interventions and thus saving lives and resources;

We, the Health Ministers of Member States of the WHO South-East Asia Region, commit ourselves to:

(1) accord high priority to the prevention and control of high blood pressure and strive towards achieving the global voluntary targets and indicators for prevention and control of noncommunicable diseases, included in the global monitoring framework and endorsed by the Sixty-sixth World Health Assembly, including 25% relative reduction in the prevalence of hypertension by 2025;

(2) provide leadership and promote active collaborations among key multisectoral stakeholders in society such as education, agriculture, finance, communications, trade, transport, urban planning, environment, sports and youth affairs, in order to create health promoting environments that empower individuals, families and communities to make healthy choices and lead healthy lives;

(3) develop, strengthen and implement national multisectoral policies and action plans to promote physical activity and healthy diet, and reduce exposure to tobacco and harmful use of alcohol;
(4) continue to implement the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, of September 2011, as well as the WHO 2013–2020 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases with emphasis on: implementation of the WHO Framework Convention on Tobacco Control (FCTC); WHO Global Strategy on Diet, Physical Activity and Health; WHO Global Strategy to Reduce the Harmful Use of Alcohol; and WHO Set of recommendations on the marketing of foods and non-alcoholic beverages to children;

(5) implement national salt reduction strategies such as creating public awareness and health education through mass media, food labelling, and regulation of the food industry in order to reduce salt levels in processed food;

(6) create healthy environments by adopting effective national legislation for 100% tobacco smoke-free environments in all indoor workplaces, public transport, indoor public places and other public places consistent with Article 8 (Protection from exposure to tobacco smoke) of the WHO FCTC; promoting access to healthy diet; providing opportunities for physical activity at workplaces, schools and other educational institutions as well as creating facilities for physical activity in public and private settings;

(7) promote universal access to cost-effective prevention and treatment through generic medicines and care for integrated management of noncommunicable diseases including hypertension through a primary health care approach;

(8) strengthen health systems that support primary health care, to ensure an adequate and well-trained workforce, and the availability of affordable, safe, effective and quality medicines and technologies for prevention and control of major noncommunicable diseases including hypertension;

(9) promote access to cost-effective, affordable and quality medicines for all, including through the use, to the full, of the provisions of the TRIPS Agreement which provides flexibility for that purpose;

(10) foster the development and transfer of technology to developing countries, on mutually agreed terms aligned with national priorities;

(11) build and strengthen experience-sharing mechanisms among Member States for capacity building;

(12) strengthen national health information systems, for effective surveillance and monitoring of noncommunicable diseases and their risk factors including hypertension, and to build national capacity for quality research and development;
(13) provide adequate and sustained resources through domestic and external channels, and explore innovative financing mechanisms for achieving universal health coverage for integrated prevention and control of noncommunicable diseases including hypertension.

We, the Health Ministers of Member States of the WHO South-East Asia Region, urge all other WHO Member States as well as the Director-General and the Regional Director to continue to provide leadership and technical support in building partnerships among parliamentarians, governments including local governments, the United Nations agencies and the relevant global health initiatives and with academia, professional bodies, nongovernmental organizations, related sectors, the media and civil society, to jointly advocate and effectively follow up on all aspects of this New Delhi Declaration on High Blood Pressure.
Annex 9

Declarations made at previous meetings of ministers of health

Yogyakarta Declaration on Ageing and Health

We, the Health Ministers of Member States of the WHO South-East Asia (SEA) Region, having participated in the Thirtieth Health Ministers’ Meeting in Yogyakarta, Indonesia, noted with concern that an estimated 142 million people, or 8% of the population of the WHO SEA Region, are above the age of 60 years, that this number will continue to increase and by 2025 the estimated proportion of the population over 60 years will be twice that of 2000, and by 2050 will have further increased to three times the proportion of 2000.

Recognizing that elderly people are a precious social asset and have the potential for active and constructive contribution, and that an increase in the proportion of older populations will require health care and social support systems to adapt to meet this emerging challenge;

Appreciating the efforts being made by Member States and partners in the SEA Region to adopt a holistic and multidisciplinary approach to promote healthy ageing in the Member States;

Recognizing that it is imperative that national governments invest in appropriate policies and strategies in order to ensure improved health in the cycle of ageing;

Aware that ageing is a life-long and an inevitable process, and that the process of ageing begins even before a person is born, right from the mother’s womb; and that healthy ageing requires effective disease prevention and health promotion through the lifecourse;

Considering that longer life is associated with chronic diseases and disabilities in old age, thereby affecting the overall quality of life and posing a challenge for families, communities and national governments;
Acknowledging that older women outnumber and outlive older men, a ratio that will continue to increase;

Noting that the economic effects of ageing on health care and social support systems, as well as on ensuring the independence, quality of life and normal activity level of older persons, concern policy- and decision-makers, and nongovernmental and some sections of the private sectors;

Concerned that the concept of healthy ageing is not yet adequately addressed, and that national programmes to promote healthy ageing have not gained a foothold in most Member States;

Recognizing that healthy ageing is the process of optimizing opportunities for physical, social and mental health to enable older persons to take an active part in society without discrimination and to enjoy an independent, good quality of life;

We, the Health Ministers of Member States of the WHO South-East Asia Region, acknowledge the issue of ageing and health as a priority public health challenge, and commit to:

(1) raising healthy ageing as a national priority with strong political and social commitment;

(2) instituting a coherent, comprehensive and integrated approach to promoting healthy ageing;

(3) developing and strengthening national databases, with support from SEARO, for reporting on older persons and healthy ageing and providing regular information to WHO-SEARO for appropriate guidance and assistance;

(4) developing and strengthening national policy and promoting effective implementation for healthy ageing, and formulating multisectoral national alliances for promoting healthy ageing with special attention to elderly females;

(5) ensuring the provision of sufficient financial, human and technical resources for programmes at all levels, and addressing the special needs of disabled elderly persons;

(6) advocating for a multidisciplinary approach to ageing and health by all sectors of the government in partnership with civil society and the private health sector;
(7) strengthening the primary health care system to address the health needs of the elderly population and social support system for long-term care, including through formal and informal capacity-building mechanisms to develop and assist health professionals and social support care-givers;

(8) supporting, where possible, the development of new skills for existing and/or the creation of dedicated cadres of health and social support care-givers, as appropriate, within the existing health and social support systems;

(9) enhancing the use of standardized advocacy, information education and communication (IEC) and training materials adapted as per country-specific needs, and translated into local languages;

(10) advocating for healthy lifestyles including healthy diets, physical activity and health measures to reduce the disease burden of old age;

(11) strengthening appropriate clinical and diagnostic capacity at all levels of health facilities to address the health problems of the very old, as well as their long-term care;

(12) encouraging basic and operational research in all aspects of ageing and health, and facilitating incorporation of evidence-based best practices into the national programmes;

(13) instituting, as appropriate, legal frameworks to ensure the health entitlements of the elderly people; and

(14) participating in regular intercountry consultative processes to monitor, evaluate, review and discuss issues related to ageing and health, taking into account events and developments at the international level.

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

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Twenty-ninth Health Ministers’ Meeting in Jaipur, India, appreciate the efforts being made by Member States and partners in the South-East Asia Region to adopt a holistic and multidisciplinary approach towards prevention and containment of antimicrobial resistance to improve public health. We also recognize that it is imperative that national governments accord utmost priority to this hitherto neglected problem to preserve efficacy of the antimicrobial agents - in our fight against microbial diseases.

Concerned that emergence and spread of antimicrobial resistance is negating the achievements made in protecting human life and health from microbial diseases; especially newly emerging infectious diseases;

Aware that the most important driver of antimicrobial resistance is irrational use of antimicrobial agents;

Recognizing that antimicrobial resistance can be a critical impediment in global efforts towards achieving UN Millennium Development Goals (MDG), specially MDG 6 that addresses containment of HIV/AIDS, tuberculosis, malaria and other diseases;

Considering that while antimicrobial resistance is a global public health problem, its major brunt is being borne by people in the developing countries;

Acknowledging that in spite of significant technological advances, development of new antimicrobial agents is negligible;

Aware that non-therapeutic use of antimicrobial agents in the veterinary and fishery sectors has a profound effect on emergence of resistance in microorganisms and their spread to human beings through the food chain;

Noting that health care facilities featuring the combination of highly susceptible patients, intensive and prolonged antimicrobial use, and inadequate infection control practices are potential “hot spots” for the emergence of highly resistant micro-organisms;
Concerned at the impact of resistant organisms in the efficient utilization of modern technological and scientific advances in improving human health through complex surgeries and transplantation procedures;

Further noting the inadequate regulatory mechanisms that allow unauthorized prescription of antimicrobial agents;

Aware of extensive irrational prescription of these medicines by physicians and poor adherence by the communities themselves; and

Recognizing that resistance in microorganisms leads to loss of lives, long-term suffering, disability, reduced productivity and earnings, and also threatens to undermine the effectiveness of health delivery programmes in all Member States;

We, the Health Ministers of Member States of the WHO South-East Asia Region agree to:

(1) acknowledge antimicrobial resistance as a major global public health issue;
(2) institute a coherent, comprehensive and integrated national approach to combat antimicrobial resistance;
(3) develop national antibiotic policy and formulate multisectoral national alliances against antimicrobial resistance;
(4) advocate for a multidisciplinary approach by all sectors of the government, with the private health sector providing desired information and following national guidelines;
(5) study the emergence and spread of antimicrobial resistance and assess accurately its impact on public health;
(6) regulate the use of antimicrobial agents, both in public and private sectors to prolong and preserve their efficacy;
(7) strengthen legislation to prevent the manufacture, sale and distribution of spurious and substandard/not-of-standard-quality and poor quality antimicrobial agents and the sale of antibiotics;
(8) promote behavioural change in prescribers and communities through continuous training, educational campaigns with process and outcome measures for rational use of antimicrobial agents and emphasizing antimicrobial resistance in medical, dental, veterinary and pharmacy curricula;
(9) build increased capacity for efficient surveillance of antimicrobial resistance and its effective use in modifying antibiotic policy;
(10) strengthen diagnostic facilities for microbial diseases to facilitate evidence-based antimicrobial prescription;

(11) strengthen infection control practices in health care facilities to reduce the burden of microbial diseases and health-care associated infections;

(12) ensure use of antimicrobial agents included in National Essential Drugs List, regulate non-therapeutic use of antimicrobial agents and irrational use in the veterinary and fishery sectors;

(13) encourage basic and operational research in areas that enhance application of various measures to combat antimicrobial resistance;

(14) support research and development of new antimicrobial agents especially for neglected tropical diseases and facilitate their cost-effective production in the public sector and making them affordable for the poor;

(15) advocate healthy lifestyle, cost-effective and essential immunization and other non-pharmaceutical measures to reduce the disease burden due to microbial diseases;

(16) develop national and regional mechanisms for regular data sharing, regulating cross-border transfer of infectious materials and bacterial isolates, sharing best practices of laboratory-based surveillance of antimicrobial resistance and practices promoting rational use of antibiotics;

(17) set up a regional mechanism for sharing of mutually agreed antimicrobial resistance data of public health importance relevant to policy making; and

(18) develop a regional mechanism for a regular intercountry consultative process for reviewing issues related to antimicrobial resistance including tracking of international movement of resistant organisms both within the Region and among regions.

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

Jaipur, India, 6 September 2011
Bangkok Declaration on Urbanization and Health – 2010

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

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

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

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

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

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

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

We, the Health Ministers, commit ourselves to:

(1) acknowledge unplanned urbanization as a major public health concern;
(2) assess the public health impact of major development projects, particularly in urban and suburban areas;

(3) advocate for a holistic and multidisciplinary approach by all sectors of the government, including local government, and industry and the community;

(4) promote investment in pro-poor policies and strategies in order to reduce the health equity gap among urban dwellers;

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

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

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

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

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

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

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

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

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

Bangkok, 7 September 2010
Kathmandu Declaration on Protecting Health Facilities from Disasters – 2009

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

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

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

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

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

Recognizing further that the South-East Asia Regional Benchmarks, standards and indicators for emergency preparedness and response provide a framework based on which health facilities can be built or modified to withstand the forces of various kinds of hazards and disasters;

Acknowledging the outputs of the Global Platform for Disaster Risk Reduction held in June 2009 regarding structural evaluations of health facilities, enforcement of national building codes, financial incentives and mechanisms for retrofitting;

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

We, the Health Ministers, commit ourselves to:

(1) implement the goals of the Hyogo Framework for building the resilience of nations and communities to disasters;
(2) consider the outputs of the Global Platform for Disaster Risk Reduction in relation to safe health facilities;

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

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

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

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

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

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

(9) enhance public awareness of the need to make health facilities safe and functional in emergencies.

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

Kathmandu, 8 September 2009
New Delhi Declaration on the Impacts of Climate Change on Human Health – 2008

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the 26th Health Ministers Meeting in New Delhi, appreciate the efforts being made by countries and partners in the South-East Asia Region for addressing the challenges posed by global warming and climate change. However, we are concerned about the potential adverse impacts on health, which could be sudden, unpredictable and irreversible and thus overwhelm the response capacity of the health sector and jeopardize progress in achieving the Millennium Development Goals in general, and the health-related Millennium Development Goals, in particular.

Aware of the fact that the most vulnerable populations in the SEA Region are the poor, the landless, the homeless, the very young, the elderly, the medically frail and people with disabilities, in particular those living on islands, in mountainous regions, in water-stressed areas, in urban slum areas, and in coastal areas;

Recognizing that global warming and climate change pose a major threat to public health in the SEA Region;

Recognizing the need for accelerating actions to reduce the health impacts from climate change in the Region;

Acknowledging the urgent need for strengthening health systems in the Region and especially the capacity of programmes aimed at climate-sensitive diseases;

Realizing that adaptation to climate change is urgent and failure to respond now will be costly in terms of disease, health-care expenditure, food security and lost productivity;

Understanding that reducing the adverse impacts of climate change can have direct and immediate health benefits;

Realizing the dearth of data and recognizing the need for action-oriented research in this area in all SEA Member States;

Noting the lack of health workforce in the health system and, in particular, workforce specialized in addressing the challenges from climate change in the Region;
Further noting the importance of incorporating the health concerns in ongoing processes at national, regional and global levels;

Acknowledging the strategic role of Revitalizing Primary Health Care to support local communities in becoming more resilient to climate change;

Reiterating our commitment to the World Health Assembly resolution WHA61.19, on climate change and health and to the regional framework for action plan to protect human health;

We, the Health Ministers, commit ourselves to strive to:

1. Implement the World Health Assembly resolution WHA61.19, on climate change and health and the regional framework for action to protect human health to develop and implement effective and efficient strategies and measures relating to climate change;
2. Strengthen health systems capacity and notably that of public health programmes that are already addressing health effects of climate change;
3. Increase awareness of health consequences of climate change within the health sector and in collaboration with other key sectors such as education, but also with nongovernmental organizations, in particular youth groups and consumer organizations and networks;
4. Develop the capacity of health-sector professionals in addressing the challenges posed by global warming and climate change;
5. Promote applied research and pilot projects to assess health vulnerability to climate change and the scale and nature thereof;
6. Engage in supporting the empowerment of local communities to become more climate change resilient and thus reduce the potential burden of disease linked to it;
7. Collaborate with other key sectors to assess health impacts of preventive and corrective measures undertaken and ensure that health concerns are integrated in an appropriate manner;
8. Increase awareness of health consequences of climate change and reduce the health sector’s carbon footprint;
9. Participate in national and international processes such as UNFCCC, fostering cross-disciplinary partnerships and ensuring monitoring and evaluation of delivery.
We, the Health Ministers of WHO’s South-East Asia Region, urge all Member States as well as the WHO Director-General and the Regional Director for the South-East Asia Region to continue to provide leadership and technical support in building partnerships between governments, the United Nations and various global health initiatives and partnerships, academia, professional bodies, NGOs, the private sector, the media and civil society, to jointly advocate and effectively follow-up on all aspects of this New Delhi Declaration on climate change and human health in the South-East Asia Region.

New Delhi, 8 September 2008
We, the Health Ministers of Member States of the World Health Organization’s South-East Asia Region participating in the Twenty-fifth Health Ministers’ Meeting in Thimphu, Bhutan, recognize that in the concept of International Health Security lies the realization that there is a need to reduce the vulnerability of people around the world to the escalation of existing, new, acute or rapidly spreading risks to health, particularly those that threaten to transcend international borders.

We also recognize that rapid globalization with easy, frequent travel, as well as large-scale trade, give an ample opportunity for communicable diseases to spread across borders quickly and with ease.

We are aware that the world climate is changing. Temperatures are rising; tropical storms are increasing in frequency and intensity; polar ice caps and permafrost regions are melting. The acute impact of climate change–related events may be local, but their causes are global.

We are also concerned that no single institution, sector or country has all the capacities needed to respond to international public health emergencies caused by epidemics, natural disasters and humanitarian or environmental emergencies.

We are of the view that the impact of the above threats on human health has serious implications for morbidity and mortality, and will delay internationally agreed upon development goals.

We reiterate our commitment to the World Health Assembly Resolutions related to Emergency Preparedness and Response and International Health Regulations (IHR) 2005.

We note the efforts of WHO’s Regional Office for South-East Asia to:

(1) Systematize and measure emergency preparedness and response in health systems through benchmarks, standards and indicators;

(2) Systematically support countries in the full implementation of the International Health Regulations (IHR) 2005 strengthening core capacities;
(3) Support short-term strategies in stockpiling anti-virals, personal protective devices and pre-pandemic vaccines, as well as long-term strategies to increase influenza vaccine production capacity in the Region; and

(4) To mobilize adequate resources to support these activities.

To achieve effective solutions to address issues related to International Health Security, we are committed to:

(1) Take further action to improve emergency preparedness and response in line with the World Health Assembly and Regional Committee Resolutions WHA58.1, WHA59.22, SEA/RC57/3, and SEA/RC58/3;

(2) Take further action to implement the International Health Regulations (IHR) 2005 in line with World Health Assembly and Regional Committee Resolutions WHA58.3 and WHA59.2, and SEA/RC58/7;

(3) Develop and systematically implement National Emergency Preparedness Plans, taking into account the significant role of private health providers based on country-specific priority benchmarks and indicators within one year and to revisit the plans regularly;

(4) Develop and implement action plans towards strengthening core capacities for countries for International Health Regulations (IHR) 2005;

(5) Develop and implement national action plans for mitigation and adaptation to address the health impacts of global warming and climate change;

(6) Mobilize adequate resources for these initiatives and participate actively in developing and maintaining partnerships related to improving these areas of health.

We, the Health Ministers of WHO’s South-East Asia Region, fully support the establishment of the South-East Asia Regional Health Emergency Fund and commit to the function of the Working Group as well as efforts towards resource mobilization.

We, the Health Ministers of WHO’s South-East Asia Region, urge all Member States as well as the WHO Director-General and the Regional Director for the South-East Asia Region to continue to provide leadership and technical support in building partnerships between governments, United Nations and bilateral agencies, members of academia, professional bodies, NGOs, the private sector and the media and civil society, and to jointly advocate effective follow-up on all aspects of this Thimphu Declaration on International Health Security in the South-East Asia Region.
Dhaka Declaration on Strengthening Health Workforce in Countries of the South-East Asia Region – 2006

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the 24th Health Ministers meeting in Dhaka appreciate the achievements already made by the South-East Asia Region in developing health workforce on the delivery of health services in respective Member States.

We recognize the crucial importance of human resources for the effective functioning of health systems in the Member States to achieve the target health goals.

We note with great concern that the unacceptable shortages, unbalanced skill mix, maldistribution in terms of geography, specialization, gender and sectors, and lack of appropriate levels of competency and dedication among health care workers has affected the health outcomes in the Region.

We recognize the significant lack of human resources management capacity among Member States in the Region.

We also recognize the impact of rapid globalization and international trade on human resources for health and the role of the private health sector.

We are of the view that these problems and shortages have interfered with efforts to achieve the internationally agreed to health-related development goals.

We reiterate our commitment to World Health Assembly resolutions related to Human Resources for Health, particularly the strengthening of the public health workforce, including the development and implementation of medium and long-term national strategic plans on human resources for health as described in the World Health Report 2006.

To achieve an effective and well motivated health workforce we are further committed to:

(1) Develop national policies and regulations that would enhance the availability of an adequate number of health workforce in service delivery settings
in an equitable manner, ensuring effective and efficient pro-poor health interventions;

(2) Systematic development and starting implementation of medium and long-term National HRH strategic plans based on country-specific, priority HRH issues that may vary from country to country within one year and to revisit the plans regularly, at least every three years;

(3) Increase the training, educational and research capacity in the area of human resources giving special emphasis to all categories of the health workforce that we are in short supply and strengthen and reform pre-service and in-service education, training and research, in order to improve the competencies and responsiveness among health care providers to deliver a high quality and responsive service;

(4) Intensive strengthen the human resource planning and management capacity to ensure sustainable, effective and well-motivated health workforce in the Member States;

(5) Mobilize adequate resources to invest on the development of human resources for health, especially to develop training capacity and HRH planning and management capacity; including regional collaboration and cooperation;

(6) Be actively involved in the work of the existing global and regional networks, including the Global Health Workforce Alliance (GHWA), the Asia Pacific Action Alliance on HRH (AAAH), and the African Platform on HRH, as well as the work of other development partners;

(7) Take further actions, in line with the WHA57.19 resolution, in 2004, on international migration of health personnel, in order to mitigate its impact on the effective functioning of the health systems.

We, the Health Ministers of the WHO South-East Asia Region urge all Member States as well as the WHO Director-General and the Regional Director, South-East Asia Region to continue to provide leadership and technical support in building partnerships between governments, UN and bilateral agencies; academia; professional bodies; NGOs; the private sector; the media and civil society, and to jointly advocate effective follow-up on all aspects of this Dhaka Declaration on strengthening health workforce in the countries of the South-East Asia Region.

Dhaka, 23 August 2006