

Address by

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

At

The Fifth Annual Meeting of SEAPHEIN

18-19 October 2009

Bangkok, Thailand

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Dr Napatawn Banchuin, Vice President, Mahidol University, Dr Phitaya Charupoonphol, SEAPHEIN President, Dr Hasbullah Thabrany, SEAPHEIN President-Elect, distinguished SEAPHEIN members, honorable guests, ladies and gentlemen,

I am pleased to have the opportunity to be at the opening of the annual meeting of SEAPHEIN. This is the fifth meeting of the Network. It is also another important step in the work of SEAPHEIN. I thank the Organizers for the invitation. This meeting will deliberate on three important areas:

- Inequities in health,
- ICT in public health education, and
- Networking and collaboration.

Regarding inequities in health, the subject will also be discussed at the Regional Meeting on Health Care Reform for the 21st Century which will take place at this venue

from 20th to 22nd October. Also, in this connection it is to be kept in mind that PHC approach is a public health tool to reduce inequities in health, and to improve social justice in health care. Social justice is an important pre-requisite for ensuring equities in health.

As far as ICT is concerned, if appropriately applied, it can make an important difference, and significantly contribute to positive changes in the development and management of public health education and training programmes. It will greatly facilitate the improvement of the quality of public health education and practice. Late or reluctant application of ICT will slow down the progress of the development of our public health education programmes. As for networking and collaboration, this can bring us a long way forward in improving our inter-institutional cooperation and joint actions, within and among countries. This cooperation can play important role in improving the quality of public health education and training.

I am glad to see that we have, among us our colleagues from three countries outside the SEA Region: Cambodia, Japan and Laos.

I would very much like to see more countries outside the South-East Asia Region joining or participating in the activities of SEAPHEIN. In this connection, we have to look at the “South-East Asia Region” in a context broader than merely “a Region” of WHO. Let us consider this and try to get more “like-minded people” to work as part of SAEPHEIN to improve the quality of public health education and practice.

WHO/SEARO will continue full support to the work of SEAPHEIN. I hope that SEAPHEIN would emerge more and more stronger, and its work would be more beneficial to its member institutes anywhere.

Ladies and gentlemen,

The aim of public health is to keep people, as individuals or groups, always healthy and with the least disability, dependence or death. In this connection, we need public health programmes to solve health problems of people; with special attention to health risks and health determinants – physical, social and economical. We need public health programmes that are developed and managed through multidisciplinary and multisectoral efforts. Such programmes are implemented through community action, in close collaboration with the local governments, with full participation and involvement of all other partners and various social organizations.

The primary function of “public health” is the “prevention” of disease; physical, mental and social. Public health prevents dependence of people in the community and ensure optimum social and economic productivity. And public health is to ensure that such social and economic productivity will contribute significantly to prosperity of countries.

Ladies and gentlemen,

Despite those important roles, public health is yet to find its appropriate place in the national development agendas. Public health is yet to receive a reasonable share of

national resources for its development. And public health is yet to receive the social recognition it deserves. That is why we have the “SEAR Public Health Initiative”; and the “SEAPHEIN”. Both these were launched in 2004.

We are well aware that these are modest efforts to contribute to public health in SEAR. Both of these movements started in 2004. Our mission in this connection, among other things, is to further improve public health and elevate it to its “proper status” in national health development plan.

With the prevalent global crises such as “emerging diseases” and “climate change”, public health becomes more recognized nowadays. But, it is not yet enough and not yet satisfactory. A lot more needs to be done to advocate for better public health. While working to improve the quality of public health education and practice, we have also to actively try to convince people about the value of public health work.

In particular, we have to convince politicians who make the key decisions on national health policy. Not less important, we need to convince our peers in the health community to appreciate preventive interventions in health care. Our aim in this advocacy is, at least, to achieve the right balance between prevention and cure, the balance that can benefit both healthy and sick people.

Ultimately, we should look forward to a day when we will have all people well, healthy, and socially and economically productive. And, at the same time, we have the least number of people who are sick, disabled; or socially and economically dependent.

Ladies and gentlemen,

With these words, I wish your meeting all the best and all success.

Thank you.