

Keynote Address

by

***Dr Samlee Plianbangchang
Regional Director, WHO/SEARO***

at the

***Fifth Joint Annual Conference of The Indian Society
for Malaria and other Communicable Diseases, and
The Indian Association of Epidemiologists***

***Scope Convention Centre, Lodhi Road, New Delhi
19-21 November 2004***

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Dr Pattanayak, Chairman, Organizing Committee, Prof. K.K. Aggarwal, Vice Chancellor, Guru Gobind Singh Indraprastha University, Dr S.P. Agarwal, DGHS, Government of India, Dr Shiv Lal, President, ISMOCD and IAE, Dr Mahendra Datta, Co-chair, Organizing Committee, Members of the Organizing Committee, Distinguished participants,

Ladies and gentlemen,

It is my pleasure to address the Fifth Joint Conference of the Indian Society for Malaria and other Communicable Diseases and the Indian Association of Epidemiologists. I am well aware of the work done by these two bodies, and of their valuable contributions to health development in the country. I am particularly pleased to be here among some of my former colleagues, and also among the many eminent health professionals, with whom I have interacted for many years. The theme of the Conference – “Health Vision – Challenges”, is very appropriate and timely indeed.

Colleagues,

Health challenges might be termed as what we can foresee in the future, or what still needs to be completed – the unfinished agenda. While looking ahead at the foreseeable challenges, we also have an obligation to finish the unfinished agenda.

Now, allow me to dwell on some of the current issues and concerns in the health arena, with particular reference to the WHO South-East Asia Region.

Ladies and gentlemen,

Our countries, which are developing or least developed, present a vibrant and diverse socioeconomic and cultural picture. With over 1.6 billion people, the South-East Asia Region of WHO accounts for approximately 25% of the world's population. It is estimated that the population would be over two billion by 2025 – an increase of about 30%. This is bound to affect population density, which is very much related to the occurrence and rapid spread of many infectious agents. Adding a new dimension to the already challenging health situation, is the increasing trend in the prevalence of many noncommunicable diseases. We are facing a double disease burden which has been known to us for many years.

Distinguished participants,

In 1977, "Health for All" became the slogan for a global movement, which called for the attainment of a level of health that would permit every individual in the world to live a socially and economically productive life. "Health for All" is not merely a health, but a social goal as well. A goal that can be reached only through the efforts of all concerned sectors and disciplines, not merely health. A year after the call for HFA, the Alma-Ata Declaration challenged the world to embrace the primary health care approach as the key to the attainment of the HFA goal. The World Health Assembly recently reaffirmed the validity of the principle of "Health for All" as the ultimate goal of our development efforts.

Today, HFA and PHC are still a coherent vision of global health, which can contribute effectively to other development perspectives. Turning that vision into reality calls for clarity on how the current challenges can be met through multisectoral and multidisciplinary actions, in the most cost-efficient and cost-effective manner. This entails the necessity for all countries, especially those in the developing world, to not only confront health problems and crises, but also ensure the sustained health of the population to contribute effectively to overall social and economic development. This requires effective use of existing and new knowledge, technologies and innovations, along with robust health systems, policies and strategies for their application. New ways to organize health systems infrastructures is an imperative, in order to balance the overtly disease-based vertical interventions with integrated and comprehensive approaches to health service delivery.

The realization of Health-For-All depends on the renewal and strengthening by all countries of the commitment to the implementation of its principles involving, among others:

- ensuring the highest attainable standard of health for all people as a fundamental right;
- transparent application of ethical principles to health policy, research and development, and service provision;
- implementing the equity-oriented health strategies that emphasize solidarity and social justice; and
- incorporating a gender perspective into all health programmes.

These elements of HFA principles are strongly interlinked, each strengthening the other.

In support of the movement for health for all in the Region, the Health Ministers in 1997 adopted the Declaration on Health Development in the South-East Asia Region in the 21st Century. The Declaration spelt out the foremost challenges to the Region's health scenario, which include:

- closing the gaps in accessibility to health care by ensuring basic health services to all;
- focusing especially on the poor, women and other vulnerable groups;
- creating conditions that promote good health and self-reliance;
- upholding and enforcing health ethics; and
- placing health at the centre of development.

Distinguished participants,

As you are aware, all countries of the world have pledged to reach the Millennium Development Goals set out at the United Nations Summit in 2000. These include, among others, ambitious targets relating to nutrition, maternal and child health, infectious disease control, and access to essential medicines. The Goals provide us an opportunity to further accelerate our efforts to ensure healthier lives for millions of people, and lay the foundations for improved health for generations to come.

Ladies and gentlemen,

Over the past few decades, significant progress has been made in health development in this Region. This is particularly evident through the reduction of morbidity and mortality, and the increase in life expectancy. Despite these achievements, however, inequities in health continue, both within and amongst countries, the main reason being the disparities in access to health care services. The Region has also witnessed an unprecedented, rapid growth in urban population. This has brought in the major health problems due to inadequate provision of safe water, sanitation, electricity, waste disposal and health care. Most countries in the Region have continued to maintain steady economic growth rates between 5-8% since the late 1990s.

In spite of these economic achievements, the gap between the "haves" and "have-nots" is widening. There is a wide variation in the Human Development Indexes among countries in the Region, which harbours nearly half of the world's poor. The Region also accounts for nearly 30% of the global disability-adjusted life years lost. Communicable diseases like malaria, tuberculosis, HIV/AIDS, and many vaccine-preventable diseases are still highly prevalent, and play a significant role in slowing down the progress in development, not only in health but in other sectors as well.

Distinguished participants,

The outlook for expansion of coverage of essential health care in the least-developed countries is very difficult due to many factors; social, economic, environmental and political. The external and internal resource inputs for the development of health infrastructure are scarce indeed. Nearly 20-30% of the population are hard to reach, mainly due to economic, geographical and sociocultural barriers. One of the important challenges in health service delivery is, therefore, to reach the un-reached. There is still a large gap in health development efforts; this is with regard to financing, organization, management and delivery of health programmes. Another significant factor aggravating the situation is the increasing competition for health workforce between the private and public sectors. This is greatly undermining the effective placement of health workers in the public sector in rural areas to close the equity gap.

Ladies and gentlemen,

Even though affordable and effective health interventions are available and easily accessible, an estimated 530,000 women worldwide die from conditions related to pregnancy and childbirth

every year. Our concern is that more than 30% of these deaths occur in this Region, and that births attended by skilled attendants range very widely from 10 to 97%. Globally, 11 million children under five years of age die every year with almost 30% of these occurring in our Region. Over half of the deaths are due to pneumonia, diarrhoea, malaria, measles and HIV/AIDS. The Region accounts for about 1.4 million neonatal deaths every year. High prevalence of low birth weight, approaching 33 % in some countries, contributes to this high neonatal mortality.

Distinguished participants,

By far, one of the biggest challenges for us is to prevent and control the HIV/AIDS epidemic. What is required is to scale-up interventions, ensuring effective care and treatment for every HIV-infected person. This is in parallel with preventive education to protect the whole population. Another major task is to control malaria; malaria is linked to poverty as cause and effect; its endemicity is contributed very significantly by environmental and ecological factors. The disease disproportionately affects the poor living in remote areas that are out of reach of the routine health services. Hot spots for TB drug resistance are emerging in our countries. These have to be tackled with more effective drugs and through an innovative strategy.

Ladies and gentlemen,

Tobacco-related diseases kill about four million people every year world-wide, with over 500,000 of these deaths occurring in our Region. The Region has become a lucrative market for the tobacco industry, with tobacco consumption increasing rapidly, especially among the youth and the poor. A welcome development in this regard is the adoption of the Framework Convention on Tobacco Control by Member States of WHO. It is hoped that more stringent measures will now be taken to create a tobacco-free society, and ultimately a tobacco-free world.

Colleagues,

Our Region has, perhaps, the richest heritage of traditional medicine. We should find ways of strengthening and developing it further, so that it can be used appropriately and in a balanced manner with modern health care systems. Poor countries should be very careful in importing sophisticated technology at high cost which is very often being used only by the privileged few.

Distinguished participants,

In the current scenario, how can developing countries face these challenges in their endeavours towards the attainment of the HFA goal? It is not a matter of total lack of effective interventions that is posing the main obstacle to achieve faster progress towards that goal. Instead, it is basically inadequate accessibility to the available health services, especially among the poor and vulnerable and marginalized groups of population. The priority is, therefore, to find feasible and practical means and ways to scale-up these services, both in quantity and quality; and, equally important, to reach the unreached. Improved coverage with effective interventions that support all families and communities in preventing disease, promoting good health, and caring for children and mothers will surely result in significant progress towards the HFA goal.

It will require a strong focus of efforts on specific measures to strengthen and empower the community and encourage full involvement of the community in the development process. An integrated approach to health service delivery is to be considered as a requisite for health for all. This we all know well. It is, however, yet to be achieved on a much wider scale. To achieve it means not only an increased allocation of resources to identified priorities, but also strengthening planning and management processes to ensure equitable delivery of quality health care in a comprehensive manner.

Some of the specific issues to be addressed in this connection are:

- balance and relevance of human resource development and deployment for health service delivery;
- adequate financing of health and health-related activities;
- eradication of physical and social barriers to accessing health care by all;
- adequate supplies of safe and affordable drugs and vaccines;
- development of innovative mechanisms for improving health care coverage;
- strengthening stewardship of health systems;
- working in partnership with other sectors, nationally and internationally;
- priority attention for provision of valid information to the general public; and

- promoting research as an integral part of health systems development.

Distinguished participants,

What I have attempted is a brief outline of the health challenges that face the South-East Asia Region and how we may be able to overcome them. It may be said that the main focus now should be the delivery of an integrated package of interventions for reducing mortality, morbidity, disability, and risk factors. It is very important that priority be given to investment in public health infrastructures, which place exclusive emphasis on disease prevention and health promotion. There is every reason to believe that our countries need a much stronger public health infrastructure to cope with all kinds of challenges in the field of health today. The need for strengthening public health in this Region has always been recognized and we have been attempting to meet this need. Many of us here have contributed significantly to the development of public health in the Region in the past. During the last two decades, we have seen rapid changes in the epidemiological patterns of the prevailing diseases of public health importance.

At the same time, we have witnessed tremendous advances in health care technology; as well as in biotechnology and in the pharmaceutical sectors. Unfortunately, in most of our countries there has been a perceptible decline in both the quality and quantity of public health infrastructure, especially human resources and services. With this in mind, WHO/SEARO organized a regional conference in 1999 on 'Public Health in South-East Asia in the 21st Century'. The conference, which was attended by prominent public health experts, from both within and outside the Region, issued the 'Calcutta Declaration on Public Health.' Since then, as follow up actions of this declaration, many activities have taken place with WHO support to strengthen public health practice and education in the Region. A strategy also needs to be adopted to ensure linkages among all stakeholders, including public-private partnership, focusing on prevention and control of emerging infectious diseases to assure health security.

Thus, public health programmes to be developed should be:

- environmentally and ecologically based;
- targeting the population, with special emphasis on the poor and vulnerable groups of population;

- developed and implemented through multisectoral and multidisciplinary action; and
- fully involving people from all walks of life in the development process.

To ensure health for all, the countries need to strengthen or enhance their policy actions to prevent ill-health and promote good health, through development of healthy public policies. High-level decision-makers and political leaders need to be appropriately sensitized for their continued and sustained commitment to effective decisions and actions for health for all.

Ladies and gentlemen,

We are living in an era of vast opportunities which were denied to our ancestors. We have to grasp these opportunities firmly and move forward with a strong will, determination and commitment towards a healthier and happier future for all people.

Finally, I invite all the distinguished scientists of different disciplines attending this conference to join forces and lend your wisdom to contribute effectively to the fight against all odds to good health in order to make our Region and the world a safer place to live.

Thank you.