

Introductory Remarks by

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

At the

***Introduction to RD's Biennial Report on the work of WHO
in the South-East Asia Region
1 January 2008 – 31 December 2009***

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Mr Chairman, distinguished representatives, WHO Director-General, ladies and gentlemen:

I have great pleasure in presenting my biennial report on the Work of WHO in the South-East Asia Region for the period 1 January 2008 to 31 December 2009.

The world passed through turbulent times during this period. The global community faced multiple crises on many fronts. Our health systems were challenged by an unprecedented economic downturn, climate change, the influenza pandemic, and numerous natural calamities. Yet, substantial progress was made in promoting health and combating illnesses. This was due to exceptional national commitment, extraordinary international collaboration; and the firm resolve of countries to achieve national and international health targets, including the Millennium Development Goals.

My report highlights these achievements and the remaining challenges during the biennium under review.

Mr Chairman, distinguished representatives,

Please allow me to share some of the salient features of the report. The H1N1 influenza pandemic swept the entire Region in a short time. Our preparedness against avian influenza helped us greatly in the immediate response to the pandemic. The sheer

volume of cases overwhelmed our health-care facilities and laboratories. Antiviral drugs and vaccine were rapidly deployed. The pandemic was the first Public Health Emergency of International Concern after the International Health Regulations came into force in 2007. All Member States, with support from WHO, are building their core capacity to meet the obligations of IHR.

Mr Chairman,

The Region is making good progress towards Millennium Development Goal 6, which relates to communicable diseases. TB prevalence rates in the Region have declined by nearly 50% and mortality has been reduced by a third since 1990. Nearly 300,000 TB deaths were averted in 2009. Around 3% of newly diagnosed patients suffer from Multi-drug Resistant TB, which represents 180,000 cases each year.

The HIV epidemic is on the decline. Yet 3.5 million people in the Region are living with HIV; around a half of this number is coinfecting with TB. Thailand reversed the HIV epidemic in mid-1990s. HIV infections declined in India, Myanmar and Nepal.

At the same time, in Indonesia, HIV is increasing, especially among injecting drug users. Overall, only 40% of people living with HIV/AIDS receive antiretroviral treatment. However, this low coverage can certainly be improved since the Region has adequate drug manufacturing capacity.

Malaria remains a priority public health concern in the Region. All malaria-endemic countries have adopted the WHO Revised Regional Malaria Control Strategy. The number of malaria deaths in 2008 showed a decline of almost 30% compared to 2006. Resistance

to artemisinin has emerged as an important challenge. Integrated vector management, particularly environmental management, needs more attention. This management approach can be effectively used to control other vector-borne diseases, such as dengue fever. Although there was an increase in the number of cases of dengue, the number of deaths has declined. This trend reflected better case detection and case management.

Mr Chairman,

I am happy to report that the Region is making steady progress in eliminating several diseases of public health importance. We are approaching the goal of polio eradication. India remained the only polio-endemic country in the Region. However, the number of affected districts was reduced by a third compared to 2008. With the exception of one country, the leprosy elimination target has been achieved by all Member States of the Region.

The kala-azar elimination programme has been expanded in Bangladesh, India, and Nepal. Elimination of lymphatic filariasis and kala-azar is targeted for 2015. India has already declared elimination of yaws in 2006 and is aiming at its ultimate eradication. Indonesia reports yaws in 18 out of the 33 provinces. The yaws elimination programme in Indonesia is in place and the country is striving to eliminate the disease by 2013. In Timor-Leste, yaws is endemic in six of the 13 districts. An integrated approach has been planned for eradication of yaws in this country. Diarrhoea and pneumonia continue to cause enormous child mortality and morbidity. The regional strategic framework to combat diarrhoea and respiratory infections has been implemented.

Mr Chairman,

Diseases originating from animals have assumed increasing importance. Almost 75% of new human pathogens can be traced to animals. A Regional Strategy for Zoonoses Control has been developed to promote intercountry collaboration and mobilization of resources.

The problem of antimicrobial resistance is growing rapidly. It reflects failure of policies on drug quality, rational use of medicines, infection control, surveillance and community education. Efforts are being intensified for combating antimicrobial resistance, especially through advocating multisectoral alliances at country level. "Antimicrobial resistance" will be the theme of World Health Day next year.

Mr Chairman,

The epidemiological profile of diseases is rapidly changing. More and more, we see the increasing burden of noncommunicable diseases. Cardiovascular diseases, cancer, chronic lung diseases and diabetes account for 54% of all deaths in the Region. These diseases also significantly affect the poor, who are least able to cope with the problems, physically and financially. It is therefore essential to build national capacity for the integrated prevention and control of NCDs, with emphasis on primary prevention.

Significant progress had been achieved in the surveillance of tobacco use. Global Adult Tobacco Surveys were completed in Bangladesh and Thailand. As far as accidents and injuries are concerned, the rapid expansion of roadways and traffic has led to the increasing trends. WHO continues to advocate for sustained political and financial

commitment at all levels for injury prevention. WHO organized the Asia-Pacific Congress on Rehabilitation in 2009, to highlight innovative approaches to the rehabilitation of the disabled, and to ensure their equal participation in society. In this connection, there is a need to revisit “Community-based Rehabilitation – CBR”.

Mr Chairman,

The year 2008 marked the thirtieth anniversary of the Alma Ata Declaration on Primary Health Care. Commitment to the principles of primary health care in the context of changing health needs was reaffirmed by Member States in a regional conference. The conference called for a shift in focus of PHC from mainly service delivery to a multisectoral development approach. Effective community education and empowerment are considered indispensable for successful health promotion and disease prevention, within the context of PHC.

Accordingly, a Regional Strategy for Health Promotion was developed with emphasis on education and empowerment of people. In addition, meetings on Self Care, Use of Herbal Medicines and Health Care Reforms were organized to support PHC development.

Mr Chairman,

In 2015, we will be called upon to give an account of our achievements in health-related MDGs. To closely monitor our progress, a Task Force was established at the Regional Office. The regional situation with regard to MDGs 4 and 5, which relate to child mortality and maternal health, is a cause for concern. At the current rate of progress, some

countries may not be able to reach the target of MDG 5, relating to maternal mortality reduction. Lack of comprehensive maternal and newborn health care continues to be a major issue.

However, four Member States have achieved universal coverage for skilled care at birth. Sociocultural factors which play an important role in maternal and newborn health have received due attention. WHO supported countries to improve the quality of training on maternal and neonatal health services, and reproductive health. The training pays particular attention to community-based health workers and community health volunteers.

A regional framework for implementing the Reproductive Health Strategy was developed. Concerning adolescents, this group of population in the Region constitutes about 25% of the total. Adolescent pregnancy is recognized as a contributing factor to high maternal and neonatal mortality. Member States have adopted a strategic framework to strengthen response to the health needs of adolescents. In collaboration with UNICEF, a regional strategy on early childhood development was formulated and shared with Member States.

Mr Chairman,

Vaccines are the most cost-effective interventions to prevent diseases. We need to sustain high immunization coverage in order to reduce child mortality and the overall burden of disease. The implementation of the regional strategic framework for improving and sustaining immunization coverage has been supported. To ensure quality of vaccines, particular attention was paid to the strengthening of national regulatory capacity. Ten Member States have established national advisory committees for immunization practices.

GAVI support was utilized to strengthen health systems in Member States for improving immunization services.

Mr Chairman, distinguished representatives,

Awareness and knowledge about safe drinking water was promoted through training and provision of guidelines. Enhanced efforts were devoted to strengthening of drinking water quality standards and monitoring of their compliance.

Mr Chairman,

Demographic transition has resulted in an increase in the number of old-age people in the Region. By 2050, in over half of the Member States, 20% or more of their populations will be 60 years or older. A regional consultation on developing a strategic framework for promoting active and healthy ageing generated innovative ideas, which were shared among Member States.

Mr Chairman, distinguished representatives,

There is compelling evidence to show that the effects of climate change on health have been seriously underestimated. Climate change is the price we are paying for the economy-driven policies that ignored the planet's ecosystem. WHO has produced a range of advocacy materials to raise public awareness on this critical issue. Generic research protocols have been developed to assess the impact of climate change on several aspects of health. Technical support for response to the impact of climate change on food production and consumption was provided to a number of countries.

With regard to occupational health, country capacity to implement the Global Strategy for Occupational Health for All and the Global Plan of Action for Workers' Health was assessed in all countries.

Mr Chairman,

Several natural disasters struck the Region during the biennium. WHO responded rapidly in supporting Member States in their efforts to tackle the events, such as :

- Cyclone Nargis in Myanmar;
- The post-conflict humanitarian situation in Sri Lanka; and
- A major earthquake in Indonesia.

Support was also provided through the South-East Asia Regional Health Emergency Fund established in 2007. The South-East Asia Disaster Health Information Network was formed through WHO facilitation. The network is aimed to improve proper collection, archiving and retrieval of information on disasters and health.

Mr Chairman, distinguished representatives,

Medicines are an essential component of health-care systems. Their management requires regulation, selection, procurement, supply and rational use. With WHO support, eight countries participated in the International Conference of Drug Regulatory Authorities. Regional meetings were organized on medicine pricing, the patent pool, and pharmacovigilance. Essential Medicines Lists were updated in six countries. Herbal

medicines are widely used in the Region, and their use had been further promoted through regional meetings and information dissemination. To develop evidence-based information on quality, safety and efficacy of herbal medicines; mechanisms for information exchange and inter-institutional cooperation were promoted.

Mr Chairman,

Several activities were undertaken in the Region to improve the quality of health workforce. WHO supported the development and dissemination of:

- Regional guidelines on health workforce strategic planning;
- Guidelines on accreditation of medical schools and health laboratories;
- Tool guide for continuing medical education; and
- Guidelines on teaching medical ethics at undergraduate level.

A regional meeting was held on the subject of teaching of public health at undergraduate level in medical schools. Training in national health accounts, and training on economic principles for health policy development and programme planning were organized.

Mr Chairman, distinguished representatives,

The ultimate goal of WHO collaboration with Member States continues to be the strengthening of country capacity towards self-reliance and long-term sustainable development in health. Country Cooperation Strategy is a key instrument for WHO to

achieve this goal. This strategy was finalized during the review period for Bangladesh, Myanmar, Thailand and Timor-Leste.

During the biennium, WHO resources were further decentralized to country level. Involvement of nationals in the implementation of WHO collaborative programmes was augmented. WHO has substantially supported Member States to mobilize resources from the Global Fund over the last 9 rounds.

I am happy to report that our collective efforts have so far resulted in an allocation of US\$ 3.7 billion for the Region from the Global Fund. This is among other inflows of resources from many other sources of VC. During the biennium, WHO in SEAR fully implemented its Assessed Contribution of US\$ 102.9 million, and expended another US\$ 260.3 million from voluntary contributions. Preparations were made during the biennium under review for the roll out of the Global Management System to increase the efficiency of WHO work through ensuring effective functioning of its corporate management.

Mr Chairman, distinguished representatives,

The South-East Asia Region has seen unprecedented economic growth in recent years, despite global economic instability. The challenge is to ensure that adequate resources are made available to health development, with an equitable balance in the allocations between preventive and curative care.

Mr Chairman,

I would like to conclude my remarks by observing our more effective collaboration during the biennium. We are now better prepared and better coordinated in our endeavours to improve health.

Our collaborative programmes will, I am confident, continue to pay rich dividends among countries. We now need to maintain our unwavering commitment and to further accelerate our efforts towards the achievement of our cherished goal of better health for all people in the South-East Asia Region.