

***Introductory Remarks by***

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Regional Director, WHO South-East Asia***

***Introduction to RD's Annual Report on the  
work of WHO in the South-East Asia Region,  
1 July 2008 – 31 August 2009***

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Honourable Chairman, distinguished representatives, ladies and gentlemen,

I have great pleasure in presenting my report, Highlights of the work of WHO in the South-East Asia Region, during the period 1 July 2008–31 August 2009. Since the report, document SEA/RC62/2, has already been distributed, I will only confine my remarks to some salient features.

As the distinguished representatives may have noticed, this year I am presenting the report that highlights WHO's work during the fourteen-month period. Next year, my report will cover the entire biennium 2008-2009, and will be in greater detail.

Honourable chairman, distinguished representatives, ladies and gentlemen,

During the period under review, Member States in the Region maintained progress in their health development. While many of the prevailing health problems persisted, new challenges emerged. While mitigating the health impact of climate change, the Member States had to face the consequences of the global economic downturn.

Furthermore, at the beginning of this year, Pandemic (H1N1) 2009 emerged, and developed into a pandemic. In the South-East Asia Region, Thailand was the first country to report a confirmed case on 12 May 2009. Up to the present, total confirmed cases in the Region stand at about 20000, with more than 200 deaths, mostly in Thailand and India. As in other parts of the world, this influenza pandemic has been progressing rapidly. WHO worked closely with the Member States in surveillance and treatment of cases.

Other communicable diseases have continued to plague the Region. However, substantial achievements were made in their control over the past year. With regard to TB, nine countries have achieved the global targets of 70% case detection and 85% treatment success. TB prevalence declined from 554 per 100000 population in 1990 to 280 in 2008, and TB mortality decreased from 53 per 100000 population to 31 during the same period.

On the other hand, the number of malaria cases increased from 2.2 million in 2007 to 2.5 million in 2008. But, during this period, deaths due to malaria reduced slightly from 3200 to 3092. The challenge in malaria control continues to be drug-resistance and difficulty in the containment of newly-emerged artemisinin resistance.

The endemicity of avian influenza in the Region has persisted. However, the number of reported human cases significantly decreased, from 43 in 2007 to 25 in 2008.

With regard to leprosy, only two countries are yet to achieve the global elimination target of a prevalence rate less than 1 per 10000 population.

The incidence of kala-azar was on the decline during the period, from 45000 cases in 2007 to 31000 in 2008, but the case fatality rate marginally increased from 0.5% to 0.8%. This increase might be due to rising co-infection with kala-azar and HIV.

The Region is set to achieve the eradication of yaws by 2015. Eradication means the absence of new cases of yaws for a continuous period of three years. While India has achieved yaws eradication since 2004, cases continued to be reported from a few countries.

Ladies and gentlemen,

Last year, Nepal detected 148 cases of “cholera” in Kathmandu. At the same time, outbreaks of “acute watery diarrhoea” were reported by the media in other parts of the country. Since May this year, 206 villages in 20 districts were affected with nearly 60000 cases and more than 300 deaths. These incidents in Nepal alert us to the emergence of “diarrhoea” and “cholera” as an important public health problem, especially in countries, where water supply and sanitation are yet to be adequately improved.

Honourable chairman, distinguished representatives,

Noncommunicable diseases accounted for an estimated annual 8 million deaths or 54% of all deaths in the SEA Region. These deaths were due mainly to:

- cardiovascular diseases (28%),
- cancer (9%),
- chronic lung diseases (7%), and

- diabetes (2%).

The NCD control efforts in the Region have shifted to interventions at the “primary care level”, with an emphasis on “preventive measures”. A WHO training package for NCD interventions through primary health care was pilot tested in Bhutan and Sri Lanka.

There was increased attention to social determinants of health in the Region during the period. A regional meeting was held in February this year in Colombo to discuss the report of WHO’s Commission on the Social Determinants of Health at which, “The Colombo Call for Action” was adopted. To support the implementation of this “call for action”, a technical unit was established in the Regional Office.

Tobacco use kills nearly 1.2 million people annually in the Region. The Regional Committee last year urged Member States to accelerate the scaling up of their national tobacco control measures in line with the WHO Framework Convention on Tobacco Control. Efforts were made to standardize adult tobacco surveillance in the Region.

Honourable chairman,

In the area of family and community health, our main concern was how to achieve Millennium Development Goals 4 and 5. A high-level consultation on accelerating progress towards “MDGs 4 and 5” was held in October last year in Ahmedabad, India. The consultation specially emphasized the urgent need for scaling up “maternal and child health services” through the “Primary Health Care approach”.

Neonatal mortality remained high in five countries in the Region, ranging from 20 to 49 per 1000 live births (2005), and neonatal mortality continued to pose a challenge in view of its huge contribution (almost 70%) to “infant mortality”. The Regional Committee last year also urged Member States to develop a long-term national plan on “human resources” for maternal and newborn health.

In the area of immunization, the regional average of routine immunization coverage in 2008 was 70%. This level of coverage is still very low, as far as the prevention of “childhood diseases” is concerned. Urgent efforts are needed to accelerate the level of this coverage in the near future.

Last year, Bangladesh validated the elimination of “maternal and neonatal tetanus”. This was a remarkable achievement, given that during the 1980s, Bangladesh had the highest death rate due to “neonatal tetanus” in the world.

The ninth meeting of the SEA Nutrition Research-cum-Action Network was held in Hyderabad in September last year. The meeting deliberated upon the effect of the increase in global food prices on household food security, and on the nutritional status of populations in the Region. The meeting agreed that strengthening “national nutrition surveillance” would be the best tool for assessing such an effect.

In view of its impact on growth and development of children, “iodine deficiency disorders” continued to be a public health concern. Assessments of the national IDD control programme were carried out in DPR Korea, Sri Lanka and Thailand. New training

guidelines on quality assurance / quality control for salt iodization were developed in collaboration with the International Council for the Control of Iodine Deficiency Disorders.

In the area of “sustainable development and healthy environments”, the “healthy settings programme” in the Region moved towards “country capacity building”, with special emphasis on strengthening water supply and sanitation.

WHO’s collaboration continued in policy development and in assessing national capacity in occupational health. Support was provided for strengthening community-based occupational health services in Bangladesh, Bhutan and Sri Lanka.

Advocacy materials for awareness-building on “protecting human health from climate change” were developed and disseminated. WHO continued supporting the strengthening of “health sector capacity” in building “community resilience to the impact of climate change”.

“Indoor air pollution” caused by smoke from cooking kills almost 300000 children under five annually in the Region. An Action Plan was developed to ensure the improvement of household cooking stoves.

Last year, the thirtieth anniversary of the “Alma-Ata Declaration on Primary Health Care” was celebrated. A Regional Conference on “Revitalizing PHC” was held in Jakarta in August 2008. This conference was followed by regional meetings on “Self Care in the Context of PHC” and on the “Use of Herbal Medicines in Primary Health Care”.

As far as health research is concerned, the Thirty-first session of SEA Advisory Committee on Health Research was held in July of this year with special focus on:

- research and development in drugs and vaccines,
- health research management,
- research priorities in communicable and noncommunicable diseases, and
- regional strategy on research for health.

Concerning evidence for health policy, “Health Situation in the South-East Asia Region, 2001-2007” was published and disseminated. Also, a biregional publication, “Health in Asia and the Pacific”, was jointly launched by SEARO and WPRO in Kuala Lumpur.

With regard to “information management and dissemination”, two new health libraries were established in Bhutan and Timor-Leste.

In the area of medical services, a regional network of medical councils was established to promote intercountry cooperation in the promotion of quality of medical practice. The network met once during last year to finalize the “accreditation guidelines” and to finalize the teaching module on medical ethics.

For Human Resources for Health, the Regional Strategy on Health Workforce was implemented, with special focus on strengthening “community-based health workers” and “community health volunteers”. Regional guidelines for the development of “Health Workforce Strategic Plans” were prepared for use by countries. At international level,

Member States also participated in the development of an “International Code of Practice for International Recruitment of Health Personnel”.

In the area of Governing Bodies, the Twenty-sixth Meeting of Ministers of Health of Countries of the South-East Asia Region was held in September last year in New Delhi. The ministers reviewed progress towards health-related MDGs, particularly MDG 4 and 5. The ministers also adopted the “New Delhi Declaration” on the impacts of “climate change on human health”.

The Sixty-first Session of the WHO Regional Committee for South-East Asia was held in September last year in New Delhi. The Committee adopted resolutions on priority issues, such as:

- Revitalizing Primary Health Care,
- Dengue prevention and control, and
- The control of tobacco use.

Honourable Chairman,

WHO’s regional budget for the current biennium is more than 500 million US Dollars. This budget is largely made up of voluntary contributions (81%). These voluntary contributions had significant impacts on the control of communicable diseases in the Region, particularly:

- HIV/AIDS,
- TB,
- Malaria,

- Poliomyelitis,
- Leprosy, and
- Vaccine-preventable diseases.

WHO in South-East Asia continued collaborating closely with all partners within and outside the UN system, including governmental and nongovernmental organizations. A high-level coordination meeting was held in July last year between WHO, UNICEF and UNFPA, which focused on further strengthening collaboration, particularly in achieving health related MDGs.

Honourable chairman, distinguished representatives, ladies and gentlemen,

Support of WHO to countries in this Region continued to be provided through a “country-focused” and “country specific approach”. Our ultimate aim in collaboration remained the strengthening of “country capacity” for “long-term sustainable health development”. During the past year, WHO “resources” and “activities” were further decentralized to country level. More national staff got involved in the implementation of “WHO programmes” at both country and regional levels. More “country expertise” in the Region has been utilized in WHO work. Under general policy guidance of the Director-General, WHO in the South-East Asia Region will continue to do its best to support the Member States in their health development efforts.

Honourable chairman, distinguished representatives, I thank you very much for your kind attention.