

Notes and news

Regional meeting of Administrative Officers' Network

Addressing the Regional Meeting of Administrative Officers' Network held in SEARO, New Delhi, from 23 to 25 September 2008, the Regional Director, WHO South-East Asia Region, Dr Samlee Plianbangchang, said, "Administration and finance functions provide crucial support to the development and management of our technical programmes. Hence, I always attach special importance to these two areas, in respect of both country offices and the Regional Office. Our budget is increasing, especially in respect of Voluntary Contributions. We have to utilize the available funds in a timely fashion. We are now almost into the tenth month of the first year of the current biennium; thus far, the average rate of our programme implementation is not at all satisfactory, especially at the country level. This issue is especially of concern in view of the new financial regulations and financial rules, whereby we have to disburse all Assessed Contributions by the end of the biennium. This aspect must also be seen in the light of our difficulties due to the transition from our past practices to the new Global Management System (GSM)."

The Regional Director continued, "We have to accelerate the implementation rate. At the same time, we have to ensure the quality of financial obligations, as well as their timely liquidation. In the process, we will have to make a lot of adjustments in workplans, especially in responding to the current and changing needs of countries."

Dr Samlee concluded, "To a certain extent, our management, including programme development and implementation, will be affected by GSM development. This is really a complex process. However, we have to be patient and maintain a positive approach to the development of GSM. And of course, we must try to do our best to minimize the adverse effect of GSM development on our management."

Annual consultative meeting of Nippon Foundation/Sasakawa Memorial Health Foundation

The Annual Consultative Meeting of Nippon Foundation/Sasakawa Memorial Health Foundation (TNF/SMHF) was held in the Regional Office on 6-7 October 2008. Delivering his remarks on the occasion, the Regional Director, Dr Samlee Plianbangchang, said, "The world has now almost reached the goal of leprosy elimination by bringing down the leprosy prevalence rate to less than 1 per 10 000 population. This achievement is to a great extent due to the continued commitment of TNF/SMHF to this global effort. Only very few countries are still left to accomplish the task. Leprosy is, however, still prevalent, but at a low rate and, the prevalence rate of leprosy keeps declining. Worldwide, the number of total detected cases in 2007 was 255 000. The global detection of new cases has declined by 11 000 cases (4%) between 2006 and 2007. Our efforts in future would be to maintain the low prevalence rate of leprosy in order to ensure that it would not become a problem of public health importance again. At the same time, we have to further reduce the

disease burden of leprosy — the burden in medical, social and economic terms.”

Stressing the need for an improved strategy, Dr Samlee continued, “The current strategy for leprosy programme needs critical review with an eye on “innovation”. Let me underline that leprosy is a disease of poverty and misery — one that is inextricably linked to the social and economic dimensions of a community. There is thus a need for a strong technical back-up for leprosy programmes, as well as for a strong multidisciplinary and multisectoral coordination in programme development and implementation. The leprosy programme needs to be more strategic and “more innovative” in future in order to ensure a progressive reduction in the disease burden.”

The Regional Director concluded, “Leprosy is a very unique disease with a century-old history. Its determinants and risks are also embedded firmly in the social and cultural milieu of the affected populations. There is, therefore, a good reason to keep the leprosy programme as a separate entity, at least in WHO. This is as long as the disease agent is still circulating among the human population. Its eradication from this world will be a very long journey.”

Regional launch of *The World Health Report 2008*

The Regional Director, Dr Samlee Plianbangchang, inaugurated *The World Health Report 2008* at the regional launch of the publication at SEARO on 23 October 2008. In his address to staff members at the programme, Dr Samlee pointed out that the report commemorates the 30th anniversary of the historic Alma Ata Declaration on Primary Health Care (PHC), and reiterated its importance. “The PHC approach was conceived as the key to the Health For All (HFA) goal. HFA is the attainment by all people of the level of health that will permit them to lead a socially and economically satisfied and productive life. HFA is a social goal and not

simply a health goal; whereas PHC is the key to this social goal,” he said.

Reiterating the continuing relevance of PHC in health policy-making and the holistic development of health systems, Dr Samlee said, “PHC must be recognized to encompass care for all people, rich and poor, urban and rural. PHC is quality care at low cost; it is first-class care ... and must be recognized as one of the main approaches to human resource development.”

Calling primary health care “one of the principal tools for ensuring the quality of human capital”, Dr Samlee stressed that PHC “is a cross-cutting area and, therefore, is everybody’s business”. Recalling the discussions at the recent conference on revitalizing primary health care in Jakarta, Dr Samlee concluded by saying that “the PHC approach must be used by all programmes (since it) is an important ‘change process’ and PHC workers are key ‘change agents’.”

Meeting of Roll Back Malaria Partnership Board

The Regional Director, Dr Samlee Plianbangchang, addressed the inauguration of the 15th Meeting of the Roll Back Malaria Partnership Board held at SEARO on 11-12 November 2008. This was the first meeting of the Roll Back Malaria (RBM) Partnership Board held in the WHO South-East Asia (SEA) Region. India, which is one of the countries affected by the disease, represents the SEA Region as a member of the Board.

Half the world’s population of nearly 7 billion people is at risk of malaria, and an estimated 250 million cases led to nearly a million deaths in 2006. Dr Samlee Plianbangchang noted with concern that “malaria remains one of the major public health problems in the South-East Asia Region”. The burden of malaria in this part of the world is second only to that in Africa, he said.

Dr Samlee also recalled that Member States had committed themselves to working coordinatedly in their fight against the disease at the sixtieth session of the WHO Regional Committee for South-East Asia in Thimpu, Bhutan, in 2007. This year Member States of the Region also joined in the global observance of the first "World Malaria Day" on 25 April.

"During the past few months we had witnessed a number of important developments in connection with malaria control, including the launch of the *World Malaria Report 2008*, the start of the Global Malaria Action Plan, and the pledge by donors of around US\$ 3 billion to fight this pernicious scourge. This is ... a bold step forward in the global endeavour to combat malaria. This meeting of the RBM Partnership is another milestone in the global efforts at malaria control and elimination," Dr Samlee concluded.

The Sixtieth Regional Director's Meeting with WHO Representatives

The Sixtieth Regional Director's Meeting with WHO Representatives was held in the Regional Office from 17 to 25 November 2008. Delivering his opening remarks on the occasion, the Regional Director, Dr Samlee Plianbangchang, said, "Since our meeting in November last year, another year of hard work has passed. I thank you all, WRs as well as other WHO staff members in the Region, for your dedication and commitment. All Member States appreciate your hard work; they also perceive positive changes to which WHO staff members have contributed. These are changes at country level, in particular, in national health systems, and in countries' health situations. In the process of our collaboration with Member States, we should let the countries have an opportunity to assess our work and performance. Let the Member States judge how much and how well WHO has done for them. Certainly, we will continue to assess and evaluate our programmes to see how efficient and effective we are in our collaboration with countries."

Dr Samlee continued, "These two things are now critically important to programme budget implementation at the country level. In this connection, there will be a session to review the comments and observations of the auditors, and also other relevant findings that are important for all of us. We should realize that a lot more needs to be done to improve the quality of our programme implementation, and of our work at the country level. The credibility and reputation of our Organization depend, to a large extent, on our performance in implementing collaborative activities in countries. We need to do a better job, as far as the technical quality of our work is concerned. We should not just try to spend a sizable amount of funds, without regard to quality."

Dr Samlee concluded, "We have to be much more collegial in our style of working. And even more important, in order to overcome the bureaucratic hurdles, we have to be brave enough to think and do things "outside the box". We will be brave enough when we are confident that we are honest, sincere, transparent and accountable. We have to maintain the highest level of our professional ethics and integrity. To be collegial, we have to be adequately interested in the people around us, and in organizational behaviour. We have to work with a positive attitude, and be supportive and ready to help others. We have to be adequately sensitive to the concerns and feelings of other people. We have to strictly observe and practice our "code of conduct". In performing our functions, we have to make sure that there is no conflict of interest."

Regional Director addresses joint opening of key TB and HIV meetings

The Regional Director, Dr Samlee Plianbangchang, addressed the joint opening of the 13th Meeting of the National TB Programme Managers and the 20th Meeting of National AIDS Programme Managers of the SEA Region, through his message delivered on 2 December 2008. Both the meetings were held in Male, Maldives.

Dr Samlee welcomed these meetings, which he said “continue to serve as useful forums to review progress, share experiences, address challenges and constraints, identify priority areas and plan effective implementation of interventions” to combat diseases, in this case HIV/AIDS and TB, two of the deadliest threats to the health of the people of South-East Asia.

Reiterating the importance of global widely-inclusive partnerships with private and public sector health-care providers, Dr Samlee reminded the participants that “there is still a long way to go in effectively expanding the reach of services (and) work remains to be done to inform and mobilize people so that they use available services in a timely manner.” Innovative strategies have to be developed through operational research.

Dr Samlee concluded, “Though HIV infection rates have begun to decline in several countries in the Region, the epidemic is not yet over—thousands of new infections continue to occur among populations with high-risk behaviours. Therefore, the foremost priority is to do a better job of prevention. Since the scale-up of ART began in late 2003, there has been nearly a ten-fold increase in ART coverage. But the downside is that three out of four people with advanced HIV infection who need treatment are not receiving it. Access to counselling, testing and anti-retroviral prophylaxis for HIV-infected pregnant women is even lower. Further progress in the HIV/AIDS and TB response depends on improved health systems and service delivery capacity.”

WHO Press releases

Diabetes Summit for SEA Region raises clarion call for partnerships

Global health experts, health ministers, donors and national health authorities met in Chennai, India, for the Diabetes Summit for the South-East Asia Region that was flagged off on 28 November, to discuss strategies aimed at

tackling the escalating rates of diabetes, one of the most significant health challenges of the 21st century.

The Summit was organized by the World Diabetes Foundation (WDF) in collaboration with the WHO SEARO, the International Diabetes Federation (IDF) and the World Bank. Participants represented development and funding agencies, WDF project partners, local diabetes associations, health-care providers, academics, policy-makers, NGOs and the media from across the SEA Region.

The Diabetes Summit highlighted the approach that the Foundation and developmental partners are taking to tackle diabetes. Of all chronic NCDs, diabetes is associated with the highest co-morbidities and complications. In 2007, diabetes resulted in 3.8 million deaths globally (6% of world mortality), the same figure as HIV/AIDS.

The World Diabetes Foundation is one of the largest funding sources for projects directed at preventing and improving access to diabetes care in the developing world. The Foundation will showcase six major projects across India in the area of capacity-building of health-care professionals, public awareness, gestational diabetes, primary prevention interventions in schools, and diabetic foot-and-eye-care projects to demonstrate how effective collaboration can work at the practical level, explained Dr Anil Kapur, Managing Director of the World Diabetes Foundation.

New book to boost health effort in Asia and the Pacific

Countries in Asia and the Pacific have reached unprecedented levels of prosperity, but millions of people are still mired in poverty and poor health with no sign of their being able to breach the barrier to better medical care. Despite irrefutable evidence of this troubling gap between rich and poor, few governments and health specialists have access to the data they need to address the problem. This is why the World Health Organization’s two regional

offices that cover Asia and the Pacific have produced a “one-stop” publication that will, for the first time, provide countries with the truly pan-regional information they need to provide better health for all.

The 540-page report comes at a crucial time for public health, with the global economic downturn threatening to dry up public funds and curtail governments’ spending power. With fiscal pressures in affluent countries threatening to prompt cuts in development assistance for poorer nations, WHO calls on governments and political leaders to look beyond the economic crisis and to continue to invest in public health. WHO has also warned of growing threats on the health front, including emerging diseases such as avian influenza, resurging traditional diseases, and relatively new challenges such as lifestyle illnesses, including diabetes and cancer.

The new publication, *Health in Asia and the Pacific*, was jointly produced by WHO’s Regional Offices for South-East Asia and the Western Pacific, which between them cover 48 countries and areas. The population of the two regions is 3.45 billion people, representing more than half of humankind.

Executive Board confirms Dr Samlee’s appointment as Regional Director

The 124th session of the Executive Board has confirmed the appointment of Dr Samlee Plianbangchang as Regional Director for the South-East Asia Region for a second term: March 2009 to February 2014.

The session opened in Geneva on 19 January 2009. Among the issues on the agenda are:

- monitoring the achievements of the health-related Millennium Development Goals;
- recommendations of the Commission on Social Determinants of Health;

- agenda for action on primary health care;
- WHO’s role and responsibilities in health research; and
- draft code of practice on health personnel recruitment.

Presenting her report to the Executive Board, Dr Margaret Chan, Director-General (DG), WHO, said, “Climate change and preparedness for an influenza pandemic are items on the agenda. Both events will cause global humanitarian crises. The health effects of more frequent and more severe extreme weather events are already being felt. Influenza pandemics are historically recurring events. We are wise to prepare. On World Health Day this year, we will be looking at ways to ensure that hospitals and health care facilities survive, structurally and functionally, in times of natural disasters and conflict. This is another part of preparedness. Outbreaks, disasters and conflicts remind us of the primary purpose of public health: to protect populations from harm, whether arising from the microbial world, human behaviours or the environment. We do this under the spotlight when an emergency occurs. But we also do this every day in a quieter way that is barely noticed until we fail, for one reason or another, to protect health from harm.”

The DG added, “Let me turn to three items on your agenda that help us operationalize good governance in public health: the Millennium Development Goals, the Commission on Social Determinants of Health, and primary health care. All three uphold the values of equity and social justice. All three aim to prevent avoidable deaths and ill-health through actions in multiple sectors. All three take us back to the basics of public health.

Dr Chan concluded, “You will be considering the proposed programme budget for 2010–2011. You will be doing so at a time described by the experts as the most severe financial crisis and economic downturn seen since the Great Depression that began in 1929. No one wants the current drive to improve

health, both nationally and internationally, to stall or suffer setbacks. But what if the money simply is not there? What happens if the enormous financial bailouts taking place break the bank? How do we decide what to keep and what to cut? Public health always tries to be prepared, to seize every opportunity to prevent and pre-empt. We need some best guesses about the impact of the crisis on health spending. No health minister in any country should be taken by surprise. Above all, we need compelling evidence and arguments to convince ministries of finance and foreign affairs to protect spending on domestic and international health. Let us continue to show other sectors what good governance can mean, especially in times of crisis."

(Excerpted from DG's full report to the Executive Board; Source: WHO/HQ website)

Statement by Dr Samlee Plianbangchang at the 124th Session of the WHO Executive Board

I sincerely thank Members of the Executive Board for appointing me to my second term as Regional Director for South-East Asia. I would like to take this opportunity of extending my sincere gratitude to the Member States in the South-East Asia Region for reposing their confidence in me once again.

I also would like to convey my thanks to the Royal Thai Government for their continued support to my work with the World Health Organization. I am aware of the high expectations of the Member States. And I am also well aware of the heavy responsibilities imposed on me. While pledging to do my utmost to live up to their expectations, I look forward to the continued guidance and support from them. I will need continued advice and direction from the Director-General and I will need continued back-up from all clusters and offices at headquarters and from other WHO regions. Indeed, support from all WHO staff members in the South-East Asia Region is indispensable for me to discharge my duty.

At the beginning of my first term in 2004, among others, I perceived the following major challenges facing countries in the South-East Asia Region:

- Bridging the gaps and reducing inequities in health among population groups;
- Creating conditions that promote sustainable development and self-reliance in health;
- Ensuring availability of basic health services for all, especially the poor and vulnerable population; and
- Placing health at the centre of development through multisectoral efforts and healthy public policies framework.

Several strategies would be needed in addressing these challenges. And I realized that the challenges could also be met effectively by further strengthening WHO collaboration with Member States.

In this connection, I had initiated several measures. Among these were:

- Decentralization of more resources to countries;
- Greater delegation of authority to WHO country representatives;
- Strengthening capacity of WHO country offices through intensive training and coaching of their staff;
- Ensuring efficient back-up support to countries by enhancing capacity of the Regional Office;
- Accelerating efforts on resource mobilization at regional and country levels; and, most importantly,
- Strengthening country capability and capacity through intensified training of a critical mass of national staff in various fields.

I am happy to say that, in close collaboration with our Member States, we have made significant progress in several of the areas mentioned. How successful or how effective we, in WHO, have been, of course, is for the Member States themselves to judge.

As we have seen over the past few years, while we have been able to successfully meet several formidable challenges, the South-East Asia Region continues to carry a disproportionately large burden of diseases.

The Region is also prone to natural disasters of considerable magnitude. The effects of climate change are also being felt on a large scale.

Like the rest of the world, the South-East Asia Region is witnessing an economic downturn. The current financial crisis is bound to have a significant impact on health development efforts in the Region. However, with all our efforts, we should be able to effectively support the Member States in their endeavours to overcome these odds.

As we move into the sixty-first year of WHO's existence in the South-East Asia Region, it is obvious that we have come a long way in our journey towards better health for all peoples. We also realize that there is still a long road ahead. And we realize that one fourth of the world's population who reside in the South-East Asia Region have placed their faith and expectations in WHO. They rely on the Organization to show them the way forward towards a healthier and happier life. This is indeed a very heavy responsibility for the Organization to shoulder.

However, with close collaboration with Member States, and with unstinted cooperation of partners, we will be able to live up to these high expectations. We in WHO will be able to vindicate our role collectively as the promoter of the world's health. Once again, I wholeheartedly thank Members of the Executive Board for the trust they have reposed in me.

WHO guiding principles on organ, tissue and cells transplantation

A regional meeting on WHO Guiding Principles on Organ, Tissue and Cells Transplantation was held in Jaipur, India, from 2-5 February 2009. In his message to the participants, the Regional Director, Dr Samlee

Plianbangchang said, "The medical importance of organ transplantation was recognized during the beginning of the last century when Dr Alexis Carrel was awarded the Nobel Prize in 1912 for his pioneering work. Surgical transplantation of human organs from deceased, as well as living, donors to sick and dying patients began after the Second World War. Over the past 50 years, the transplantation of human organs, tissues and cells has become a worldwide practice which has extended and greatly enhanced the quality of hundreds of thousands of lives. Continuous improvements in medical technology, particularly in relation to organ and tissue rejection, have enhanced the cost-effectiveness and utility of transplantation as an important intervention in fighting chronic disabling or life-threatening diseases."

The Regional Director added, "WHO estimates that globally, about 66 000 kidney transplants take place every year. In addition, 21 000 liver and 6000 heart transplants are undertaken. The estimated numbers of annual kidney transplants in India and Thailand are around 5000 and 300, respectively. These are performed in around 100 centres in India and 30 centres in Thailand. Almost 60% kidney donors in the South-East Asia (SEA) Region are live, unrelated donors. The number of heart and liver transplants in the Region is very small."

The Regional Director concluded, "In recent years, there have been efforts to broaden the scope of ethical analysis in health care to focus more directly on public health issues. Health ethics involves a process of systematic and continuous reflection on the norms and values that guide decisions about health care at the personal, institutional or societal level, and by which the outcomes of such decisions may be judged. Compared to medical ethics that focus on individuals, health ethics also encompasses the full range of health determinants and their interconnections viewed from a societal or systems perspective. The revised WHO Guiding Principles on Organ Transplantation address these issues and provide possible solutions for incorporation by Member countries in their national regulations and practices pertaining to transplantation."

