Ministers of health of the WHO South-East Asia Region met in Yogyakarta, Central Java, Indonesia, in September 2012 to discuss matters of importance to health development in the Region. This is the report of their deliberations. Ministers passed the Yogyakarta declaration on ‘ageing and health’. They also reviewed previous declarations by SEAR health ministers, which have been added to this report to make them available in one volume for the first time.
Meeting of Ministers of Health of the WHO South-East Asia Region

Report of the Thirtieth Meeting

Yogyakarta, Indonesia,
4 September 2012
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Introduction

1. The first meeting of the Ministers of Health of the WHO South-East Asia Region was held in 1981 in Jakarta, Indonesia. Since then, the ministers have been meeting regularly every year. The meetings of the ministers of health of the Member States of the WHO South-East Asia Region provide a forum to discuss important health issues in the Region and to forge bilateral and intercountry cooperation and regional solidarity.

2. The objectives of the meetings of the ministers of health are:

   (1) to reinforce the commitment of the Member States to the attainment of the highest possible level of health for their people;

   (2) to exchange national experiences on the social, political and economic dimensions of health in the process of national development; and

   (3) to explore and identify new avenues for further intercountry cooperation and collaboration in health and health-related fields.

3. The meetings of the ministers of health have focused attention on priority issues and have provided leadership on several important initiatives in countries of the WHO South-East Asia Region.

4. The meetings have also contributed towards enhancing cooperation and reinforcing political commitment in respect of regional health concerns and policies.

5. In keeping with the spirit of cooperation, with effect from the Twenty-fourth Meeting of the Ministers of Health of the South-East Asia Region held in Dhaka, Bangladesh, the practice of adopting a “ministerial declaration” on the current World Health Day theme was started. These “ministerial declarations”, which have since been adopted in successive meetings of the ministers of health, have served as an effective basis for Member States and WHO to work together towards achievement of the results stipulated in the World Health Day themes.
6. The Thirtieth Meeting of Ministers of Health of the WHO South-East Asia Region was held in Yogyakarta, Indonesia, on 4 September 2012, at the invitation of the Government of Indonesia. Her Excellency Dr Nafsiah Mboi, Minister for Health, delivered the inaugural address at the Joint Inauguration of the Thirtieth Meeting of Ministers of Health and the Sixty-fifth Session of the WHO Regional Committee for South-East Asia.

7. Honourable Ministers from Bangladesh, Bhutan, the Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Thailand and Timor-Leste participated in the meeting. Her Excellency Dr Nafsiah Mboi, Minister for Health, Republic of Indonesia, chaired the meeting. His Excellency Lyonpo Zangley Dukpa, Minister of Health, Royal Government of Bhutan was the Co-chair.

8. The agenda of the meeting included the following substantive items:

- Review of the Jaipur Declaration on Antimicrobial Resistance and all declarations made at previous meetings of ministers of health and follow-up actions on the decisions and recommendations of the Twenty-ninth Meeting of Ministers of Health.
- Ageing and Health.
- Implementation of the International Health Regulations (2005) in the WHO South-East Asia Region.
- The Regional Strategy for Universal Health Coverage.

9. The agenda, as adopted by the ministers, and the list of participants are provided in Annexes 1 and 2, respectively.
Inaugural session

10. The Joint Inauguration of the Thirtieth Meeting of Ministers of Health of the WHO South-East Asia Region and the Sixty-fifth Session of the WHO Regional Committee for South-East Asia was held in Yogyakarta, Indonesia, on 4 September 2012.

Welcome address by
His Excellency Sri Sultan Hamengkubuwono X, Governor of Yogyakarta Special Region, Indonesia

11. In his welcome address, His Excellency Sri Sultan Hamengkubuwono X, warmly welcomed the representatives of the Member States of the WHO South-East Asia Region to Yogyakarta. His Excellency said that he hoped for fruitful discussions that would produce beneficial results and commitments in health development at both national and regional levels. The Honourable Governor felt that the meeting agenda had well-selected topics that would play an important role in improving the health of the people of the Region.

12. He also extended a warm welcome to Dr Margaret Chan, Director-General of the World Health Organization, and to Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia.

Address by Her Excellency Dr Nafsiah Mboi, Minister for Health, Republic of Indonesia

13. Her Excellency Dr Nafsiah Mboi, Minister for Health, welcomed the distinguished delegates and conveyed gratitude to His Excellency Professor Dr Boediono, Vice President of the Republic of Indonesia, on behalf of all participants for gracing the joint inaugural session with his presence. Her Excellency also extended a warm welcome to Dr Margaret Chan, Director-General of the World Health Organization, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia, and H.E. Sri Sultan Hamengkubuwono X, Governor of Yogyakarta Special Region.

14. The Health Minister termed this year’s World Health Day theme “Ageing and Health” significant in view of the increasing population of elderly persons in the Member States of the Region that necessitated a revamp of health care and social support systems. Her Excellency encouraged the ministers of health to
adopt the Yogyakarta Declaration on Ageing and Health, which calls upon governments to commit to building partnerships among various stakeholders at national, regional and global levels.

15. In conclusion, Her Excellency said that she earnestly hoped that selecting Yogyakarta as the venue of these meetings would contribute to the successful outcome of the deliberations. (For the full text of the address, see Annex 3.)

Address by Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia

16. Welcoming the ministers of health and representatives of Member States, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia, commended the achievements of the Government of Indonesia for making impressive progress in increasing access to health care for its population, despite major challenges being faced by the countries of South-East Asia Region. He attributed this progress to the various health insurance schemes covering 63% of the country’s population.

17. The Regional Director noted with appreciation that routine immunization in Member States had been successfully intensified to achieve the desired coverage of 90% or more. The WHO South-East Asia Region was expected to attain polio-free status in January 2014.
18. The Regional Director stressed the need to build a strong health system based on the primary health care approach with a balance between preventive and curative care. He also called for mobilization of multisectoral partnerships.

19. Thanking the organizers of the host country for the excellent arrangements, he conveyed his greetings and best wishes to the distinguished participants for successful and fruitful meetings. (For the full text of the address, see Annex 4.)

**Address by Dr Margaret Chan, Director-General of the World Health Organization**

20. In her inaugural speech, Dr Margaret Chan, Director-General of the World Health Organization, thanked the Government of Indonesia for its generosity in hosting the meetings. She emphasized that the Indonesian government was “delivering on its promises”, such as by providing free health care to pregnant women.

21. Dr Chan noted some key achievements in Indonesia, which were important for the South-East Asia Region as a whole, including strengthening surveillance for avian influenza, and capacity-building for the International Health Regulations 2005. She spoke of the establishment, following the 2004 tsunami and earthquake, of the Centre for Health Crisis in Jakarta, which is now the WHO Collaborating Centre for Disaster Risk Reduction and has an important role in transferring best practices to countries in the Region.

22. The Director-General asked how WHO could support Member States in achieving their Millennium Development Goal targets. She noted also the importance of health in the post-2015 development agenda and concluded by wishing the representatives a constructive meeting. (For the full text of the address, see Annex 5.)

**Address by His Excellency Professor Dr Bapak Boediono, Vice President of the Republic of Indonesia**

23. Speaking at the Joint Inauguration of the Thirtieth Meeting of Ministers of Health and the Sixty-fifth Session of the WHO Regional Committee for South-East Asia, His Excellency Professor Dr Bapak Boediono, Vice President of the Republic of Indonesia, extended a
warm welcome to the ministers of health, the Director-General, the Regional Director, the Governor of Yogyakarta and the distinguished representatives.

24. His Excellency congratulated Dr Margaret Chan, Director-General of the World Health Organization, for her re-election to a second term in office. Recalling the statement of the President of Indonesia that global development collaboration should be based on the foundation of common but differentiated responsibilities and open participation of all stakeholders, he said that such cooperation must be aimed at empowering the poor in developing countries, and upholding the principles of proportionally shared responsibility and mutual benefits.

25. Noting that the World Health Day theme of 2012 of “Ageing and Health” was very relevant in view of the increasing number of elderly in the South-East Asia Region, he stressed the need to strengthen national and regional policies on ageing and health and to ensure sufficient resources for the programme.

26. The Vice President reiterated the strong commitment of Indonesia to complete universal health coverage by 2019, considering its importance in ensuring the social and economic well-being of the population.
27. Recalling that Indonesia had pledged to fully implement the International Health Regulations (IHR) 2005, the Vice President urged all WHO Member States in the South-East Asia Region to ensure their implementation.

28. The Vice President pointed out that his country was facing the double burden of communicable diseases coupled with rising trends in morbidities and mortalities in noncommunicable diseases. He called upon all Member States of the Region to work together to cope with the alarming situation.

29. In conclusion, His Excellency conveyed his greetings and best wishes for successful deliberations and fruitful outcomes of the meetings. (For the full text of the address, see Annex 6.)
Business session

Introductory session

30. In the absence of the outgoing Chair of the Health Ministers’ Forum, the Co-Chair of the previous Meeting of Ministers of Health, His Excellency Dr A.F.M. Ruhal Haque, Minister of Health and Family Welfare, Government of the People’s Republic of Bangladesh, welcomed the honourable ministers and other distinguished representatives to the Thirtieth Meeting of the Ministers of Health. Dr Samlee thanked His Excellency Bapak Boediono, Vice President, Republic of Indonesia, for inaugurating the Meeting of Ministers of Health and for his inspiring keynote address. He also thanked Dr Margaret Chan, Director-General of the World Health Organization for her inspiring address at the inaugural session and for her invaluable guidance.

Statement of the (chairperson of the meeting) Chairperson of the Health Ministers’ Forum

31. Her Excellency Dr Nafsiah Mboi, Minister for Health, Republic of Indonesia, expressed her sincere thanks to the honourable ministers for electing her as Chairperson of the Thirtieth Meeting of Ministers of Health as well as the Health Ministers’ Forum for 2012–2013.

32. The honourable minister stated that a number of important issues in health cooperation would be discussed at this august forum, including implementation of previous declarations by the ministers of health of the South-East Asia Region.

33. Her Excellency expressed confidence that the meeting would prove to be an important milestone in strengthening mutual goodwill and cooperation for health development and that bonds of fraternity and friendship would be strengthened among Member States. (For the full text of the address, see Annex 3.)
Nomination of co-chair and rapporteur

34. The honourable ministers nominated His Excellency Lyonpo Zangley Dukpa, Minister of Health, Ministry of Health, Royal Government of Bhutan, as the Co-chair and Dr Tjandra Yoga Aditama, Director-General of Disease Control and Environmental Health, Ministry of Health, Republic of Indonesia, as the Rapporteur for the Thirtieth Meeting of Ministers of Health.

Review of Jaipur Declaration on Antimicrobial Resistance and of all declarations made at previous meetings of ministers of health and follow-up actions on the decisions and recommendations of the Twenty-ninth Meeting of Ministers of Health [Agenda item 3(i)]

35. Dr Nafisah Mboi, Her Excellency Minister for Health, Republic of Indonesia, introduced the subject.

36. Her Excellency explained that at the Twenty-ninth Meeting of Ministers of Health of the South-East Asia Region held in Jaipur, India, on 6 September 2011, the Regional Director pledged to report back at the Thirtieth Meeting of Ministers of Health on actions taken in relation to the Jaipur Declaration on Antimicrobial Resistance (Annex 7) and on all declarations made at previous meetings of ministers of health (Annex 8).
37. The following declarations were passed at previous meetings of ministers of health. (For full texts, see Annexes 7 and 8.)

- Jaipur Declaration on Antimicrobial Resistance
- Bangkok Declaration on Urbanization and Health
- Kathmandu Declaration on Protecting Health Facilities from Disasters
- New Delhi Declaration on the Impacts of Climate Change on Human Health
- Thimphu Declaration on International Health Security in the South-east Asia Region
- Dhaka Declaration on Strengthening Health Workforce in Countries of the South-East Asia Region.

38. The Executive Management had assured the participants that the Regional Office would make every effort to extend the required technical assistance to Member States according to country-specific priorities and needs in line with the spirit of the Jaipur Declaration and all declarations made at previous meetings of ministers of health.

39. The distinguished participants were informed that the working paper on this particular item also included follow-up actions initiated on the other substantive agenda item(s) discussed at the last meeting of the honourable ministers.
Discussions

- The participants appreciated the clear evidence provided by the WHO Regional Office for South-East Asia of its commitment to contain antimicrobial resistance (AMR) through concerted efforts to support implementation of the various declarations and their systematic follow-up.

- Recalling the Dhaka Declaration on Strengthening Health Workforce in the countries of the South-East Asia Region which, incidentally, was the first ministerial declaration, participants expressed their appreciation for WHO’s initiative in this regard. It was felt that WHO should continue to provide support for strengthening the health workforce.

- The capacity to address AMR varies in different Member States due to multiplicity of issues pertaining to governance, regulatory mechanism, determination of resistance, rational prescription, community education and operational research.

- A multisectoral approach that includes the veterinary and private sectors, and nongovernmental organizations shall provide a comprehensive response.

- Research for development of new antimicrobial agents should be encouraged.

- Quality laboratory services for establishing diagnosis and determination of AMR are fundamental for reliable surveillance to generate evidence on resistance and monitor the impact of national efforts to mitigate it.

- National regulatory authorities play a critical role in ensuring the quality of antimicrobial agents, imported or produced within the country, and their rational use through regulated sale and education of prescribers.

- Strengthening infection control in health facilities and reducing the disease burden shall reduce AMR.

- Regional collaboration through sharing of information and biological material shall enhance regional response to prevention and containment of AMR.
Linkages of national laboratories with WHO collaborating centres on AMR shall provide continuous technical support to national laboratories.

Following detailed discussions about the need to revise the structure of ministerial declarations, the participants agreed to emphasize their two distinct elements. The declaration itself should retain its character of being a political commitment of ministers. The second element, the HMM recommendation, should focus on requests to the Member States and the Regional Director for implementation of the declaration. In this regard, it was emphasized that the Regional Office should develop and refine the implementation and follow-up tools in order to ensure that the implementation is time-bound. Also, reporting on the previous declarations would be made regular and comprehensive.

It was recognized that strategies, action plans and follow-up measures were required to ensure the implementation of declarations made at meetings of ministers of health.

**Recommendations for WHO**

1. Quantitative review of the progress made in the implementation of the Jaipur Declaration as well as previous declarations through evaluation and development, if necessary, of indicators vis-a-vis targets should be undertaken for objective assessment.
Adequate mechanisms and processes based on clear indicators and targets to support effective implementation and follow-up of declarations made at meetings of ministers of health must be ensured.

Member States should be provided technical assistance in building their capacity in:

(i) regulatory mechanisms
(ii) laboratory-based surveillance
(iii) rational use of antimicrobial agents
(iv) community awareness.

WHO should facilitate information exchange among Member States through the platform of its WHO Collaborating Centre on AMR.

WHO should coordinate collaborative research on development of new antibiotics and other aspects of AMR.

WHO should continue strong support for development of human resources for health and revise/revisit the current regional human resources for health strategy.

**Recommendations for Member States**

(1) Member States should strongly support WHO in the implementation and follow-up of declarations made at the meetings of ministers of health.

(2) Higher priority to AMR needs to be accorded at the national level in the true spirit of the Jaipur Declaration on Antimicrobial Resistance.

(3) National multisectoral plans should be developed in accordance with guiding principles enunciated in the Regional Strategy on Prevention and Containment of Antimicrobial Resistance 2010–2015.

(4) National regulatory authorities should be strengthened to ensure the quality and rational use of antimicrobial agents as well as effective implementation of the Drug Act. The sale, distribution and use of antimicrobial agents in both formal and informal sectors should be regulated.
The training of prescribers should be scaled up, so that all prescribers in the country follow national standard treatment guidelines or the principle of rational and evidence-based prescription of appropriate antimicrobial agents. Regular prescription audits should be undertaken to ensure compliance. Continuing medical education for antimicrobial prescribers should be regularly undertaken.

Laboratory-based surveillance should be augmented through establishment of national protocols, training and strengthening of infrastructure of laboratories, in conjunction with the veterinary sector.

Communities should be empowered on the rational use of antimicrobial agents, especially adherence to the recommended regimen.

Information on trends in AMR and occurrence of unusual events should be shared with the WHO Collaborating Centre on AMR for analyses of the regional situation and dissemination to all countries.

Member States should strongly support and collaborate with WHO in the implementation and follow-up of all declarations made at meetings of ministers of health.
Ageing and health [Agenda item 3(ii)]

40. Her Excellency Dr Nafsiah Mboi, Minister for Health, Republic of Indonesia, introduced the subject that was also the theme of World Health Day 2012.

41. Her Excellency stated that active healthy ageing was the process of optimizing opportunities for physical, social and mental health to enable older persons to take an active part in society without discrimination and enjoy an independent quality life. Increase in the proportion of the older population will require adaptations of the health care and social support systems to meet the emerging challenge. In old age, longevity is associated with chronic disease and disabilities.

42. Her Excellency Dr Nafsiah Mboi informed the meeting that the Sixty-fourth session of the Regional Committee last year also adopted a resolution (SEA/RC64/R), that called for urgent and concerted efforts to address the issue of ageing and health.

43. Her Excellency further said that the World Health Organization’s Regional Office for South-East Asia had emphasized to its Member States that a significant paradigm shift for promoting healthy ageing in the elderly population was required. The Regional Office had introduced a strategic framework to assist Member States to develop appropriate plans and strategies for promoting healthy
ageing, and continued to provide assistance to Member States to strengthen technical capacities for promoting health care for the elderly.

44. Keeping in view the importance of the topic and the need to pool and prioritize efforts/resources in this regard, the Senior Advisers’ Meeting had recommended consideration and adoption of the Yogyakarta Declaration on Ageing and Health.

45. Her Excellency highlighted the key points of the Yogyakarta Declaration and requested the honourable ministers to consider its adoption which, while taking into account the challenges ahead, expressed the commitment of the Member States to initiate certain steps and jointly advocate and effectively follow up on all aspects mentioned therein.

46. In this regard, Her Excellency Dr Nafisah Mboi informed the meeting that the draft Yogyakarta Declaration had already been shared with respective counterparts in the Member States of the Region.

47. In conclusion, the Honourable Minister said that the item had been discussed by the Senior Advisers at their meeting, and that the discussion points made and recommendations arrived at were included in their report.
Discussion points

- Using the lifecourse approach for the promotive, preventive and rehabilitative aspects of healthy ageing must be stressed.
- Universal health coverage and income generation for the elderly could be some of the approaches to address the lack of access and availability of healthy ageing opportunities for low-income groups.
- There was a need to strengthen monitoring and evaluation systems at national and regional levels.
- The health of the elderly encompassed other sectors and it was necessary to involve all other stakeholders, such as civil society organizations and nongovernmental organizations.
- Health-care providers should be developed by strengthening the institutional mechanisms for training and accreditation of health-care workers.
- The curricula of medical and paramedical professionals should include special focus on geriatric issues.
- While it was necessary to focus attention on the elderly, parallel programmes need not be created for care of the elderly.
- The definition of healthy ageing is to be socially and economically productive, and this criterion could be used to assess healthy ageing.
- Healthy living in the continuum with nutrition as a key component would ensure healthy ageing throughout the lifecourse.

Recommendations for WHO

1. Networking and sharing of information, experiences and databases on healthy ageing should be continued and facilitated between and among countries.

2. Implementation of the Yogyakarta Declaration and all previous declarations of meetings of ministers of health of the South-East Asia Region should be monitored and progress reported back at future meetings.
Recommendations for Member States

(1) Life-skills training should be provided to the community to ensure dignity and respect for the elderly population.

(2) A community-based approach should be adopted by embedding programmes for the care of the elderly with attention to the special needs of disabled elderly persons within the existing primary health care structure.

(3) The Yogyakarta Declaration on Healthy Ageing should be adopted by the Health Ministers of the SEA Region.

48. After deliberations, the following Yogyakarta Declaration on Ageing and Health was unanimously adopted by the honourable ministers.

Yogyakarta Declaration on Ageing and Health

49. We, the Health Ministers of Member States of the WHO South-East Asia (SEA) Region, having participated in the Thirtieth Health Ministers’ Meeting in Yogyakarta, Indonesia, noted with concern that an estimated 142 million people, or 8% of the population of the WHO SEA Region, are above the age of 60 years, that this number will continue to increase and by 2025 the estimated proportion of the population over 60 years will be twice that of 2000, and by 2050 will have further increased to three times the proportion of 2000.
50. **Recognizing** that elderly people are a precious social asset and have the potential for active and constructive contribution, and that an increase in the proportion of older populations will require health care and social support systems to adapt to meet this emerging challenge;

51. **Appreciating** the efforts being made by Member States and partners in the SEA Region to adopt a holistic and multidisciplinary approach to promote healthy ageing in the Member States;

52. **Recognizing** that it is imperative that national governments invest in appropriate policies and strategies in order to ensure improved health in the cycle of ageing;

53. **Aware** that ageing is a life-long and an inevitable process, and that the process of ageing begins even before a person is born, right from the mother’s womb; and that healthy ageing requires effective disease prevention and health promotion through the lifecourse;

54. **Considering** that longer life is associated with chronic diseases and disabilities in old age, thereby affecting the overall quality of life and posing a challenge for families, communities and national governments;

55. **Acknowledging** that older women outnumber and outlive older men, a ratio that will continue to increase;

56. **Noting** that the economic effects of ageing on health care and social support systems, as well as on ensuring the independence, quality of life and normal activity level of older persons, concern policy- and decision-makers, and nongovernmental and some sections of the private sectors;

57. **Concerned** that the concept of healthy ageing is not yet adequately addressed, and that national programmes to promote healthy ageing have not gained a foothold in most Member States;

58. **Recognizing** that healthy ageing is the process of optimizing opportunities for physical, social and mental health to enable older persons to take an active part in society without discrimination and to enjoy an independent, good quality of life;
59. We, the Health Ministers of Member States of the WHO South-East Asia Region, acknowledge the issue of ageing and health as a priority public health challenge, and commit to:

(1) raising healthy ageing as a national priority with strong political and social commitment;

(2) instituting a coherent, comprehensive and integrated approach to promoting healthy ageing;

(3) developing and strengthening national databases, with support from SEARO, for reporting on older persons and healthy ageing and providing regular information to WHO-SEARO for appropriate guidance and assistance;

(4) developing and strengthening national policy and promoting effective implementation for healthy ageing, and formulating multisectoral national alliances for promoting healthy ageing with special attention to elderly females;

(5) ensuring the provision of sufficient financial, human and technical resources for programmes at all levels, and addressing the special needs of disabled elderly persons;

(6) advocating for a multidisciplinary approach to ageing and health by all sectors of the government in partnership with civil society and the private health sector;
(7) strengthening the primary health care system to address the health needs of the elderly population and social support system for long-term care, including through formal and informal capacity-building mechanisms to develop and assist health professionals and social support care-givers;

(8) supporting, where possible, the development of new skills for existing and/or the creation of dedicated cadres of health and social support care-givers, as appropriate, within the existing health and social support systems;

(9) enhancing the use of standardized advocacy, information education and communication (IEC) and training materials adapted as per country-specific needs, and translated into local languages;

(10) advocating for healthy lifestyles including healthy diets, physical activity and health measures to reduce the disease burden of old age;

(11) strengthening appropriate clinical and diagnostic capacity at all levels of health facilities to address the health problems of the very old, as well as their long-term care;

(12) encouraging basic and operational research in all aspects of ageing and health, and facilitating incorporation of evidence-based best practices into the national programmes;

(13) instituting, as appropriate, legal frameworks to ensure the health entitlements of the elderly people; and

(14) participating in regular intercountry consultative processes to monitor, evaluate, review and discuss issues related to ageing and health, taking into account events and developments at the international level.

60. We, the Health Ministers of Member States of the WHO SEA Region, urge all Member States as well as the WHO Director-General and the Regional Director for South-East Asia to continue to provide leadership and technical support in building partnerships between governments, the United Nations agencies and the relevant global health initiatives, and with academia, professional bodies,
nongovernmental organizations, related sectors, the media and civil society, to advocate jointly and follow up effectively on all aspects of this Yogyakarta Declaration on Ageing and Health.

**Implementation of the International Health Regulations (2005) in the WHO South-East Asia Region [Agenda item 3(iii)]**

61. Her Excellency Dr Nafsiah Mboi informed the meeting that the International Health Regulations (IHR 2005) came into force in 2007 and required States Parties to establish core capacities to detect, assess and report potential health threats by 15 June 2012. This deadline had now passed and all SEA Region Member States had already requested an extension to develop national IHR implementation extension plans based on the new deadline of 15 June 2014.

62. The scope of IHR (2005) is broad and includes the following:

- Status of implementation of eight core capacities
  - (i) National legislation, policy and financing
  - (ii) Coordination of communication between and among national focal points
(iii) Surveillance
(iv) Response
(v) Preparedness
(vi) Risk communication
(vii) Human Resources
(viii) Laboratory.

- Development of capacities at points of entry
- Development of capacities relevant to hazards (zoonotic, food, chemical, radionuclear safety).

63. Her Excellency stated that progress had been made in the South-East Asia Region, but human resources, chemical/radionuclear safety, public health laboratory capacity, public health legislation and surveillance and response, all needed strengthening. Advocacy for the role of IHR within governments should be enhanced, and a review of the terms of reference and the location of national IHR focal points within the organizational structure of ministries of health should be considered.

64. The 15 June 2012 deadline had passed and all Member States of the South-East Asia Region had requested an extension until 15 June 2014. Although progress had been made in the South-East Asia Region, public health legislation, laboratory capacity, points of entry and chemical/radionuclear safety all required a particular focus. The process for granting a further two-year extension in 2014 would be different. The World Health Assembly resolution WHA65.23 requested the Director-General to develop and publish the criteria to be used in making any such decision. This is expected to provide greater clarity over what the core capacity requirements are for the different technical areas. Ministries of health in the Region, and WHO should strengthen advocacy for, and collaborate with, the non-health sector, technical and donor partners to identify gaps, including for institutional, human and financial resources.

65. In conclusion, Her Excellency mentioned that the topic at hand had been discussed in detail at the Senior Advisers’ meeting and invited the honourable ministers to take note of their report containing the discussion points and recommendations.
Discussion points

- For many countries, full implementation of IHR (2005) core capacities in the next two years would present an ongoing challenge. National priorities were different between Member States, but some of the most common challenges included strengthening public health legislation, points of entry and capacity to respond to chemical and nuclear emergencies.

- Support from WHO should focus on national as well as regional activities. This support from WHO may be defined in a regional plan, to be shared with WHO country offices and Member States before the end of September 2012.

- Efforts to engage with donors and partners need to continue in order to identify and mobilize additional technical and financial resources.

- The requirement to detect and respond to chemical and radiological events represented a new and important challenge, not having been previously included in the International Health Regulations prior to 2005. Strengthening capacities in these areas required the development of new strategic approaches and guidelines in multisectoral collaboration with partner ministries and international agencies such as the International Atomic Energy Agency (IAEA) and the United Nations Environmental Programme (UNEP).

Recommendations for WHO

1. A regional “situation analysis” of IHR core capacity strengths and gaps, accompanied by a plan to support national core capacity implementation in the Region should be developed and disseminated.

2. Technical support should be provided for strengthening IHR core capacities, especially for legislation, points of entry, and chemical and radiological safety through the development of guidelines, training materials and other capacity-strengthening initiatives such as regional workshops and study tours.
(3) Coordination with international agencies and partners should be strengthened for resource mobilization and technical assistance, including existing intercountry and interregional, as well as global networks, e.g. the Association of South-East Asian Nations (ASEAN), Mekong Basin Disease Surveillance (MBDS), ASEAN Plus Three (APT), the Field Epidemiology Training Network (FTN), and the South Asian Association for Regional Cooperation (SAARC).

Recommendation for Member States

- Complete and technically strong plans based on identified gaps and priorities and considering the use of existing strategic frameworks must be developed and implemented to strengthen IHR core capacities.

Regional Strategy for Universal Health Coverage [Agenda item 3(iv)]

66. While introducing the subject, Her Excellency Dr Nafsiah Mboi, Minister for Health, Republic of Indonesia, stated that a regional strategy on universal health coverage (UHC) was requested by Member States at the Sixty-third session of the Regional Committee for South-East Asia (SEA/RC63/R5). A draft was presented to the Sixty-fourth session of the Regional Committee and, after detailed
review, recommendations were made for revision of the document and its subsequent resubmission at the Sixty-fifth Session.

67. Her Excellency emphasized that countries in the South-East Asia Region were prioritizing universal health coverage in their health and development policies with an urgent emphasis on improving quality. A key driver of inequities in health and a major challenge to UHC in the South-East Asia Region was out-of-pocket payments, particularly for the purchase of medicines.

68. Her Excellency informed the honourable delegates that countries in the South-East Asia Region were at different stages of progress on UHC; however, while the health as well as political, economic, social and geographic contexts differed among countries, the overreaching common goal of the UHC effort was to improve equity in health. Based on the in-depth analysis and discussion of SEAR and international experiences, the following four strategic directions were recommended to accelerate UHC in the Region:

**Strategic Direction 1:** Placing primary health care at the centre of UHC;

**Strategic Direction 2:** Better financing for better equity in health;

**Strategic Direction 3:** Improving equity and efficiency in service delivery;

**Strategic Direction 4:** Strengthening capacities for UHC in the South-East Asia Region.
69. In conclusion, Her Excellency mentioned that this item had been discussed at the Senior Advisers’ meeting and their report contained the discussion points and recommendations.

**Discussion points**

- Member States acknowledged the inclusive process of regional strategy development and strongly supported the four strategic directions recommended by the strategy.
- Member States and the WHO Regional Office for South-East Asia further emphasized that progress on UHC could be made in low-income settings and at low cost by:
  
  (i) balancing public health and curative services; and

  (ii) making UHC relevant to country contexts, including health systems, institutions, social determinants of health and economic development.

**Recommendations for WHO**

(1) WHO should provide direct support for use of the Strategy on Universal Health Coverage for country-specific UHC efforts.

(2) The existing network initiated by the WHO Regional Office for South-East Asia for exchange of information as well as research and capacity support, including measuring UHC, should be strengthened (Regional Committee resolution SEA/RC63/R5), and linked to other regional and global networks relevant to UHC.
Member States should be supported in their collective effort to include UHC at the highest regional and global development forums.

Recommendations for Member States

(1) Member States should endorse the Regional Strategy for Universal Health Coverage.

(2) National and regional capacities should be built up to assess and manage equitable and efficient health systems to support UHC.

(3) UHC experiences should be shared through regional and global networks.

(4) Member States must recognize the significant impact of UHC on poverty reduction and universal access to essential health services in both health and development policies to support the achievement of the relevant Millennium Development Goals.

(5) A collective effort for commitment to UHC should be supported at the highest regional and global development forums.
Any other business \textit{[Agenda item 3(v)]}

Elective posts for the Sixty-fifth Session of the World Health Assembly and 131st Session of the WHO Executive Board

70. Dr Poonam Khetrapal Singh, Deputy Regional Director, introduced the agenda item related to the nomination of countries for elective posts for the Sixty-sixth World Health Assembly and the 133rd Session of the WHO Executive Board.

71. She placed before the Meeting of the Ministers of Health lists of office bearers from the SEA Region who had been nominated during the last few years, for discussion and consensus.

72. The ministers, after due consideration, endorsed the following positions and requested the Regional Director to inform WHO headquarters accordingly.

<table>
<thead>
<tr>
<th>Office</th>
<th>Member State</th>
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<tbody>
<tr>
<td><strong>Sixty-sixth World Health Assembly – May 2013</strong></td>
<td></td>
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<tr>
<td>Vice-President</td>
<td>Nepal</td>
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<tr>
<td>Vice-Chairman, Committee B</td>
<td>India</td>
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<tr>
<td>Member, General Committee</td>
<td>Thailand</td>
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<td>Member, Committee on Credentials</td>
<td>Sri Lanka</td>
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| **133rd Session of the WHO Executive Board – May 2013** |                       |
| Vice-Chairman                                  | Myanmar               |
| Nomination of a Member State from the SEA Region in place of Timor-Leste, whose term expires in May 2013 | Democratic People’s Republic of Korea |

Programme Budget and Administration Committee (PBAC) of the Executive Board

Democratic People’s Republic of Korea, for a term of two years in place of Timor-Leste whose term expires in May 2013

Concluding session \textit{(Agenda item 4)}

Adoption of the report \textit{[Agenda item 4(i)]}

73. The Regional Director suggested that to make the best use of the time available, it would be advisable that the ministers
focused their attention on the recommendations emerging from the deliberations. The draft report would then be finalized by the WHO Secretariat and shared with the ministers prior to its issuance. The ministers accepted the Regional Director’s suggestion. They reviewed the recommendations pertaining to all the agenda items and approved the same with certain modifications.

74. It was decided that the final draft report should be circulated to all Member States and finalized only after incorporating the comments received. With this guidance, the report was adopted as presented.

Closing [Agenda item 4(ii)]

75. The Government of Indonesia and Her Excellency Dr Nafiah Mboi, Minister for Health, were sincerely thanked by the participating delegations for hosting the meeting in Yogyakarta. They appreciated the warm hospitality and excellent arrangements that had been made. The honourable ministers placed on record their special thanks to His Excellency, Vice President, for inaugurating the meeting and for his inspiring inaugural address.

76. Dr Margaret Chan, Director-General of the World Health Organization, conveyed her thanks for the opportunity to participate in the Thirtieth Meeting of the Ministers of Health and the Sixty-fifth Session of the WHO Regional Committee for South-East Asia.

77. The Regional Director, Dr Samlee Plianbangchang, congratulated the honourable health ministers on the successful conclusion of their meeting. He stated that the meeting had fully achieved its objectives and made a definite contribution to further strengthen the bonds of friendship among the health leaders in the Region. He placed on record his thanks to Her Excellency, Dr Nafiah Mboi, Minister for Health, Republic of Indonesia who, as Chaiperson, had guided the proceedings most efficiently. He also acknowledged the contribution of His Excellency Lyonpo Zangley Dukpa, Minister of Health, Royal Government of Bhutan as Co-Chair. The contribution of the Rapporteur Dr Tjandra Yoga Aditama, Director-General of Disease Control and Environmental Health, Ministry of Health, Republic of Indonesia, was also acknowledged.
78. The honourable ministers appreciated the selection of agenda items and also commended the Yogyakarta Declaration on Ageing and Health, which should serve as a wake-up call within the Region and beyond for this important issue.

79. It was noted that the Thirty-first Meeting of Ministers of Health would be hosted by the Government of India in 2013. It was also noted that the Sixty-sixth Session of the WHO Regional Committee for South-East Asia would take place in the WHO Regional Office for South-East Asia, New Delhi, in 2013.

80. Her Excellency, Dr Nafsiah Mboi, Minister for Health, Republic of Indonesia, thanked the honourable ministers, the Director-General, WHO and the Regional Director, for their appreciation. She acknowledged that the successful completion of the meeting was due to the cooperation she had received from all the other ministries in the Government.

81. As Chairperson of the Health Ministers’ Forum, Her Excellency assured the meeting that she would do her best to make further progress in health development and to strengthen regional solidarity. She also sought the cooperation and guidance of her colleagues in discharging her responsibilities as the forum’s chairperson.

82. In conclusion, she declared the Thirtieth Meeting of Ministers of Health of Countries of the WHO South-East Asia Region closed.
Annexes
Annex 1

Agenda

(1) Joint Inaugural Session of the Thirtieth Meeting of Ministers of Health and Sixty-fifth Session of the WHO Regional Committee for South-East Asia

(2) Introductory session

(3) Business session
   (i) Review of Jaipur Declaration on Antimicrobial Resistance and of all declarations made at previous meetings of ministers of health and follow-up actions on the decisions and recommendations of the Twenty-ninth Meeting of Ministers of Health
   (ii) Ageing and Health
   (iii) Implementation of the International Health Regulations (2005) in WHO South-East Asia Region
   (iv) Regional Strategy for Universal Health Coverage
   (v) Any other business

(4) Concluding session
   (i) Adoption of the report
   (ii) Closing
# Annex 2

## List of participants

### MINISTERS

**Bangladesh**
- H.E. Dr A F M Ruhal Haque
  - Minister of Health and Family Welfare
  - Ministry of Health and Family Welfare
- Prof Dr Syed Modasser Ali
  - Hon’ble Advisor to the Hon’ble Prime Minister on Health & Family Welfare and Social Welfare Affairs
  - Ministry of Health and Family Welfare

**Bhutan**
- H.E. Lyonpo Zangley Dukpa
  - Minister of Health
  - Ministry of Health

**Democratic People’s Republic of Korea**
- H.E. Prof Dr Choe Chang Sik
  - Minister of Public Health
  - Ministry of Public Health

**India**
- H.E. Mr Sudip Bandyopadhyay
  - Minister of State for Health and Family Welfare
  - Ministry of Health and Family Welfare

**Indonesia**
- H.E. Dr Nafsiah Mboi
  - Minister of Health
  - Ministry of Health

**Maldives**
- H.E. Dr Ahmed Jamsheed Mohamed
  - Minister of Health
  - Ministry of Health

**Myanmar**
- H.E. Professor Dr Pe Thet Khin
  - Union Minister for Health
  - Ministry of Health

**Nepal**
- H.E. Mr Rajendra Mahto
  - Minister of Health and Population
  - Ministry of Health and Population

**Thailand**
- H.E. Dr Vichai Tienthavorn
  - Vice Minister for Public Health
  - Ministry of Public Health

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  - Minister of Health
  - Ministry of Health

### OBSERVERS

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Policy and Planning Division
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H.E. Minister of Health
Ministry of Health

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Interpreter
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Ministry of Health and Family Welfare

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Directorate General of Diseases Control and Environmental Health  
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Ministry of Health

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Director General Health Services  
Ministry of Health

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Policy and Planning Department  
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Rector  
University of Medicine, Yangon  
Ministry of Health

Dr Myint Htwe  
Chairman Ethical Review Committee  
Department of Medical Research (Lower Myanmar)  
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Department of Health  
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Dr Ko Ko Naing  
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Secretary
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Member of Parliament (Gampaha District)

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Ministry of Health  

Dr Odete Maria Freitas Belo  
Deputy Director for External Funding and Cooperation  
Ministry of Health  

Ms Herminia Ornai  
Executive Secretary of Minister of Health  
Ministry of Health  

**WHO Secretariat**  
**Secretary of the meeting**  
Dr Samlee Plianbangchang  
Regional Director  

**Members – WHO Regional Office South-East Asia**  
Dr Poonam Khetrapal Singh  
Deputy Regional Director  

Ms Dianne L. Arnold  
Director  
Administration and Finance  

Dr Rajesh Bhatia  
Director  
Department of Communicable Diseases  

Dr Sangay Thinley  
Director  
Department of Family Health and Research  

Dr Monirul Islam  
Director  
Department of Health Systems Development  

Dr Kunal Bagchi  
Regional Adviser  
Nutrition and Food Safety  

Dr Richard Brown  
Regional Adviser  
Disease Surveillance and Epidemiology
Annex 3

Text of address by the Minister for Health, Government of the Republic of Indonesia

Your Excellency, Bapak Boediono, Vice President of the Republic of Indonesia,
Your Excellencies, Ministers of Health of Member States of the WHO South-East Asia Region,
Your Excellency, Dr Margaret Chan, Director-General of the World Health Organization,
Your Excellency, Dr Samlee Plianbangchang, Regional Director WHO South-East Asia, Honourable Sri Sultan Hamengkubuwono X, Governor of Yogyakarta Special Region,

Representatives from partner countries and international organizations, distinguished delegates, ladies and gentlemen,

A very good morning to you all.

Your Excellency, Mr Vice President, this morning, ministers of health from Member States of WHO South-East Asia Region or their representatives, and their delegations are assembled in Yogyakarta to hold the Thirtieth Meeting of the Ministers of Health of Countries of the WHO South-East Asia Region. The ministerial meeting is being held to exchange views and share experiences on policy matters related to common health concerns in the Region. The meeting was preceded by the Senior Advisers’ Meeting that took place yesterday.
We are particularly pleased and honoured by the presence of Your Excellency Mr Vice President to grace this joint inaugural session of both meetings.

Allow me to report to Your Excellency that the ministerial meeting will address a number of important issues in health cooperation among the Member States. Among others, the meeting will review implementation of the six declarations of previous Health Ministers’ meetings held during the last six years. Furthermore, the ministers will also discuss follow-up actions on the decisions and recommendations of the Twenty-ninth Meeting held in Jaipur in 2011.

The Sixty-fifth Session of the Regional Committee will be held from 5 to 7 September 2012. The Session will first listen to the Regional Director’s Biennial Report on the Work of WHO in the South-East Asia Region. It will also address, in a regional perspective, various key and technical health issues arising out of the Sixty-fifth World Health Assembly and the 130th session of the WHO Executive Board.

The delegations come from the 11 Member States of WHO South-East Asia Region namely Bangladesh, Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste. Also present in this session are representatives from various international organizations.

Your Excellency Mr Vice President,

In line with this year’s World Health Day’s theme, this Yogyakarta meeting will also take up the issue of ageing and health. The growth of elderly population has increased significantly in recent years as a result of the improvement of health programmes in many countries including SEAR Member States. Such increase would require necessary adaptation of health care and social support systems.

This situation affects the overall quality of life and poses challenges for families, communities and national governments. At the end of this meeting it is expected that the ministers of
health will adopt the Yogyakarta Declaration on Ageing and Health.

This declaration calls on governments to commit on building partnership among various stakeholders at national, regional, and global levels leading to strengthening of policies and services related to ageing and health. Special attention will also be given to the issues of International Health Regulations 2005 and Universal Health Coverage.

Your Excellency Mr Vice President,

In closing, we would like to assure you that the selection of Yogyakarta as the venue of these meetings will contribute to the successful outcome of our deliberations. Allow us to express again our utmost gratitude to Your Excellency Bapak Boediono, the Vice President of the Republic of Indonesia, for allocating your precious time to officiate at both the ministerial meeting and the Regional Committee of the WHO South-East Asia Region. It is also a pleasure for us to thank the Honourable Sri Sultan Hamengkubuwono X, Governor of Yogyakarta Special Region, for your support for the success of these meetings.

Finally, we have the honour to respectfully request Your Excellency Mr Vice President to deliver your keynote address and declare the meetings officially open.

Thank you.
On behalf of the WHO South-East Asia Region it is my privilege to warmly welcome you all to the Joint Inauguration of the Thirtieth Meeting of Health Ministers of the WHO South-East Asia Region, and the Sixty-fifth Session of WHO Regional Committee for South-East Asia.

I sincerely thank the Government of the Republic of Indonesia for hosting these two important meetings. I overwhelmingly thank His Excellency, Professor (Dr) Boediono, Vice President of the Government of the Republic of Indonesia for graciously agreeing to inaugurate this joint opening.

Excellencies, ladies and gentlemen,

Increasing access to health care and curbing catastrophic health expenditure has been a major challenge in the South-East Asia Region. Through various schemes of health insurance, Indonesia has made impressive progress in this area during the past few years. Health services coverage in Indonesia has now been extended to more than 58% of the population of about 240
million people. What is particularly encouraging is that public health work is getting higher priority.

Through the provision of a dedicated budgetary allocation the outreach activities have been expanded to all health centres. This strategy is indeed important because it will help ensure that the hard-to-reach people are also covered. And thereby it will steadily improve health equity in the country.

Excellencies,

Countries of the South-East Asia Region continue to make progress in improving health of their populations. As far as infectious diseases are concerned there have been no new cases of wild poliovirus infection since January 2011 and high-quality surveillance of acute flaccid paralysis is maintained throughout the Region; this is to ensure that we can formally declare the Region polio-free in early 2014.

Measles vaccination coverage in some countries is increasing towards the elimination target of 95% coverage. Routine immunization has been successfully intensified as declared by Honourable Health Ministers in 2011, and the desired coverage of 90% or more is being sustained in most countries.

As far as maternal mortality is concerned, between 1990 and 2010, the number of women dying from complications of pregnancy and childbirth had decreased by 66%. However, this is not yet sufficient for all countries in the Region to meet the 75% mortality reduction target of MDG 5 by 2015. Nonetheless, many countries are on track in their progress towards reaching this goal.

During the recent past, countries had accorded high priority to prevention and control of noncommunicable diseases especially in view of the increasing longevity of life of people due to several factors. At the same time, efforts should be enhanced to ensure that our ageing populations remain healthy and they continue to lead socially and economically productive and satisfied lives. Towards this end, a lifecourse approach in our health-development endeavours needs to be adopted.
Excellencies,

Universal health coverage needs balanced development between preventive and curative care. It needs health systems based on the primary health care approach and UHC cannot be achieved by the health sector alone; efforts of other sectors need to be mobilized in a more efficient manner through partnerships.

Furthermore, climate change will further exacerbate the disease burden in all countries. Our public health programmes need vigorous strengthening for effective mitigation of the health impact of climate change. And with the current environmental conditions, we may expect more public health emergencies of international concerns, and we need to move fast to strengthen country capacity in implementing the International Health Regulations (2005).

Excellencies, ladies and gentlemen,

Under the leadership of the Director-General, Dr Margaret Chan, the top priority in our Region is the implementation of collective decisions of Member States regarding the WHO reform agenda. The Member States will have the opportunity to review the issues involved during the course of their meetings.

Finally, ladies and gentlemen, I wish the honourable health ministers and distinguished representatives fruitful deliberations. I sincerely thank the local organizing committee for the excellent arrangements made for the two meetings. I also wish you all an enjoyable stay in this historic city of Yogyakarta.

Thank you.
Mr Chairman, Excellencies, honourable ministers, distinguished delegates, Dr Samlee, colleagues in the UN family, ladies and gentlemen,

Let me begin with some well-deserved praise. On present trends, this Region is set to be declared polio-free in January 2014.

India, the skeptics said it could not be done. But you did it. You stopped wild poliovirus transmission dead in its tracks. You have silenced the critics.

You have provided definitive proof that eradication is technically feasible, and you have done so in what was arguably the most challenging of all the remaining strongholds of this virus.

This is what your experience tells the world. The poliovirus is not permanently entrenched. It is not destined to remain a perpetual threat to each new generation of children. It can indeed be driven out of existence.

I fully agree with the assessment of the Independent Monitoring Board (IMB). This is a “magnificent” achievement. The Indian government succeeded because of its passionate engagement in a mission to protect its people from a vicious disease.
I appreciate, too, the specific lessons from the Indian experience set out in your report on polio eradication.

The most critical factor for success is ownership of the programme, from the local to the national level. The Indian government owned this programme, operating as the principal source of staff and funds. Other lessons include the importance of tight-knit partnerships, constant innovation, and a relentless drive to improve quality and accountability.

The May World Health Assembly elevated polio eradication to the level of a global public health emergency. This Region has the expertise, bolstered by success, to lead the world in such an emergency response.

Medical officers from India, Bangladesh and Nepal are now directly assisting countries that are still battling polio. I urge you to continue this leadership role. We can and must win.

As the IMB report noted, polio is now at its lowest level worldwide since records began.

Public health faces some heavy challenges, some bad trouble heading our way. Any long-standing problem that can be solved, once and for all, will free much-needed capacity and resources.

Ladies and gentlemen,

I also want to congratulate the Region on the draft strategy for universal health coverage that you will be discussing during this session. This is an extremely ambitious and courageous strategy, and a smart path for your countries to follow.

The strategy rightly emphasizes equity as its core objective. It rightly singles out the principles and approaches of primary health care as the starting point for reform.

In this regard, the Region has a head start. Several countries are long-standing models of how, with the right policies and strong political commitment, low-income countries can achieve health outcomes comparable to those seen in the wealthiest places in the world.
Like the World Health Report 2010, on health systems financing, the draft strategy sets out a richly diversified menu of options for moving towards universal coverage in any resource setting.

All of these options are firmly rooted in successful strategies and solutions worked out by countries. Again, this Region shows its value as a resource of experiences and a repository of instructive best practices.

Universal coverage is the right thing to do from an ethical perspective. It is the smart thing to do in terms of improving the efficiency of the health system.

At a time of nearly universal financial austerity, improving efficiency is a far better option than cutting back on services or imposing fees that punish the poor.

And you can have both. That is: efficiency and equity. The economists will tell you there must be a trade-off between the two. Experiences, also in this Region, tell us that the two goals are fully compatible.

I described the draft strategy as courageous. Universal coverage is the best way to tackle some major barriers to equity that are unique to this Region. These include the exceptionally high reliance on out-of-pocket payments and the dominance of a largely unregulated private sector offering mainly curative care.

This Region has millions of low-income households living on the margins of survival. For these people, it does not take major illness and catastrophic medical bills to push them deeper into poverty. Just paying for medicines can have the same tragic effect.

As data set out in the draft strategy show, mark-ups in the price of medicines, as they move through the supply and distribution chains, can increase the price charged by the private sector several hundred times.

As we all know, the costs of care can cause patients to delay seeking treatment until the disease or condition has become
much more difficult and costly to treat, if treatment is still possible.

This is an extreme example of waste and inefficiency. And this is what you are tackling, head on.

Moving towards universal coverage improves health and fights poverty at the same time. It upholds the core values of solidarity, social cohesion, and human security.

Above all, universal coverage is a powerful social equalizer that helps correct gaps in health outcomes that have been growing, almost unchecked, for decades.

Market forces and incentives can be used to improve the efficiency of health systems. But market forces will never solve social problems all by themselves. This happens only when equity is an explicit policy objective, as set out in your draft strategy.

Universal coverage is a unifying concept that makes various pieces of the health care puzzle fit together in a focused and coherent way. A move towards universal coverage is a move to tackle some of the other items on your agenda.

Moving towards universal coverage depends on stronger, more efficient health systems, with access to essential medicines of good quality at affordable prices and a well-trained and motivated workforce. It also requires reliable information systems for generating data and evidence, and support from a well-functioning regulatory authority.

Universal coverage stresses equity in entitlement to services and gives a prominent role to compulsory or public funding to ensure social protection.

At a time when the international community sees better health as a poverty reduction strategy, we cannot let the costs of health care drive millions of people below the poverty line each and every year.

I commend SEAR countries for taking such an ambitious, courageous, and a timely step forward.
Ladies and gentlemen,

The target date for reaching the Millennium Development Goals is fast approaching. The debates about the next generation of internationally-agreed development goals are already under way.

As we learned with the MDGs, international goals shape political agendas and attract resources. We need to get this right, just as we need to get the process of WHO reform right.

From the outset, the reform process has been in the hands of Member States. You have before you drafts of the next Programme Budget and the Twelfth General Programme of Work. These documents let you see how priority-setting works in practice.

Member States have asked that these documents be reviewed and discussed by Regional Committees and subsequently revised by the Secretariat. Please keep in mind that both documents are works in progress.

Concerning the post-2015 debate, evidence supports a central place for health on any development agenda. Health is a precondition of development. It is a powerful driver of socioeconomic progress.

Because its determinants are so broad, health is a sensitive indicator of the impact that policies in all sectors of government have on the well-being of citizens. As just one example, if trade policies, tariffs and agricultural subsidies cause food prices to soar, the adverse effects will be most visible in the health sector. Changes in health status will also be the most readily and reliably measured signal that policies need to be adjusted.

The MDGs have been a powerful force in focusing implementation efforts and maintaining political support for development. They have been good for public health. They demonstrated the value of concentrating international efforts on a limited number of time-bound goals. They brought impressive results, sometimes stunning results.
For example, at the start of this century, AIDS, tuberculosis, and malaria were public health emergencies. This is no longer true. All three diseases are showing a slow but steady decline, though the battle is by no means over.

The health-related MDGs were largely an infectious disease agenda. Most agree that we dare not reduce the current drive to expand childhood immunization and combat AIDS, tuberculosis, malaria and the neglected tropical diseases.

As we know from deep experience, complacency creates a perfect opportunity for these diseases to roar back with a vengeance.

Pursuit of the MDGs has left a legacy of innovations, including the GAVI Alliance, the Global Fund, UNITAID, the International Health Partnership Plus, and numerous other global health initiatives focused on individual diseases.

Most recently, the UN Strategy for Women’s and Children’s Health: Every Woman, Every Child, has responded to calls for accountability in tracking resources and using them. Among its objectives, the strategy aims to build capacity for vital registration as the foundation for accountability within countries. The need for accountability is just one of the many lessons that are part of the MDG legacy.

Here is another one. If the international community wants better health to work as a poverty-reduction strategy, good quality interventions must reach the poor. If we miss the poor, we miss the point.

At their outset, single-disease initiatives depended on a well-functioning health system to reach their goals. Yet these initiatives rarely made the strengthening of health systems an explicit or budgeted goal. This, too, is no longer true.

Most donors now appreciate the need to channel aid for health development in ways that build capacities and move countries towards self-reliance. This is the best exit strategy for aid.

Developing countries do not want charity. They want capacity.
Given the success of the MDGs, most agree that the post-2015 agenda should likewise focus on a limited number of measurable goals.

Most also agree that the current focus on human development and poverty alleviation should remain at the core of the new agenda, together with an emphasis on respect for human rights, equality and sustainability.

While diseases targeted by the MDGs remain extremely important, today’s health challenges are much broader, and this should be reflected in any new development agenda.

The Millennium Declaration and its goals were basically a compact between developing countries and their needs and wealthy countries that promised to address these needs through the commitment of funds, expertise and innovation. In short, a compact between the haves and have-nots aimed at reducing gaps in living conditions and relieving vast human misery.

When we consider the nature of today’s major threats to health, a simple compact between the haves and have-nots fails to capture the complexity of these threats.

I mentioned some bad trouble heading our way.

I am talking about a changing climate, more emergencies and disasters, soaring health care costs, soaring food prices, demographic ageing, rapid urbanization, and the globalization of unhealthy lifestyles.

I am talking about an enduring economic downturn, financial insecurity, shrinking opportunities, especially for youth and the middle classes, poverty that keeps getting deeper, and social inequalities that keep growing wider.

These are universal trends. Many of them are fuelling the relentless rise of chronic noncommunicable diseases, which are hitting this Region especially hard.

For nearly all, the root causes lie beyond the direct purview of the health sector.
In my view, one of the best ways to respond to these challenges is to make universal health coverage part of the post-2015 development agenda.

At a time when policies in so many sectors are actually increasing social inequalities, I would be delighted to see health lead the world towards greater fairness in ways that matter to each and every person on this planet.

Ladies and gentlemen,

As I have said before, the job of public health keeps getting harder.

More and more, we are on the receiving end of policies made in other sectors. Our ability to shape these policies is often limited, especially at a time when so many economies are fragile. If a health-promoting policy is perceived to threaten the profits of an economically important industry, we can expect to have a battle on our hands.

Sometimes we win those battles. As I conclude, let me mention one encouraging case.

Last month, Australia’s High Court upheld legislation mandating plain packaging, with no branding, for tobacco products. The legislation had been aggressively challenged by several large tobacco companies.

The court ruling was a huge victory for the Australian government, but also for public health, opening a brave new world for tobacco control. In this case, concern about protecting the public’s health took precedence over issues of intellectual property rights.

As Australia’s Attorney-General Nicola Roxon noted, “The message to the rest of the world is that big tobacco can be taken on and beaten.”

I think we can all take heart from a game-changing story where the good guys win.

Thank you.
Distinguished delegates
ladies and gentlemen,

It gives me great pleasure to welcome you all very warmly to the Thirtieth Meeting of the Ministers of Health and the Sixty-fifth Session of the WHO Regional Committee for South-East Asia. I hope the historical city of Yogyakarta will provide you with an agreeable environment for the successful conclusion of these meetings.

I would like also to take this opportunity to congratulate Dr Margaret Chan on her re-election to a second term in office as the Director-General of the World Health Organization. This reflects the wide recognition of her past contributions to the World Health Organization and its Member States. We are extremely proud to see you continuing your important role in serving the global community.

Excellencies,
ladies and gentlemen,

We are truly honoured to host these meetings for the fifth time where all the 11 Member States of the WHO South-East Asia Region get together, to review past commitments and embark on new initiatives to improve the health status of the peoples of our Region. The results of the meetings would certainly contribute significantly to the global quality of life, since our Region is home...
to approximately 25% of the world’s population and includes the most dynamic economies in the world.

At this juncture, I would like to recall that recently President Susilo Bambang Yudhoyono stated that global development collaboration must be built upon the principles of common but differentiated responsibilities and respected capabilities, and open participation to all stakeholders. This principle seems to be applicable to our ways in establishing sustainable health cooperation.

This cooperation must be aimed at empowering the poor in developing countries, and upholding the principles of proportionally shared responsibility and mutual benefits. Moreover, it should also serve to strengthen our effort to overcome global health challenges. I believe these meetings will create momentum towards these ends.

We meet at a time when great challenges loom over the global landscape. These challenges include the occurrence of emerging and re-emerging diseases, an economic slowdown in many parts of the world, rapid population growth and urbanization, as well as fierce competition for scarce resources. These are major flashpoints that we must watch out for, since they inevitably have an impact on the health status of our people.

Excellencies, ladies and gentlemen,

The theme of the World Health Day this year focusing on ageing and health is apt, given the current situation of increasing number of the elderly population in the world, including in our Region. The estimated population of the WHO South-East Asia Region above the age of 60 years is 142 million people or 8%. This number will continue to increase. To address this situation we need to develop and strengthen national and regional policies on ageing and health, and improve the primary health care system as well as health facilities. Moreover, we also need to ensure the provision of sufficient resources for programmes dealing with ageing and health – taking into consideration the economic aspects of long-term care of the elderly persons, both at facility and household levels.
Excellencies,
ladies and gentlemen,

At this opportune time, allow me to update you on the recent initiatives that we have taken in this country. To ensure community access towards quality health care, Indonesia has strong commitment to achieve universal health coverage. Continuous efforts are being made towards this end. We have had some good and some not-so-good experiences. Indonesia stands ready to share with other countries in the Region its experience and to cooperate closely with them with a view to achieving universal health coverage for all people in the Region.

The ultimate goal of universal health coverage is to create social and economic well-being of the whole population. Unfortunately, progress towards that goal, at any time, could be undermined by various health problems such as pandemics caused by communicable diseases.

Therefore, implementation of International Health Regulations 2005 (IHR) needs strong commitment from all the WHO Member States in the South-East Asia Region. Indonesia is of the view that IHR are a good framework to secure national, regional and global health. We are fully committed to implement IHR 2005 in due course.

In relation to the prevention of, and response towards, pandemics I would also like to refer to the World Health Assembly resolution WHA 64.5 on pandemic influenza preparedness, namely sharing of influenza viruses and access to vaccines and other benefits. This resolution ensures a fair, transparent and equitable framework that shall guide all WHO Member States in dealing with pandemic influenza preparedness.

Communicable diseases are still the main health problem in Indonesia. However, the country is at present facing a double burden of health care as the morbidities and mortalities caused by noncommunicable diseases too are showing rising trends. It is sad to note that noncommunicable diseases have become serious health problems affecting all groups of population including the elderly, and in all countries.
Referring to all global strategies including the WHO recommendations on the WHO Global Strategy for the Prevention and Control of Noncommunicable Diseases and implementation of the Action Plan, I would like to invite all Member States of the WHO South-East Asia Region to continue working together to cope with this alarming situation.

Excellencies,
ladies and gentlemen,

Cooperation in the health sector should complement the overall efforts towards social and economic development in Member States of the WHO South-East Asia Region. Therefore, it is my sincere hope that these meetings will reinforce our common goal to ensure higher health status in the Region.

The current inhospitable global situation that also affects our Region should encourage us all to work closer together in implementing various global and regional commitments.

As the global demography and the global health challenges face greater complexities, the problems of population and health development will need better and proper solutions acceptable to all of us.

In closing, allow me to wish you a memorable and enjoyable stay in Yogyakarta and successful deliberations. Finally, by asking the Grace of God the Almighty I hereby declare the Thirtieth Meeting of the Ministers of Health and the Sixty-fifth Session of the WHO Regional Committee for South-East Asia officially open.

Thank you.
Annex 7

Jaipur Declaration on Antimicrobial Resistance

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Twenty-ninth Health Ministers’ Meeting in Jaipur, India, appreciate the efforts being made by Member States and partners in the South-East Asia Region to adopt a holistic and multidisciplinary approach towards prevention and containment of antimicrobial resistance to improve public health. We also recognize that it is imperative that national governments accord utmost priority to this hitherto neglected problem to preserve efficacy of the antimicrobial agents - in our fight against microbial diseases.

Concerned that emergence and spread of antimicrobial resistance is negating the achievements made in protecting human life and health from microbial diseases; especially newly emerging infectious diseases;

Aware that the most important driver of antimicrobial resistance is irrational use of antimicrobial agents;

Recognizing that antimicrobial resistance can be a critical impediment in global efforts towards achieving UN Millennium Development Goals (MDG), specially MDG 6 that addresses containment of HIV/AIDS, tuberculosis, malaria and other diseases;

Considering that while antimicrobial resistance is a global public health problem, its major brunt is being borne by people in the developing countries;

Acknowledging that in spite of significant technological advances, development of new antimicrobial agents is negligible;
Aware that non-therapeutic use of antimicrobial agents in the veterinary and fishery sectors has a profound effect on emergence of resistance in microorganisms and their spread to human beings through the food chain;

Noting that health care facilities featuring the combination of highly susceptible patients, intensive and prolonged antimicrobial use, and inadequate infection control practices are potential “hot spots” for the emergence of highly resistant micro-organisms;

Concerned at the impact of resistant organisms in the efficient utilization of modern technological and scientific advances in improving human health through complex surgeries and transplantation procedures;

Further noting the inadequate regulatory mechanisms that allow unauthorized prescription of antimicrobial agents;

Aware of extensive irrational prescription of these medicines by physicians and poor adherence by the communities themselves; and

Recognizing that resistance in microorganisms leads to loss of lives, long-term suffering, disability, reduced productivity and earnings, and also threatens to undermine the effectiveness of health delivery programmes in all Member States;

We, the Health Ministers of Member States of the WHO South-East Asia Region agree to:

(1) acknowledge antimicrobial resistance as a major global public health issue;
(2) institute a coherent, comprehensive and integrated national approach to combat antimicrobial resistance;
(3) develop national antibiotic policy and formulate multisectoral national alliances against antimicrobial resistance;
(4) advocate for a multidisciplinary approach by all sectors of the government, with the private health sector providing desired information and following national guidelines;
(5) study the emergence and spread of antimicrobial resistance and assess accurately its impact on public health;

(6) regulate the use of antimicrobial agents, both in public and private sectors to prolong and preserve their efficacy;

(7) strengthen legislation to prevent the manufacture, sale and distribution of spurious and substandard/not-of-standard-quality and poor quality antimicrobial agents and the sale of antibiotics;

(8) promote behavioural change in prescribers and communities through continuous training, educational campaigns with process and outcome measures for rational use of antimicrobial agents and emphasizing antimicrobial resistance in medical, dental, veterinary and pharmacy curricula;

(9) build increased capacity for efficient surveillance of antimicrobial resistance and its effective use in modifying antibiotic policy;

(10) strengthen diagnostic facilities for microbial diseases to facilitate evidence-based antimicrobial prescription;

(11) strengthen infection control practices in health care facilities to reduce the burden of microbial diseases and health-care associated infections;

(12) ensure use of antimicrobial agents included in National Essential Drugs List, regulate non-therapeutic use of antimicrobial agents and irrational use in the veterinary and fishery sectors;

(13) encourage basic and operational research in areas that enhance application of various measures to combat antimicrobial resistance;

(14) support research and development of new antimicrobial agents especially for neglected tropical diseases and facilitate their cost-effective production in the public sector and making them affordable for the poor;
advocate healthy lifestyle, cost-effective and essential immunization and other non-pharmaceutical measures to reduce the disease burden due to microbial diseases;

develop national and regional mechanisms for regular data sharing, regulating cross-border transfer of infectious materials and bacterial isolates, sharing best practices of laboratory-based surveillance of antimicrobial resistance and practices promoting rational use of antibiotics;

set up a regional mechanism for sharing of mutually agreed antimicrobial resistance data of public health importance relevant to policy making; and

develop a regional mechanism for a regular intercountry consultative process for reviewing issues related to antimicrobial resistance including tracking of international movement of resistant organisms both within the Region and among regions.

We, the Health Ministers of Member States of the WHO South-East Asia Region, urge all other WHO Member States as well as the Director-General and the Regional Director to continue to provide leadership and technical support in building partnerships between governments, the United Nations agencies and the relevant global health initiatives and with academia, professional bodies, nongovernmental organizations, related sectors, the media and civil society, to jointly advocate and effectively follow-up on all aspects of this Jaipur Declaration on Antimicrobial Resistance.

Jaipur, India, 6 September 2011
Annex 8

Details of declarations made at previous meetings of ministers of health

Bangkok Declaration on Urbanization and Health – 2010

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Twenty-eighth Health Ministers’ Meeting in Bangkok, Thailand, appreciate the efforts being made by Member States and partners in the South-East Asia Region to adopt a holistic and multidisciplinary approach to ensure planned urbanization that would improve public health. We also recognize that it is imperative that national governments invest in pro-poor policies and strategies in order to reduce the urban equity gap.

Concerned that globally by 2030, six out of every 10 people will be living in cities, and that unplanned urbanization is one of the major threats to public health in the 21st century, affecting all urban dwellers, irrespective of socio-economic status, but more so the poor;

Aware that rapid urbanization is due to natural growth in populations, and due to migration as a result of people searching for better opportunities for education, jobs, social mobility and services in cities;

Recognizing that many people who move to cities are trapped in marginal situations as a significant proportion of them are poor, have large families and are not well educated;

Considering that the health of the urban poor suffers most both because of their living conditions and because of the high and sometimes prohibitive cost of health services;
Acknowledging that urban people, especially the poor, face illnesses and premature death from preventable diseases due to lack of safe drinking water, sanitation, health facilities, safety, security and health information;

Noting that closing the urban equity gap and promoting healthy cities requires urgent actions including efforts from both the rich and the poor;

We, the Health Ministers, commit ourselves to:

(1) acknowledge unplanned urbanization as a major public health concern;

(2) assess the public health impact of major development projects, particularly in urban and suburban areas;

(3) advocate for a holistic and multidisciplinary approach by all sectors of the government, including local government, and industry and the community;

(4) promote investment in pro-poor policies and strategies in order to reduce the health equity gap among urban dwellers;

(5) extend resources and coverage of services to all urban populations particularly the urban poor to improve health outcomes and reduce the social costs of inequity;

(6) promote improved transportation, infrastructure and greener technologies that enhance the urban quality of life, including fewer respiratory ailments and accidents and better health for all;

(7) build increased capacity in all systems, infrastructure and service delivery in view of inevitable urban growth, in order to reduce the risk of further damage to health;

(8) advocate to governments and municipalities to invest in health-promoting cities and to take actions that encourage social connectedness among city dwellers irrespective of their social status;
(9) foster among all urban dwellers an understanding of the negative effects of unplanned urbanization and the shared responsibility for balancing resources and services;

(10) work in collaboration with all other sectors and stakeholders to reduce and close the urban equity gap and promote healthy cities;

(11) while planning for urban health, in addition to physical health, address social, psychological and mental health; and

(12) take appropriate steps to address the causes of rural-urban migration and alleviate the pressures driving such migration.

We, the Health Ministers of Member States of the WHO South-East Asia Region, urge all other WHO Member States as well as the Director-General and the Regional Director to continue to provide leadership and technical support in building partnerships between governments, the United Nations agencies and the relevant global health initiatives and with academia, professional bodies, nongovernmental organizations, related sectors, the media and civil society, to jointly advocate and effectively follow up on all aspects of this Bangkok Declaration on Urbanization and Health.

Bangkok, 7 September 2010
Kathmandu Declaration on Protecting Health Facilities from Disasters – 2009

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Twenty-seventh Health Ministers’ Meeting in Kathmandu, Nepal, appreciate the efforts being made by Member States and partners in the South-East Asia Region to keep health facilities safe from emergencies and disasters. We also recognize that by optimizing the use of advances in technology and applying current good practices, stakeholders can scale up efforts to strengthen the structural, non-structural and functional aspects of protecting and increasing the resilience of health facilities;

Concerned that from 1998-2009, natural disasters killed over 750,000 people in the South-East Asia Region, which is 61.6% of the world’s total deaths from natural disasters;

Aware that climate change-related events can predispose to disasters which can have a detrimental effect on health facilities;

Also aware that health facilities, including staff, equipment and other related resources, can become casualties when they are most needed;

Recognizing that the Hyogo Framework for Action specified that health facilities are critical infrastructure that needs to be kept intact in emergencies;

Recognizing further that the South-East Asia Regional Benchmarks, standards and indicators for emergency preparedness and response provide a framework based on which health facilities can be built or modified to withstand the forces of various kinds of hazards and disasters;

Acknowledging the outputs of the Global Platform for Disaster Risk Reduction held in June 2009 regarding structural evaluations of health facilities, enforcement of national building codes, financial incentives and mechanisms for retrofitting;

Noting the innovative work of Member States in the Region to reduce the structural and nonstructural risks of health facilities, as well as to increase training and contingency planning;
We, the Health Ministers, commit ourselves to:

(1) implement the goals of the Hyogo Framework for building the resilience of nations and communities to disasters;

(2) consider the outputs of the Global Platform for Disaster Risk Reduction in relation to safe health facilities;

(3) use the South-East Asia Regional Benchmarks, standards and indicators for emergency preparedness and response to build and modify health facilities to withstand events from various hazards and disasters;

(4) develop the capacity of health-sector professionals in the science and practice of health facility preparedness and risk reduction;

(5) promote assessments of health facilities in Member States using existing diagnostic tools and decision-making instruments;

(6) promote the enforcement of national building codes and specific standards for health facilities;

(7) include the private sector in all efforts so that health facilities remain resilient to disasters;

(8) engage other service and public sectors such as civil engineering, architecture, transport, public works, water and sanitation, energy and finance to strengthen infrastructure related to the functioning of health facilities in emergencies and disasters; and

(9) enhance public awareness of the need to make health facilities safe and functional in emergencies;

We, the Health Ministers of South-East Asia Region, urge all other WHO Member States as well as the Director-General and the Regional Director to continue to provide leadership and technical support in building partnerships between governments, the United Nations and relevant global health initiatives and partnerships, academia, professional bodies, NGOs, related sectors, the media and civil society, to jointly advocate and effectively follow up on all aspects of this Kathmandu Declaration on Protecting Health Facilities from Disasters.

Kathmandu, 8 September 2009
New Delhi Declaration on the Impacts of Climate Change on Human Health – 2008

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the 26th Health Ministers Meeting in New Delhi, appreciate the efforts being made by countries and partners in the South-East Asia Region for addressing the challenges posed by global warming and climate change. However, we are concerned about the potential adverse impacts on health, which could be sudden, unpredictable and irreversible and thus overwhelm the response capacity of the health sector and jeopardize progress in achieving the Millennium Development Goals in general, and the health-related Millennium Development Goals, in particular.

Aware of the fact that the most vulnerable populations in the SEA Region are the poor, the landless, the homeless, the very young, the elderly, the medically frail and people with disabilities, in particular those living on islands, in mountainous regions, in water-stressed areas, in urban slum areas, and in coastal areas;

Recognizing that global warming and climate change pose a major threat to public health in the SEA Region;

Recognizing the need for accelerating actions to reduce the health impacts from climate change in the Region;

Acknowledging the urgent need for strengthening health systems in the Region and especially the capacity of programmes aimed at climate-sensitive diseases;

Realizing that adaptation to climate change is urgent and failure to respond now will be costly in terms of disease, healthcare expenditure, food security and lost productivity;

Understanding that reducing the adverse impacts of climate change can have direct and immediate health benefits;
Realizing the dearth of data and recognizing the need for action-oriented research in this area in all SEA Member States;

Noting the lack of health workforce in the health system and, in particular, workforce specialized in addressing the challenges from climate change in the Region;

Further noting the importance of incorporating the health concerns in ongoing processes at national, regional and global levels;

Acknowledging the strategic role of Revitalizing Primary Health Care to support local communities in becoming more resilient to climate change;

Reiterating our commitment to the World Health Assembly resolution WHA61.19, on climate change and health and to the regional framework for action plan to protect human health;

We, the Health Ministers, commit ourselves to strive to:

1. Implement the World Health Assembly resolution WHA61.19, on climate change and health and the regional framework for action to protect human health to develop and implement effective and efficient strategies and measures relating to climate change;

2. Strengthen health systems capacity and notably that of public health programmes that are already addressing health effects of climate change;

3. Increase awareness of health consequences of climate change within the health sector and in collaboration with other key sectors such as education, but also with nongovernmental organizations, in particular youth groups and consumer organizations and networks;

4. Develop the capacity of health-sector professionals in addressing the challenges posed by global warming and climate change;

5. Promote applied research and pilot projects to assess health vulnerability to climate change and the scale and nature thereof;
(6) Engage in supporting the empowerment of local communities to become more climate change resilient and thus reduce the potential burden of disease linked to it;

(7) Collaborate with other key sectors to assess health impacts of preventive and corrective measures undertaken and ensure that health concerns are integrated in an appropriate manner;

(8) Increase awareness of health consequences of climate change and reduce the health sector’s carbon footprint;

(9) Participate in national and international processes such as UNFCCC, fostering cross-disciplinary partnerships and ensuring monitoring and evaluation of delivery.

We, the Health Ministers of WHO’s South-East Asia Region, urge all Member States as well as the WHO Director-General and the Regional Director for the South-East Asia Region to continue to provide leadership and technical support in building partnerships between governments, the United Nations and various global health initiatives and partnerships, academia, professional bodies, NGOs, the private sector, the media and civil society, to jointly advocate and effectively follow-up on all aspects of this New Delhi Declaration on climate change and human health in the South-East Asia Region.

New Delhi, 8 September 2008
We, the Health Ministers of Member States of the World Health Organization’s South-East Asia Region participating in the Twenty-fifth Health Ministers’ Meeting in Thimphu, Bhutan, recognize that in the concept of International Health Security lies the realization that there is a need to reduce the vulnerability of people around the world to the escalation of existing, new, acute or rapidly spreading risks to health, particularly those that threaten to transcend international borders.

We also recognize that rapid globalization with easy, frequent travel, as well as large-scale trade, give an ample opportunity for communicable diseases to spread across borders quickly and with ease.

We are aware that the world climate is changing. Temperatures are rising; tropical storms are increasing in frequency and intensity; polar ice caps and permafrost regions are melting. The acute impact of climate change–related events may be local, but their causes are global.

We are also concerned that no single institution, sector or country has all the capacities needed to respond to international public health emergencies caused by epidemics, natural disasters and humanitarian or environmental emergencies.

We are of the view that the impact of the above threats on human health has serious implications for morbidity and mortality, and will delay internationally agreed upon development goals.

We reiterate our commitment to the World Health Assembly Resolutions related to Emergency Preparedness and Response and International Health Regulations (IHR) 2005.
We note the efforts of WHO’s Regional Office for South-East Asia to:

1. Systematize and measure emergency preparedness and response in health systems through benchmarks, standards and indicators;
2. Systematically support countries in the full implementation of the International Health Regulations (IHR) 2005 strengthening core capacities;
3. Support short-term strategies in stockpiling anti-virals, personal protective devices and pre-pandemic vaccines, as well as long-term strategies to increase influenza vaccine production capacity in the Region; and
4. To mobilize adequate resources to support these activities.

To achieve effective solutions to address issues related to International Health Security, we are committed to:

1. Take further action to improve emergency preparedness and response in line with the World Health Assembly and Regional Committee Resolutions WHA58.1, WHA59.22, SEA/RC57/3, and SEA/RC58/3;
2. Take further action to implement the International Health Regulations (IHR) 2005 in line with World Health Assembly and Regional Committee Resolutions WHA58.3 and WHA59.2, and SEA/RC58/7;
3. Develop and systematically implement National Emergency Preparedness Plans, taking into account the significant role of private health providers based on country-specific priority benchmarks and indicators within one year and to revisit the plans regularly;
4. Develop and implement action plans towards strengthening core capacities for countries for International Health Regulations (IHR) 2005;
5. Develop and implement national action plans for mitigation and adaptation to address the health impacts of global warming and climate change.
(6) Mobilize adequate resources for these initiatives and participate actively in developing and maintaining partnerships related to improving these areas of health.

We, the Health Ministers of WHO’s South-East Asia Region, fully support the establishment of the South-East Asia Regional Health Emergency Fund and commit to the function of the Working Group as well as efforts towards resource mobilization.

We, the Health Ministers of WHO’s South-East Asia Region, urge all Member States as well as the WHO Director-General and the Regional Director for the South-East Asia Region to continue to provide leadership and technical support in building partnerships between governments, United Nations and bilateral agencies, members of academia, professional bodies, NGOs, the private sector and the media and civil society, and to jointly advocate effective follow-up on all aspects of this Thimphu Declaration on International Health Security in the South-East Asia Region.

Thimphu, 1 September 2007
We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the 24th Health Ministers meeting in Dhaka appreciate the achievements already made by the South-East Asia Region in developing health workforce on the delivery of health services in respective Member States.

We recognize the crucial importance of human resources for the effective functioning of health systems in the Member States to achieve the target health goals.

We note with great concern that the unacceptable shortages, unbalanced skill mix, maldistribution in terms of geography, specialization, gender and sectors, and lack of appropriate levels of competency and dedication among health care workers has affected the health outcomes in the Region.

We recognize the significant lack of human resources management capacity among Member States in the Region.

We also recognize the impact of rapid globalization and international trade on human resources for health and the role of the private health sector.

We are of the view that these problems and shortages have interfered with efforts to achieve the internationally agreed to health-related development goals.

We reiterate our commitment to World Health Assembly resolutions related to Human Resources for Health, particularly the strengthening of the public health workforce, including the development and implementation of medium and long-term national strategic plans on human resources for health as described in the World Health Report 2006.
To achieve an effective and well motivated health workforce we are further committed to:

(1) Develop national policies and regulations that would enhance the availability of an adequate number of health workforce in service delivery settings in an equitable manner, ensuring effective and efficient pro-poor health interventions;

(2) Systematic development and starting implementation of medium and long-term National HRH strategic plans based on country-specific, priority HRH issues that may vary from country to country within one year and to revisit the plans regularly, at least every three years;

(3) Increase the training, educational and research capacity in the area of human resources giving special emphasis to all categories of the health workforce that we are in short supply and strengthen and reform pre-service and in-service education, training and research, in order to improve the competencies and responsiveness among health care providers to deliver a high quality and responsive service;

(4) Intensive strengthen the human resource planning and management capacity to ensure sustainable, effective and well-motivated health workforce in the Member States;

(5) Mobilize adequate resources to invest on the development of human resources for health, especially to develop training capacity and HRH planning and management capacity; including regional collaboration and cooperation.

(6) Be actively involved in the work of the existing global and regional networks, including the Global Health Workforce Alliance (GHWA), the Asia Pacific Action Alliance on HRH (AAAAH), and the African Platform on HRH, as well as the work of other development partners.

(7) Take further actions, in line with the WHA57.19 resolution, in 2004, on international migration of health personnel, in order to mitigate its impact on the effective functioning of the health systems.
We, the Health Ministers of the WHO South-East Asia Region urge all Member States as well as the WHO Director-General and the Regional Director, South-East Asia Region to continue to provide leadership and technical support in building partnerships between governments, UN and bilateral agencies; academia; professional bodies; NGOs; the private sector; the media and civil society, and to jointly advocate effective follow-up on all aspects of this Dhaka Declaration on strengthening health workforce in the countries of the South-East Asia Region.

Dhaka, 23 August 2006
Ministers of health of the WHO South-East Asia Region met in Yogyakarta, Central Java, Indonesia, in September 2012 to discuss matters of importance to health development in the Region. This is the report of their deliberations. Ministers passed the Yogyakarta declaration on ‘ageing and health’. They also reviewed previous declarations by SEAR health ministers, which have been added to this report to make them available in one volume for the first time.