

**SPEECH BY THE PRESIDENT OF INDIA, SHRI PRANAB
MUKHERJEE AT THE JOINT INAUGURAL SESSION OF THE 31ST
MEETING OF MINISTERS OF HEALTH AND 66TH SESSION OF
THE WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA**

Rashtrapati Bhavan Auditorium, New Delhi: 10-09-2013

It gives me immense pleasure to extend a very warm welcome to you all to the Inaugural Session of the 31st Meeting of Ministers of Health and 66th Session of the WHO Regional Committee for South-East Asia. I hope that your stay in the historic city of Delhi would be comfortable and will provide you the necessary zeal, energy and enthusiasm for successful deliberations during the meetings.

I would also like to take this opportunity to congratulate Dr. Margaret Chan, Director General, World Health Organization for her untiring efforts in pursuing the 'health for all' policies, to make it a global agenda and for her commitment to the cause of public health in the international community of nations.

Excellencies,

Ladies and Gentlemen,

I feel honoured that we are hosting the 31st Health Ministers Meeting, where Health Ministers from the 11 countries of this Region - Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste - would be discussing the key health issues and challenges facing the Region.

This international platform at the regional level is crucial for this region since it houses 1.79 billion people, which is 26.4 percent of the global population. 46% of the population in this region is living below poverty line. A significant portion of the disease burden in this region, more than 28%, arises from communicable diseases, maternal and perinatal conditions and nutritional deficiencies which are closely knitted with poverty.

The data also reveals that South East Asia Region has more than 27% of global disease burden due to Non-Communicable Diseases which

indicates the increasing prevalence of Non-Communicable Diseases in the region.

It is also a matter of concern that South East Asia region registers the lowest total expenditure on health as a percentage of gross domestic product (3.8%) and per capita total expenditure on health as per World Health Statistics 2009, with 84.4% out of pocket expenditure.

In this background, I am sure that the meeting of the Health Ministers of the region followed by the session of the WHO Regional Committee for South-East Asia would map the way forward for the entire Region, and would throw up broad agreements and the desired joint commitment on important initiatives and strategies.

Ladies and Gentlemen,

It is an urgent necessity to build a conducive environment to ensure the highest quality of health for the people of the Region. However, this needs a multi-dimensional approach on part of the respective Governments. I am happy to note that the agenda for these two events include most of the health issues in the Region warranting serious discussion and immediate interventions thereupon.

It is a matter of some satisfaction that due to the ongoing systematic efforts of the countries in the region as well as the WHO support, several of them are on track to reach the majority of health related Millennium Development Goals. These efforts have led to some remarkable achievements like the eradication of polio, eradication of smallpox, improvement in life-expectancy and reduction in infant and maternal mortality rates. However, the situation is not uniform in all countries of the region. Some countries are still lagging far behind and would require much more efforts as well as resources to achieve the health related Millennium Development Goals.

An estimated 142 million people, or 8% of the population of the WHO South-East Asia Region, are above the age of 60 years. 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.

The Yogyakarta Declaration on Ageing and Health 2012 rightly affirms that elderly people are a precious social asset and serious efforts should be made by the Member States and partners in the South-East Asia Region to adopt a holistic and multidisciplinary approach to promote healthy ageing in the Member States. All the stakeholders in the Region should advocate jointly and follow up effectively on all aspects of the Yogyakarta Declaration.

The unabated rise in the prevalence of hypertension among the population in the Region also cannot be ignored. It is all the more alarming that the incidence of Hypertension is especially increasing among the youth. The stressful modern lifestyle further aggravates the situation.

We know that hypertension has serious health implications, especially in the long run. Thus, necessary cost-effective, timely interventions need to be explored by countries in the Region to check this undesirable trend.

As the 2015 target date for achieving the Millennium Development Goals approaches, there is wide debate as to what development goals the global community should set next. The United Nations has already appointed a High-level Panel to advise on the global development agenda beyond 2015.

In support of this process, the United Nations Development Group is also leading efforts to catalyse a “global conversation” on the post-2015 agenda through a series of global thematic consultations. Thus, this may be the ideal time for the Ministers of Health of the Region to debate on this imperative issue, keeping region-specific preferences in context.

An ideal healthcare delivery system should be accessible to all in the Region. Considering the current lack of access to quality healthcare at an affordable cost for the majority of the population in the Region, the proposed universal health coverage seems to be a very plausible solution.

However, evidence indicates that two areas cause significant inequities and inefficiencies in health in the Region: first, direct out-of-pocket

payments for access to care that can push households into poverty; and, second, a significant proportion of these payments go towards the purchase of medicines.

It is important that the countries in the Region strengthen their health systems based on the primary health care approach – focusing on public health including prevention and promotion activities; using appropriate technologies; and based on domestic resources as far as possible.

Strategic investments in medical education and training would be needed to enhance the availability of scientifically credible professionals for all communities.

The existing inefficiencies in the supply chain and logistics management of drugs and vaccines should also be addressed on a priority basis. Strengthening of institutional mechanisms for community participation in oversight and governance of health at multiple levels – rural and urban – would also be crucial.

Noncommunicable diseases are the leading cause of mortality globally and in the Region. Each year around 7.9 million people die due to noncommunicable diseases accounting for 55% of all deaths in the Region. It seems appropriate that besides adopting the nine global voluntary targets, a detailed Regional Action Plan is drawn and strictly adhered to in order to control this epidemic.

The world has been implementing the International Health Regulations - IHR (2005) since 2007. This legally-binding agreement significantly contributes to global public health security by providing a new framework for the coordination of the management of events that may constitute a public health emergency of international concern, and will improve the capacity of all countries to detect, assess, notify and respond to public health threats.

It is important for all the countries in the Region to discuss the developments in this regard and to ensure that they meet the IHR core surveillance and response requirements.

In the end, I sincerely hope that these sessions would contribute significantly towards an improved healthcare environment in the Region.

Before I conclude, let me again wish you a memorable and enjoyable stay in New Delhi and successful deliberations.

Ladies & Gentlemen,

With these words, I hereby declare the Thirty-first Meeting of the Ministers of Health and the Sixty-sixth Session of the WHO Regional Committee for South-East Asia officially open.

Thank You for your attention.
