

---

# Hon. Nimal Siripala de Silva, Minister of Healthcare and Nutrition enters into history in Geneva

Monday, 18 May 2009

Last Updated Monday, 18 May 2009

Hon. Nimal Siripala de Silva, Minister of Healthcare and Nutrition of Sri Lanka was elected on consensus as the president of the 62nd World Health Assembly (WHA) today (18/05) at the plenary of the WHA. Hon. Minister of Sri Lanka enters into the history in the World Health Organization as he is also the Chairman of the Executive Board of the World Health Organization while being elected as the President of the WHA. Accepting the Presidency, Hon Minister highlighted pressing issues that need to be addressed in setting the World Health Agenda. Hon. Minister's full speech as follows:

"Vice Presidents of the Assembly, Director-General of World Health Organization, Honourable Ministers of Health, Excellencies,

Distinguished Delegates, Ladies and Gentlemen, Ayobowan -"May you live long!" I bring you warm greetings from the President and the people of Sri Lanka. I am extremely honoured to have been elected the President of the WHA this year and to accept with humility the responsibilities that you have bestowed on me. Rather than being a mere personal honour, I consider this as an honour to my motherland, Sri Lanka, which over the years has demonstrated its unstinted commitment to providing quality health care, as illustrated by our impressive health indicators. It is also an honour to my Region, South East Asia which has now emerged as a leading Region in socio economic development despite facing multiple challenges. I am boundlessly grateful to all of you for honouring my country and the region I represent, and myself personally. Thank you. I also like to record my appreciation for the excellent leadership provided by the outgoing President, Dr. Leslie Ramasamy, Hon. Minister of Health of Guyana. I will strive to my best maintain the very high standards that he has set for us. I must express the strong and consistent support and encouragement I have always enjoyed from my President, Hon. Mahinda Rajapakse and the Hon. Prime Minister, Mr Ratnasiri Wikramanayake, and my former President, Ms. Chandrika Bandaranaike Kumaratunga. Most of the past 10 years of my Ministerial career has been spent in the Ministry of Health, and I had the privilege of serving two terms in the Executive Board, culminating with the singular honour of being the Chair in the past twelve months. My close association with the WHO enabled me to expand my own vision of health in general and international health in particular, and enhanced my motivation a great deal. In particular, I recall with some pride the role I was able to play as the Chair of the Interagency Coordinating Body on health, and the opportunity to support the realization of the vision of Dr. Gro Harlem Brundtland which finally led to the adoption of the Framework Convention on Tobacco. I also must thank the generous help and advice that I have received from the Directors General of the WHO, starting from Dr. Gro Harlem Brundtland, Dr. J W Lee and our present Director General, Dr Margaret Chan. In fact Madam Director General, I owe a great debt of gratitude to you and to our Deputy Director General, Dr. Asamoah Baa, as well as Dr. Samlee, the Regional Director of South East Asia, for all your kindness and your valuable guidance and assistance extended to me, specially during the past year. Since the 61st Assembly last year, there have been monumental changes in our world, which will impose great many challenges to the work of our Organization in the years to come. I will refer to some of these presently because how effectively WHO converts these challenges into opportunities will determine how well we support the health development of the needy populations of the world. It is important to realize that there are many external factors that influence health development in a nation, which are in fact challenges that could be overcome by proper application. Improving daily living conditions and thereby the quality of life of the people, reducing poverty, ensuring equity in distribution of power and resources, providing easy access to education and health, ensuring gender equity are some of these challenges that impact on the health and well being of our people. Therefore it is pertinent that countries give priority to overcome these challenges as they form the cornerstones of social justice, which when adequately addressed would accelerate health development adopting the principles of social determinants of health. The indispensable role of WHO in global health became evident yet again during the past two months with the sudden emergence of the public health threat of the H1N1 Influenza virus. We realized that the preparations that the countries had already made to combat the threat of avian flu and the Introduction of the new International Health Regulations helped this in great measure. The response to the H1N1 influenza has been an excellent example of global multilateral cooperation in health protection with our Director General, Dr. Margaret Chan, taking the lead. We can take pride in this. The UN system and humanitarian agencies responded quickly and effectively to support WHO to prevent a pandemic, and ensured that the poorer nations were not hit disproportionately hard by this potential health crisis. We must all appreciate the excellent work of the WHO in supporting the Member States, particularly the weaker ones, in meeting the serious threats. This level of cooperation and this type of global health architecture must continue in non emergency situations too, with WHO providing the technical leadership. In fact in our ongoing discussions on avian influenza virus sharing also we should also make sure that we make a just and fair resolution of the contentious issues. The other most crucial challenge to health came from the recent global financial and economic crises of unprecedented scale and scope. As a result of this economic tsunami which swept across the world, the health systems of all countries faced a great challenge which threatened their very survival. Here too WHO acted proactively and was the first to hold an international high level consultative meeting just prior to the last Executive Board Meeting, which I had the privilege to Chair. We had an excellent opportunity to discuss the potential implications of the crisis to the health sector and we proposed major recommendations to mitigate the adverse impact. We should be happy that practically all of the subsequent discussions at different international fora have been building on this framework of the WHO. Now the challenge before the international organizations and the WHO is to ensure that the health systems are not adversely affected by the financial crisis. WHO must coordinate the global level support with the other UN agencies, the Development Banks and the Foundations and Member States. WHO also must step-up efforts to ensure

the protection of health budgets, to better focus public expenditure on the health needs of the poor and to monitor the events as they unfold. It is also important to use the situation to our advantage by taking measures to restructure our health systems and health policies towards addressing the health needs of the poor. Although different countries are at different stages of achievement of the millennium development goals, with commendable, but mixed results, they all show some similarities. Each country is making efforts to ensure that mother and child health is highlighted in their national health development plans. All are making investments, to ensure that quality skilled care, especially at and around birth, is available at the community level, backed up by good quality hospital services, for the management of complications. And they are making sure that these services are accessible and affordable to all women and children. However progress in neonatal health has been slower in most countries. We know well that the reasons for high maternal and young child mortality are not only medical but also have social and economic dimensions. Due attention to health systems strengthening, and other social and economic factors will be essential to accelerate progress towards meeting the MDGs. Unprecedentedly, today, Climate change poses a major, and largely unfamiliar, challenge. While our personal health may seem to relate mostly to prudent behaviour, occupation, environment, and health-care access, sustained population health requires the fundamental life-support of the climate system. Although, some of these health impacts of climate change may be beneficial, overall, scientists consider that most of the health impacts of climate change would be adverse. Climatic changes over recent decades have probably already affected some health outcomes. Indeed, the World Health Organization estimated, in its "World Health Report 2002", that climate change was estimated to be responsible in 2000 for increased worldwide diarrhoea, and expanded prevalence of malaria in some countries. By contrast, the public health consequences of the disturbance of food-production, rising sea-levels and population displacement due to physical hazards, land loss, and civil conflict, may not become evident for up to several decades. Indeed, consideration of risks of global climate change to human health will become a central role in future sustainability of health systems. WHO has to be extremely proactive to meet the challenges of climate change on health. There is a need to systematically promote interactions among researchers and policymakers to facilitate the incorporation of research findings into policy decisions in order to protect population health. This is critical, no matter what the climate brings. Finally each country needs to develop its own home grown ways and means of meeting the adverse effects of climate change. Excellencies, it is an unfortunate fact that man made internal conflicts and terrorist activities and their consequences are becoming more frequent in many parts of the world. Apart from the large scale displacements of populations, the health issues have become dominant in these situations. The physical health needs as well as the psychosocial health needs have now emerged as major challenges. In this scenario, while each county will certainly have to strengthen its own disaster preparedness plan, simultaneously we need to also strengthen the global disaster preparedness plans which could respond swiftly and effectively in times of such man made disasters. Drawing a lesson from my own country Sri Lanka, we were able to effectively meet the devastation caused by the Asian tsunami of 2004 because of the strength and the resilience of our health system - and the overwhelming goodwill of the international community. Right at this moment in Sri Lanka my Ministry, with a generous inflow of international support, is handling the health needs of more than 150000 internal displaced persons, who have been liberated from the clutches of the LTTE terrorist group. Some of them have been wounded, tortured and traumatized by this terrorist group when they attempted to escape from their clutches and in a short while this posed an unprecedented challenge to us. My health staff - doctors, nurses and other paramedical personnel from the South have responded spontaneously and positively and are now working under extremely difficult conditions to deliver quality basic health care to these people. His Excellency the President has set up a special task force to attend to the psychosocial needs of this population, with the participation of the Professional Colleges and other agencies. We have set up mobile clinics and field hospitals to meet this unexpected demand and I thank the WHO and some of our friendly countries and international agencies for their prompt response in this regard. This support was possible through the Emergency Fund established by the South East Asia Region of WHO for exactly such purposes on a proposal made by me several years ago, in response to the tsunami that hit many of our countries. The subject of medicines has also become very important for a number of reasons, especially in relation to their accessibility, efficacy, quality and irrational use. There is one concept that has remained unchanged through all the trials and tribulations of the health services and that is the Essential Drugs Concept, upon which over 150 countries have formulated their National Essential Medicines Lists. Governments must be bold in times of crisis &ndash; a National Medicines Policy should be applicable to all sectors of health care. There is no difference in the same disease whether in a patient in the private sector or in the public sector. Prof. Senaka Bibile, a highly respected health professional from my country was a pioneer in this and there is an important lesson from his work. He developed the concept of an essential medicines list in Sri Lanka in the late 1950s, and provided information about the medicines, thus maximising the effect of the list. Prof. Bibile was later invited by the UNDP and WHO to expand this work and performed a yeoman service to the international community. We were pleased that WHO recognized this work last year when it selected Sri Lanka to celebrate the 30th anniversary of the adoption of the Essential Medicines concept. The financial crisis is a very logical opportunity to reinforce and further strengthen Essential Medicines within health services in both the public and private sector. A national medicines policy that encompasses the salient features of safety, efficacy and quality and access to all is a must for all countries. The unrestricted migration of health personnel and its adverse consequences on the health systems of the developing countries have been on our agenda for some time now. I believe we have made some progress, through a much clearer definition and articulation of the problems, and by achieving consensus on the urgent need for action, also by developing a draft code of conduct to be observed, mainly by the destination countries. But I still feel that we have not been able to do enough. I do understand that the issue is complicated, involves many sectors and concerns such as human rights. But in the end the net result continues to be the non availability of highly trained and urgently needed health personnel in the developing countries. I hope we will be able to evolve a formula for health personnel migration that will address individual rights and needs of the health personnel, without undermining the health

---

systems and the essential health care services in our countries. The world has seen many successes in health, especially in communicable diseases and reproductive health. Yet we need to continue the thrust on malaria, Tb and HIV, and build on the early successes. But we are now facing a double burden following the epidemiological transition with increased burden due to non communicable diseases. These demand long term care, more complex and expensive technology, all of which place tremendous strains on the resources our health systems. We need to work with other related sectors and forge people friendly partnerships between the public and private sectors to meet this challenge. I am pleased that the Director General has decided that, despite the reduced budget that is available to WHO, non communicable diseases component will remain untouched. I think it is incumbent on me to speak a few words on the evolving global architecture for health. While the place of WHO is secure and indispensable, the emergence of disease specific funding agencies, the Foundations and other non governmental partners who are engaging in health development, has added a newer dimension in the global health scenario. While we welcome the emergence of these agencies, and partners, particularly for HIV and AIDS, malaria, TB and others - it could certainly be good for global health - we also need to ask ourselves a number of questions. At the country level as well as at the global level we find that there is a great deal of duplication and overlap in programs and unnecessary expenditure for maintaining parallel administrations and the staff of these agencies. It is timely to draw our attention to this scenario and rectify this so that the funds could be diverted to more essential and productive functions. Here we must look at the place of WHO and how it can best adapt to the rapidly changing, complex and competitive global health environment. How can we strengthen the role of WHO as the global leader in health in the 21st Century? Or, how can WHO lead the crusade to ensure the promotion and assurance of social justice and equity as a primary principle of public health? Looking more inward, we might need to make an evaluation of WHO's relevancy to the international community and to Member States in the current global health scenario of competing actors. I am sure the Director General who is extremely perceptive and sensitive has already thought of these possibilities and she will no doubt take the necessary action. Let me assure this august audience that in my work as the President I will be guided by no other principles and values than those that we in WHO hold dear and cherish- equity, social justice, fairness and humanism. I am fully confident and encouraged by the knowledge that I will have the unstinted guidance and support of the Director General and her excellent secretariat during my tenure. I am proud of your trust, and I will justify it to the best of my competence and knowledge. As I conclude let me remind ourselves that, things always change. The world is changing. As new winds blow away many certainties of the recent past, new challenges and opportunities, and new paradigms take their place on the world health stage. And they will inevitable weave their impact even in remote corners of our world and WHO should be well placed to guide all of us through them. Excellencies, as one of the greatest sons of Asia, Gautama Buddha, said over 2500 years ago, "Without health life is not life; it is only a state of languor and suffering - an image of death". Therefore, it is my fervent wish and hope that we will be able to send a strong message from this Assembly that we need to work together as partners in this noble mission and, as this is our common destiny, the developed and developing countries will continue to work closer together for global health development. Thank you.