

**International Epidemiological Association  
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**Keynote Address by  
H.E. Mr. Anand Panyarachun  
Former Prime Minister of Thailand**

**“Towards Equity in Health for Development: Beyond the Rhetoric”**

Mr. /Madame Chairperson,

Distinguished Delegates,

Ladies and Gentlemen,

It is indeed a pleasure for me to welcome all of you to the XVIIth World Congress of Epidemiology.

The theme of this Congress deals with issues of equity in promoting health for development. This is crucial as good health is a basic human right and a necessary foundation for economic and social development as well as human security. The pivotal role of health in the overarching goal of poverty reduction and sustainable development was recognized by the inclusion of three health-specific Millennium Development Goals among the eight adopted in 2000 by the Heads of State and Governments attending the United Nations Millennium Summit.

The twentieth century has witnessed a dramatic decline in average human mortality due to rapid economic growth, particularly in countries of the North Atlantic and this has spread to other parts of the world. Much of average human health improvement has been due to advancements in health technology and income growth, which has enabled countries to invest more in health.

However, many parts of the world, such as Sub-Saharan Africa, as well as parts of South Asia, have failed to share in the overall dramatic gains in human health and reduction of mortality. In most countries, people in the rural areas, especially indigenous peoples, are far less healthy than their compatriots.

At the same time, there are outstanding examples, such as Sri Lanka, Kerala State in India, and Cuba, that have achieved very good health status without high or rapidly growing incomes. In many developing countries, health budget allocations are concentrated on the secondary and tertiary levels, neglecting basic health services, especially for the poor.

This indicates that factors other than just economic and income growth have significant bearing on how countries benefit from advancements in technology. What it means is that the right kind of investment has the potential to yield major gains.

It is, therefore, critical that healthcare systems are strengthened around primary healthcare, in line with the principles of equity, universal access, community participation and intersectoral collaboration. These principles, as endorsed by the Alma-Ata Declaration, hold true 26 years on from Alma Ata and their neglect costs us dearly today. Indeed, it can be argued that this “right” investment must be sensitive to enhancing equitable and adequate access to education, health and natural resources. To reduce present disparities and be successful, states must choose the right mix that enhances social opportunities and effective resource utilization.

The “right” and successful investment is central to our thinking and approach to health and poverty. The income expenditure criterion for defining poverty and for targeting health service to the poor has been challenged. Increasingly, it is being replaced by a new definition of poverty based on the capacity of the poor to improve their conditions, including their health status and education.

In other words, rather than treating health and education as matters of state welfare for the poor, we might consider giving opportunities for all, including the poor, to have better access to these social services so that the poor will have more capacity to actively improve their conditions and become a more valuable asset to society. Achievement of the three health Millennium Development Goals on child mortality, maternal health, as well as HIV/AIDS and other major diseases is closely inter-linked with the other Millennium Development Goals, especially those pertaining to the reduction of income poverty and the improvement of gender equality and environment and sustainability.

The latest review of progress on the health Millennium Development Goals indicates that health should be moved to the centre of the development agenda. Increasingly, poverty and inequity in health must be tackled together in policy and in the intellectual sphere.

Investments for better access to social services are those that aim to increase the capacities of individuals and institutions to apply and integrate technological advancements with contextual and tacit knowledge to reduce poverty and improve equity in health. The goal is to harness the power of knowledge and technology for good health, regardless of its sources.

Therefore, it means that the search to discover and apply "knowledge" must be an inclusive and learning process, pursued as much by scientists in the best research institutions as farmers planting rice in different fields, or mothers trying different food regimens to help their children grow.

While it is important that this Congress adopts a global vision of the human family, it is fitting that a key concern for this Conference be the reduction of the huge health disparities among and within countries.

In doing so, the Congress will help end the era of "neo-colonialism", namely a period of exclusive knowledge production in the North for technology transfer to the South, opening a new era of bringing together knowledge producers and users in the South to join the world health knowledge system.

I believe that if we can strengthen national capacities to generate and apply knowledge through sound policy and social processes, we can advance equity in global health. Such investments require the commitment of people and leadership with a passion to make things happen.

The Congress has been designed as a forum for dialogue and exchange of diverse perspectives and ideas. Of the 1000 attendees, 600 are from developing countries. I am impressed by the caliber of the participants. Let the Congress environment create a passion for change, a passion to make things happen, a passion to build capacity to integrate knowledge from different sources and bring technologies to where they are needed.

Distinguished delegates, ladies and gentlemen,

Assuming that a country has an able and committed leader, what are some of the challenges or key issues for advancing equity in health for development that could be discussed this week?

The first key issue is the effect of globalization on the new capacities of the producers and users of knowledge. Today, nations are experiencing economic transition propelled by globalization. There are fundamental differences in the principles and values underlying the goal of health for all and recent trends in globalization that drive socio-economic and health systems.

With regard to the goal of “Health for all”, Government is the mainstay of health and social services. The goals and values of Government are thus to meet equally the needs of every individual. That is the basis of equity.

In contrast, globalization is not about equity but rather about individual rights and the emphasis is on the methods to get those rights fulfilled. Accordingly, “individual rights” means that access to any health service depends on the individual’s ability to pay, regardless of who provides the services.

Equity requires that governments ensure that everyone’s basic needs are met and therefore governments must resort to a degree of central planning and resource allocation based on a non-price mechanism. Globalization, on the other hand, pushes for private ownership and resorts to the market mechanism to do so.

Thus, it seems that equity in health and globalization are supporting different social values. The plenary on the first day of the Congress provides a forum for discussing the different values and aims, with a view towards a harmonization of these values.

The Congress will also address the need for knowledge-based decision-making by stakeholders. It will consider methods to monitor health equity, and health investment, and methods to feed the information on equity and investment into the political and social processes to devise better investment of limited resources to improve health.

The plenary on the second day will address methodological issues which would allow us to monitor health inequities and bring them into the mainstream of political and social processes. That plenary will encourage more attempts towards refining ways for policy makers and civil society to get knowledge and use it to make better investments.

Therefore, the Congress will reaffirm, beyond doubt, the importance of health research to improve equity. Research is needed to define the problems, lay out the determinants and options, and develop ways to deal with inequities through the political and social processes, which enhance accepted methods of conflict resolution. Research is essential, not a luxury. It is necessary for achieving good health.

Research must not only be multi-disciplinary but also integrative. In the new knowledge-based global economy, the power of research is widely recognized. We are in agreement on knowledge as a global public good. Our shared goal is global and local health equity, with social justice, and health as a basic human right.

Gender equality is central to the attainment of this goal. In the pursuit of research, it is necessary to recognize explicitly issues that affect women and girls differently from those of men and boys. Let us also keep an open mind to the value of wisdom that lies very much with those who have little formal training but a wealth of practical experience.

The "research divide" is less between basic-applied, global-local, or producer-user, and more between whether research serves the rich and privileged or meets the health needs of the world's poor and disenfranchised. Spending on research and development is mostly concentrated on diseases that affect developed countries, while the diseases that most commonly afflict the poor (for example, tuberculosis and malaria) attract relatively little investment. Only 10 per cent of the money spent on research is dedicated to the development of therapies that could improve the health of 90 per cent of the world's population. This must change.

Among countries that use research to improve equity, there is considerable variation. Plainly evident are marked differences in research capabilities, performance, and constraints. In some countries, health research has advanced significantly. Others have been left behind, suffering from decaying or even collapsing infrastructure. A major conference challenge is the harmonization of such diversity with a clear focus on health equity.

Key constraints on research aimed at improving equity include weak human resources, institutional infrastructure, and financing. The producers as well as the users of research need an environment that creates motivation, skills, career structures, and an interactive critical mass.

Infrastructure is necessary to provide an enabling environment that nurtures a research culture. Flexible financing is required. Commitment by actors involved will be important to mobilize public funds from the countries themselves, supplemented by foreign development assistance. Efforts must be made to be self-sufficient in the long run and attempts made to avoid perpetual dependency on foreign aid. This is why it is vital at the global and local levels to make knowledge instrumental in the political and social processes to enhance equity.

During the third day of the plenary, the Congress will discuss the utility and challenges around large studies. Large studies are important for answering difficult questions on equity in health. Large studies are most useful when scientists of developed and developing countries join hands to make them happen in the spirit of South-South cooperation. It requires committed leadership, the motivation of partners in research, as well as the desire to learn together and generate knowledge to tackle difficult problems.

These studies have important bearing on measures to deal effectively with inequity in health for development. A social, economic and political environment that is conducive to equity-focused health research is a critical enabling factor for mounting large studies inexpensively. At the same time, it would be necessary to maintain scientific rigor and guard against the exploitation of the weak by the powerful, both in terms of scientific capability and economic strength.

Ethical considerations are also important to protect the public and the human subjects being studied from undue harm. While measures are developed to achieve such protection, some have argued that they could delay or even impede the generation of new knowledge. However, this consideration is particularly relevant in the new era of genetic epidemiology, drug and vaccine trials, stem cell studies, as well as large epidemiology studies. Transparent deliberation is called for on issues such as data protection, revealing of the patient's information, and consent for use of blood or other tissues for research.

Distinguished delegates, ladies and gentlemen,

Equity in health for development calls for a new way of doing things. This new way includes a new harmonized value system, new partnership arrangements, and new ethical approaches. The design and operation of all this may be wanting for legal, managerial and other non health knowledge. The public must have the space to participate in the initiatives not only by expressing their concerns and needs, but also in the development of innovative finance, organization and monitoring of health services and in arrangements for appropriate regulation and incentive structures.

Ultimately, our commitment is to the well-being of humankind. This Conference provides us with a valuable opportunity to strengthen our solidarity and commitment, to forge our way forward together.

I should like to pay a tribute to those who made this Conference possible. I appreciate the commitment of all to be here, despite your heavy schedules, and to give Thailand the opportunity to be your host. I am sure that the collective commitment, vision, and concern for the public good, and particularly for vulnerable groups, will serve you all well in your efforts to enhance partnership toward securing health equity.

I believe that this Conference will be a significant milestone in the long journey of our search for equity in health. Like the Chao Phraya River which nurtures life along its banks, the Conference is part of the global flow of epidemiological and health research for development, in which everyone here has a role to play.

I wish you all every success in your endeavours.

Thank you.

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