

Address

By

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Regional Director, WHO South-East Asia*

At

*Indian Society for Malaria and Other Communicable
Diseases*

Award of Honorary Fellowship

*New Delhi, India
12 February 2008*

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**DR SAMLEE PLIANBANGCHANG
REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA**

Professor Ganguly, Dr Shiv Lal, Dr Pattanayak, Honorable Members of the Society, Distinguished guests, Ladies and gentlemen;

I am indeed privileged to accept the “Honorary Fellowship” awarded by the Indian Society for Malaria and Other Communicable Diseases. I am very much thankful to the society for this prestigious award. Let me also express my regret and sincerely apologize that due to pressing commitments, I could not attend the Annual Conference jointly organized by the society and the Indian Association of Epidemiologists during last October. I am very grateful to the organizers of this elegant function arranged in my honour today.

The society is now more than 50 years old. It was formed by past luminaries, when public health in India was still in its formative stage. We must appreciate their vision and foresightedness. Now, the society has emerged as a leading public health forum in India. It has made a name for itself due to its exemplary work, particularly in the areas of prevention, control and elimination or eradication of certain communicable diseases. Over many years, members of the society have contributed immensely to the national programmes for elimination and eradication of various diseases, notably smallpox, Guinea worm, and yaws. And I foresee a far greater role for the society in future, especially in preventing, controlling and eliminating or eradicating other priority communicable diseases. Also, the society's

members are likely to be called upon to respond to the emerging issue of noncommunicable diseases, which represent another formidable task in public health. The society must be ready to meet these challenges as well.

In the South-East Asia Region, communicable diseases contribute to 40 per cent of the 14 million annual deaths, while noncommunicable diseases are fast emerging as the leading cause of death and disability. This double disease burden presents a major public health challenge for all of us in the Region. In the area of communicable diseases alone, age-old scourges, like malaria and tuberculosis will continue to take a heavy toll. The emergence of new pathogens during the past years has further compounded the situation. For example, SARS (Severe Acute Respiratory Syndrome) was the most recent such disease to emerge, and it spread to 31 countries in a short time, causing economic devastation across the globe.

While containment of SARS was an excellent example of international cooperation in communicable disease control, a far greater challenge has been posed by the daunting threat of an influenza pandemic. The entire world appreciated the rapid and effective action by India in containing avian influenza outbreaks in 2006 and 2007. Also, India has been lauded for bringing together health and agriculture sectors to fight avian influenza. The two sectors have committed to work together under the framework of Delhi Declaration.

In this Region, we are also vulnerable to the other emerging and re-emerging infectious diseases, such as Nipah virus, dengue fever, leptospirosis, Japanese encephalitis, and chikungunya. Chikungunya reappeared in India after 31 years of absence, and swept across several states last year at an amazing speed. It affected a huge number of people, causing pain and disability. The genesis of several communicable diseases can be traced to factors beyond the domain of health sector; yet, the impact in terms of morbidity and mortality has to be managed primarily within the public health framework. That framework still needs strengthening and development. We need a strong public health infrastructure in our fight against communicable and noncommunicable diseases.

Today in the world there are a multitude of ideal settings for the emergence and spread of infectious diseases, which require multilateral action and interventions. Among the factors implicated in the spread of diseases are globalization, ease of international travel, population movement across borders, poverty, overpopulation, deforestation, urbanization, global warming, ignorance and weak public health infrastructures. Clearly, the health sector alone will not be able to successfully tackle these problems, many of which are characteristic of the developing countries, and of poor countries. With technological advancement, especially in information, communication and transportation, the world has become smaller and smaller; more and more we are living in a global village. But with its ever-increasing size, the world population has to share many things, including diseases. This scenario is profoundly affecting our being on this planet.

Evidence is fast emerging on the impact of climate change on communicable diseases and on the nutritional status of populations. The struggle of humanity to survive and thrive on earth has led to climate change and global warming and this process can lead ultimately to global catastrophe. Climate change disproportionately affects the developing and poorer nations. It now appears quite likely that the earth will be warmer by 1 to 4 degrees celsius in the 21st century. This phenomenon will change the distribution of disease vectors, enabling them to thrive in areas previously inhospitable to them. At warmer temperatures, pathogens develop more rapidly in mosquitoes, and consequently there will be an increase in the incidence of malaria and dengue fever. Today, 2.5 billion people who live in the tropics and subtropics are at risk for dengue, and of those, 1.3 billion live in South-East Asia. During the past three years, dengue virus has expanded geographically to newer areas, such as Bhutan and Nepal. This is an alarming trend in the area of communicable diseases.

Because of social and economic reasons, human beings have lived closely with animals. This has been the case for as long as we can remember. This co-existence is intense and continuous in our part of the world. This continuously close contact provides frequent exchange of microorganisms between animals and humans, and from time to time, people acquire diseases from the animal. This

situation also provides opportunity for some genetically altered organisms to adopt the human body as their host. Then, there is the initiation of a new cycle of human to human transmission of the agents. SARS and possibly avian influenza, exemplify this phenomenon. More than two-thirds of newly identified pathogens have originated from animals. Unmindful degradation of environment, especially in developing countries, is the order of the day. The ecological balance all over the world is being upset due to the destruction of ecosystems. Deforestation is altering flora and fauna. This deterioration of the environment provides greater contact between human beings and the hitherto restricted pathogens.

On the positive front, however, there has been a perceptible national desire and political will to address the problem of infectious diseases. It has yielded commendable results, too. At international level, there has been a growing realization that emerging diseases can be better fought collectively, through global efforts. Therefore, the International Health Regulations (2005) have come into force last year. These regulations will facilitate the containment of the international spread of infectious diseases, with minimal disruption of trade and other human activities across borders. Extensive preparation and advocacy for their implementation are in progress, in order to build national commitment and country core capacity to respond effectively to the challenge of International Health Regulations (2005). The advocacy is yielding positive results. Countries are now more aware of the necessity to ensure international health security through the implementation of the International Health Regulations (2005). There are growing efforts to bring health into the center of human development.

More investment in health is also forthcoming. The Government of India has made a laudable commitment to enhance public expenditure on health, and has decided to increase health expenditure to at least 2-3 per cent of gross domestic product by 2010, compared with the current level at 0.9 per cent. The multifaceted dimensions of emerging diseases are also now well recognized. Prevention and control of these diseases will have to be carried out through multidisciplinary and multisectoral endeavours. Active community participation and involvement is the key approach to such prevention and control. The Indian Society for Malaria and

Other Communicable Diseases can play a leading role, particularly in providing technical support to the country in policy, strategy development and capacity strengthening. The commendable work done by the society in the past to popularize public health is widely recognized. Public health interventions will be effective only through multidisciplinary and multisectoral approaches with full participation and involvement of people in community. In this connection, I would like to mention that more than 1000 life-members of the society from various disciplines, have worked as a strong base for field-level public health initiatives. Also, the society's "*Journal of Communicable Diseases*" has a prominent place in the scientific community. We always look towards this journal for any development regarding communicable disease prevention and control in India. Through the society's fellowships programme, scientists and health administrators have been encouraged to take up public health work in earnest.

Following the success of National Surveillance Programme for Communicable Diseases, the Government of India launched the Integrated Disease Surveillance Project in 2004. WHO has been an active partner in this challenging initiative. I understand that members of the society have been proactively involved in every sphere of this project as well. This effort will greatly strengthen surveillance mechanism in the country. Surveillance that leads to timely response is necessary to ensure mitigation of the human suffering and economic burden resulting from epidemics. Recent years have also witnessed major natural disasters followed by disease outbreaks, and members of the society have played a crucial role here as well, helping to control such outbreaks across the country. To provide timely technical backup to countries in the Region, WHO/SEARO chose to locate a Regional Sub-unit on Communicable Disease Surveillance and Response in NICD. This sub-unit can work closely with the society in this important area.

As you are aware, the Planning Commission of India, in its "Vision 2020", envisaged this country to be in the club of the upper middle-income group. To achieve this goal, good health for the whole population has to be ensured. In this connection, there is a need to research every aspect of diseases, both communicable and noncommunicable. With the changing spectrum of these

maladies, there is a need to look again at the way we deal with them. There is a plan to reorganize NICD to expand its mandate to include non-communicable diseases as well. This is another challenging area, in which the society may be interested to get involved. It is very important indeed to ensure capability and capacity of this new organization in prevention and control of NCD. In this connection, there are also other important initiatives, such as the establishment of the South Asian Association for Regional Cooperation Coordination Centers for Disease Surveillance, and the creation of Public Health Foundation of India. Needless to say, in all these initiatives, WHO shall lend its support. WHO will be happy to work closely with concerned agencies in these challenging undertakings.

I again reiterate my happiness that the society thought it fit to award its "Honorary Fellowship" to me. I have seen the list of earlier recipients of this award, and it is a great pleasure and privilege for me to be associated with those great names. I can wholeheartedly assure the society of the unstinting collaboration of WHO in the strengthening of the public health system, public health infrastructure and public health workforce in India. Members of the society have a vital role to play along with WHO in the development process. Finally, I wish the society all success in its pursuit of excellence in public health; in its unwavering determination and commitment in serving the country in disease prevention and control; and in its contribution to the attainment of the Millennium Development Goals and Health For All people. I thank you all for your kind attention.