

Keynote Address by

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At the

**Fifth International Public Health Conference on
“Global Crisis and its Impact on Health: Public Health
Challenge”**

*28-29 April 2011,
Bangkok, Thailand*

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Distinguished delegates, honourable guests, ladies and gentlemen,

It is my privilege and honour to deliver the keynote address at this Fifth International Public Health Conference. I thank the organizers for their invitation. The theme of the Conference, “Global Crisis and its Impact on Health: Public Health Challenge” is indeed timely. Yes, the current global crisis is affecting peoples’ health worldwide.

The four areas selected for focused discussions during this conference are very relevant: Emerging/Re-emerging Diseases; Economic Crisis; Global Warming/Climate Change; and Food Security. These areas are not mutually exclusive. They are inter-related; and, in several instances, they are interlinked as cause and effect. They enforce each other.

With regard to emerging/re-emerging diseases, mortality from communicable diseases in general is decreasing. However, emerging and re-emerging infectious diseases will further add to the burden of communicable diseases. The total morbidity due to these diseases will therefore not be easy to reduce. Furthermore, during the last three decades, more than 30 “new pathogens” have been discovered the world over.

Chemical contamination in the environment due to uncontrolled use of pesticides; and the dumping of industrial waste are major causes, among others, of creating an ecological imbalance that leads to a change in microorganisms; a change from the nonpathogenic to the pathogenic form, the form that can cause emerging diseases; either mild or severe. At the same time, warmer climate, an extended rainy season, and more rainfall lead to the emergence of vector-borne diseases in “new areas”.

Malaria, unknown in the mountains of Bhutan and Nepal, is now emerging at altitudes of more than 4000 feet above sea level. In 1960, dengue disease was seen in seven countries worldwide. In 1980 and 2000, it was found in 31 and 60 countries respectively. The emergence of SARS, bird flu (H5N1) and 2009 influenza (H1N1) proved to be the major “global public health problems”. Furthermore, “abuse” or “inappropriate” use of antibiotics creates “antimicrobial-resistant” microbes.

Antibiotic resistance has led to re-emergence of diseases, like tuberculosis and malaria. Microorganisms transmitted from animals cause disease in humans. This is a very important emerging phenomenon today. The WHO Regional Offices for the

Western Pacific and South-East Asia have jointly developed and implemented the Asia-Pacific Strategy for Control and Prevention of Emerging Infectious Diseases. In the strategy, emphasis is placed on the development of sensitive surveillance systems with efficient laboratory back-up to track down diseases. The strategy also emphasizes planning for preparedness and response to the possible outbreaks of these diseases. It is also important, therefore, that we put more efforts on advocacy for the “rational use of antibiotics”.

Emerging infectious diseases can lead to a “public health emergency of international concern” with spread of diseases across international borders. It is an obligation of WHO Member States to prevent such a spread. For this, the International Health Regulations (IHR 2005) must be strictly implemented by countries.

As for the economic crisis, there is no doubt that the global economic crisis adversely affects the health of the world population especially in developing countries. Since we live in a connected and in an interdependent world, the effects of such a crisis will spread the world over. Certainly, the “less developed countries” that depend on outside resources for their development programmes will be affected significantly. Rich countries will not be able to meet their funding “pledges” and “commitments”. At the same time, the economy of developing countries will also be affected. Their budget allocations for health will likely be reduced, in view of the relatively low priority accorded to health in the national development policy.

We need to help the health sector in these countries to advocate for the “protection” of “budget allocation to health”. At the same time, we should encourage national governments to use this “opportunity” once again to pursue “health systems reform”; the reform that can ensure more efficient and more effective use of “national resources” for “health protection”, especially of the “poor” and the “underserved”. Also, the reform that can lead to health strategy that shifts, to the extent possible, the emphasis of resource allocation in favour of “preventive care”, and in favour of public health services. We need a strategy that can create a “health system design” in favour of “health promotion”, “health protection” and “health maintenance”. We need to pay more attention to the development of “positive health”; in addition to being very busy in dealing with “negative health”. To promote “positive health”, we need health systems that incorporate into their programmes, *inter alia*, the principle of Health for All/Primary Health Care in both letter and spirit to ensure equitable access to a “well balanced health care” for all people. In this hour of financial crisis, containment of healthcare cost with the assurance of quality of health services is another strategic consideration.

Ladies and gentlemen,

The global temperature is rising. The global weather is changing unusually. The year 2010 was observed as the hottest year ever. The adverse impacts of global warming and climate change are being felt throughout the world. Disasters such as floods, landslides and cyclones are occurring with greater frequency and with more devastating effects. The sea level is rising at an increasing rate, contributing, among other things, to inevitable human migration. Climate change is expected to drastically

alter the global ecosystem, thereby challenging, among others, food production and exacerbating malnutrition.

The Himalayan snow and ice may decline by 20% by 2030, causing floods and then drought. By 2025, 1.8 billion people may suffer “absolute water scarcity” and 67% of the world’s population could be “water stressed”. This situation will certainly influence, among others, the incidence of water-borne diseases. WHO estimates that globally 1 to 2 million deaths will be caused by diarrhoea and 90% of these deaths will be among under-five children.

Climate change is also expected to affect the occurrence of noncommunicable diseases such as heat stress, cardiovascular ailments and asthma, etc. The health impact of climate change is obvious. It is unfortunate, however, that some people are not yet convinced of this impact. Developing countries are disproportionately affected by the impact of climate change even though these countries contribute the least to it.

The United Nations Framework Convention on Climate Change organized 16 Conferences of Parties to deliberate upon the related issues. At these conferences, however, the “health impacts” of climate change were not addressed substantially. The health sector, especially in the developing world, must work harder in order to convince and mobilize the world community to pay more attention to the health impact of climate change. Otherwise worldwide poverty and hunger will be “exponentially aggravated”. Climate change does not affect all countries in the same way.

Small islands and low lands will face problems of flood, hurricanes, landslides, and sinking of land, while countries with high mountains will have problems of floods and landslides, due to melting of snow and ice, followed by drought. Therefore, “vulnerability assessment” must be undertaken as the basis for “preparedness planning” for individual countries.

An effective surveillance system must be established to monitor “climate-sensitive diseases”. The existing public health programmes must be strengthened to ensure countries’ capacity in “mitigating” and “adapting” to the health impact of climate change. However, in this mitigation and adaptation, the health sector cannot work alone, it needs to work in close collaboration with other sectors.

Ladies and gentlemen,

The global food crisis endangers lives of millions of people particularly the poor who live in countries already suffering from both acute and chronic malnutrition. Multiple factors are behind the crisis, such as recurrent bad weather and increasing environmental degradation, lack of investment in the agricultural sector, rising demand for food, rising food prices and subsidized bio-fuel production that adversely affects food production. Inaction or inadequate action on the food crisis will have enormous public health implications e.g. increasing malnutrition, increasing child and maternal morbidity and mortality, the poor will not be able to afford healthy food, leading to an increase in the burden of NCDs; and there will be an increase in “wasting” among young children, coupled with anaemia and other micronutrient deficiencies. It will lead to the impairment of mental development and will diminish the learning ability of the young.

The food crisis is indeed a public health challenge. We need to underscore the human dimension of the food crisis and to closely monitor the impact of “public health interventions” on nutrition, health and poverty, to help ensure “food and nutrition security” of the most “vulnerable population groups”; and to help ensure the “linkage” and “continuum” between short- and long-term policies on “food”, “nutrition” and “health”.

“Food safety”, food hygiene and food sanitation, as important parts of “food security” must be specially highlighted in the national programmes on “food and health”.

In addition to the four crises mentioned above, I would like to add a few more global issues as far as health is concerned.

Demographic transition is not taking place rapidly. However, it is increasingly becoming an important global issue. Every year more people are added to the already crowded globe. These people are competing for the already finite natural resources. In 2000, the world population was 6.1 billion; today it is about 6.8 billion.

Urbanization is expanding rapidly. In 2000, the urban dwellers accounted for 24.8% of the total world population; today they are about 51%. Rapid urbanization, especially unplanned or poorly planned, is adding more problems to the already increasing social, economic and political tensions. Indeed, demographic transition has important “public health implications”.

Among other things, more people will contribute to the increasing morbidity and mortality, the increasing disease burden. Significantly, when people live longer there are more “aged populations” who need “special health care”. When we move towards this demographic trend, there is a need for reorientation of our “long-term health strategy”. We need to reorient our thinking on “longevity”. Instead of simply “longevity” or just to live longer, we should be longing for “life with quality” to always live happily as long as we live. We need to promote the idea of “healthy longevity”. In other words, life that has the “shortest duration” of being “dependent” or “bed ridden”. “Healthy longevity” is life with the level of health that can permit an individual to lead a socially and economically productive and satisfied life. “Healthy longevity” may be achieved, among other means, through a clear understanding and unwavering commitment to the implementation of the principle of the “social goal of HFA” through the development and implementation of “public health programmes” based on the “primary health care concept”, through “primary prevention”, emphasizing “health risks” and “determinants”, and through a multidisciplinary and multisectoral approach involving multiple partners and multi-stakeholders.

Ladies and gentlemen,

Another area of global concern: Mortality from communicable diseases is decreasing, while mortality from NCDs is increasing. People today, on average, are living longer than they ever have. Now, deaths due to NCDs are about 60% of the total deaths globally. The number of people with chronic noncommunicable diseases is increasing. These people need long-term care; they require life-long treatment.

This situation is further adding to the already heavy social and economic burden of individuals, family and society.

We need to pay particular attention once again to the development of “ambulatory care”, and to the strengthening of “family health care” and “comprehensive community-based health services”. We need to devote more efforts in bringing health care and services more closely to people in the family and community, and at work places as much as possible. Drugs and medical devices for life-long treatment and for long-term support must always be made available, affordable and accessible to those who are in need.

This situation entails a considerable amount of health-care cost to be added to the national health expenditure. It is a heavy burden on the government’s budgets.

Tackling chronic noncommunicable diseases in a more comprehensive manner requires a “multisectoral approach” at all levels. Last year, the UN General Assembly passed a resolution calling for a UN High-Level Ministerial Meeting on NCDs to take place in September this year.

The purpose of this meeting is to advocate for the highest-level commitment to multisectoral actions on prevention and control of NCDs. The meeting is being planned as a “UN Summit on NCDs”.

WHO is actively making global efforts to help Member States prepare for their participation in the Summit.

Ladies and gentlemen,

Last, but not the least; let me add one more “global issue”; that is, the unabated increase in “health-care cost”, and “skyrocketing” of health-care cost. In some countries, health-care cost contributes significantly to inflation. The South-East Asia Region has the highest level of “out-of-pocket expenditure” on health: the expenditure that can drive the “spenders” into “poverty” and “the poor” into the “poverty trap”. Such a situation will make it very difficult or impossible for the poor to get rid of such a trap. To reduce out-of-pocket payments to the minimum, countries are moving towards “third-party payment” or a “health insurance scheme”.

In this connection, special attention should be paid to scaling up of the coverage of health insurance; especially it should be ensured that “access to quality health care” of the poor, the underprivileged and the vulnerable is ensured. The high health-care cost is really a global problem in “health care management”. It aggravates the “inequity in health” and further deteriorates “social justice” in health. The poor are already disproportionately affected by the unchecked escalation of health-care costs. Without effective protection of the poor, the health condition of the poor will get worse.

“Economic crisis” and “crisis in health-care cost” are not mutually exclusive terms. Economic crisis enforces crisis in health-care cost. These crises are strong indications for us to critically review and re-examine once again our health care systems. We need to critically review our approach to “disease burden”, the burden that links directly with the cost of health care. It is the burden that usually leads to the use of expensive medicines, and the application of sophisticated medical equipment. This situation entails financial burden especially on the middle- and low-income groups of people.

The disease burden should not only be reduced through medical interventions that aim at mostly short- and medium-term results. In dealing with the disease burden, we may, however, think of more efforts towards “preventive interventions” for long-term and sustainable results. The disease burden may be effectively prevented through PHC-based public health programmes, through community-based actions; and with multidisciplinary and multisectoral involvement. Such programmes should place emphasis on “primary prevention” through community-based “health promotion” and “disease prevention”.

Health care systems should be designed primarily to promote, protect and maintain good health of people; not to let people get sick easily; and not to allow the disease burden to build easily. In this process, we need to keep in mind also, as far as technological tools are available today, that not all of the disease burden can be prevented. We need to keep in mind also that we are not talking about “the absence of disease or infirmity”, which is only an “utopian creation” in the human mind, and which will not become a reality. We are talking about a “proactive” health strategy.

We are talking about a “positive” health approach that is possible to translate into reality. We know that efforts have been made along these lines of thinking. But they are not enough to challenge public health crises of today. A lot more needs to be done. We should do away, if possible, from designing our health care systems just for providing mostly passive care and passive services that are mostly waiting for people to get sick and be treated. Today, in our health-care systems, we are mostly dealing with people with the evidence of morbidity; people who are already facing a disease burden. We should reorient our approach to put more efforts in protecting the health of people, with particular attention also to those who do not yet show obvious signs of morbidity. However, at least at this stage of the current situation, we should just look forward to the day when we will be able to achieve a better balance of health services between “preventive” and “curative” care.

This means, nonetheless, and in view of the skewed provision of health services today, that a lot more investment would be needed for further development of public health infrastructure and public health programmes, the infrastructure and the programmes that can ensure a holistic approach in health development, taking into account the strategic consideration of countries’ social, cultural, environmental, economic and governance dimensions. This is in addition to our desire to achieve the important balance between “prevention” and “treatment” in our health care systems. The achievement of this balance in health care will greatly contribute to containment of the health-care cost; the balance that can ensure better health and better quality of life of all people.

Once again, ladies and gentlemen, I sincerely thank the organizers for giving me the opportunity to speak, and to provide some food for thought at this important conference.

Thank you.