More than a quarter of the global population lives in 11 countries in South and Southeast Asia. These 11 countries, which include Bangladesh, Bhutan, Burma, India, Indonesia, Maldives, Thailand, Sri Lanka and East Timor, also bear 28% of the global disease burden. Government expenditure for health is lowest in this region compared to all other World Health Organisation regions. This means that people in these countries have the highest out-of-pocket expenditure on health. Health care in these countries drives people into poverty and the poor into a vicious poverty trap.

How can Southeast Asia maximise resources and ensure that their people remain healthy and productive? This would require a paradigm shift in health policies in favour of preventive care and public health services.

Countries have the power to prevent disease through effective public health intervention. Unfortunately, most countries invest heavily on medicine and curative care in institutions – all of which focus on the person after they develop an ailment. Countries need to empower people through health education and preventive care to enable them to protect themselves from disease and maintain good health.

In these times of economic crunch, focusing on development of positive health while dealing with negative health would be a long-term and cost-effective intervention. Instead of waiting for people to get sick we need to re-orient ourselves to protecting the health of people, especially those who do not yet show obvious signs of disease.

Community health workers can be the catalysts for such a shift. These are workers who come from the communities and act as agents of change for promoting healthy behaviour and reducing health inequities at a relatively lower cost. Nations need to review and redefine the role of these community health workers and make them an integral part of the referral chain within the health system.

Thailand's large cadre of Community Health Volunteers (CHVs) educate the community and support health staff in immunisation, nutrition and child health campaigns as well as self-care for patients with chronic ailments. The CHVs were brought in for a project to control the alarming rise of diabetes (6.9% of the community) with 8 out of 10 patients living in rural areas who were unable to control their sugar levels. These volunteers monitored the progress of each patient every two weeks and maintained an individual patient folder. They created a network of people with diabetes in the villages to help patients keep and maintain a healthy lifestyle. After six months, for most diabetics, the body weight as well as the body mass index reduced significantly and 40% of the patients could keep the blood sugar within the acceptable range.
Every year millions of children's lives can be saved by vaccination. Access to safe and effective vaccines is a basic right of all children. Yet about 10 million vulnerable children in these countries do not receive diphtheria, tetanus, pertussis vaccinations during their first year of life. While each year an estimated 1.5 to 2 million children die due to vaccine-preventable diseases worldwide, 25-30% of these deaths occur in Southeast Asia. Every minute one child under the age of five dies of pneumonia in WHO's Southeast Asian region. Diarrhoea kills six or seven under-five children every five minutes. These lives can be saved through simple intervention. By improving child nutrition, exclusive breastfeeding up to the age of six months, continued breastfeeding, zinc supplementation, expansion of immunisation coverage, promotion of hand-washing and provision of safe drinking water and sanitation can prevent these diseases and deaths.

Seventy percent of the world's malnourished children reside in WHO's Southeast Asian region. Most of them suffer from anaemia, often due to insufficient iron in their diets. Many also suffer from inadequate vitamin A and iodine in their diets. While many children die due to severe malnutrition, a larger number of deaths occur among the less severely malnourished. The consequences of malnutrition are inter-generational and besides health it can affect intellectual capacity and work capacity in adulthood. Unfortunately, the same countries also suffer from unhealthy diets, obesity and a higher risk of chronic non-communicable diseases. The cost of medical care for these diseases will impoverish their populations further. Countries need to bring together sectors like education, agriculture, fisheries, food processing, media and members of parliament to successfully meet nutrition challenges.

The disease burden in our countries can be effectively prevented through public health programmes that strengthen primary health centres to educate communities about prevention.

Not all of the disease burden can be prevented. We are talking about a proactive health strategy. We are talking about a positive health approach. We are talking about a well-informed public that knows how to prevent, protect and maintain good health.

Countries in Southeast Asia need to achieve a better balance between preventive and curative care. This balance in health care will reduce health-care costs and ensure better health and better quality of life of all people.