Health situation in the South-East Asia Region: challenges for the next decade

Samlee Plianbangchang & Jai P Narain

The South-East Asia (SEA) Region of the World Health Organization (WHO), home to 26% of the world population and to 40% of the world’s poor, is in the middle of a rapid economic, demographic and epidemiological transition. It suffers disproportionately from the high burden of communicable and emerging noncommunicable diseases in the background of relatively poor health infrastructure. Clearly, progress in global health is not possible without a significant improvement in the WHO South-East Asia Region.

Out of the 14.5 million deaths that occur in the South-East Asia Region every year, 3.9 million are due to communicable diseases (CDs). These diseases together with maternal, perinatal and nutritional conditions are responsible for 36% of the disability-adjusted life years lost, indicating that communicable diseases are still a major public health problem in the Region, and a threat to national and international health security. Outbreaks due to emerging and re-emerging diseases are a frequent occurrence requiring early detection and rapid response. Dengue is of particular concern as it is not only occurring in explosive outbreaks but expanding geographically to newer areas. Over the past five years, Bhutan and Nepal have reported dengue cases for the first time.

Noncommunicable diseases (NCDs) can impinge on national health and development as they not only cause premature deaths but exacerbate poverty and affect national economies. In the SEA Region, 8.3 million NCD deaths (nearly 56% of all deaths) are mainly due to cardiovascular diseases, diabetes, cancer and chronic obstructive lung diseases contributed by the four shared risk factors, namely tobacco; harmful use of alcohol; unhealthy diet; and physical inactivity. Mental illnesses and injuries also pose a considerable burden in the Region.

An interplay of socioeconomic, environmental and behavioural factors, which constitute the social determinants of health, are driving the epidemics of communicable and noncommunicable diseases. The situation is further worsened by globalization and rapid economic activity, often unplanned and...
unregulated, and by the Region’s considerable poverty, prevailing inequities, and inability to allocate increased resources for public health.²

The SEA Region has, however, made enormous strides over the past decade. Guinea worm disease has been eradicated, while poliomyelitis is now on the verge of eradication, with no cases reported from India since 2011 – a historical low for the country. The Region is also making progress in reducing child mortality, albeit slowly. In the NCD area, Member States of the Region have expressed political commitment to combat the epidemic. The Millennium Development Goal (MDG) targets for HIV, tuberculosis and malaria control also appear to be within grasp.

Against this background and in the light of notable successes, the Region will have to prepare itself to confront many public health challenges in the near future. These include prevention of NCDs, which has been the focus of several high-level meetings during 2011 including the World Economic Forum in Davos, Switzerland, Ministerial Meeting in Moscow, Russian Federation, and the United Nations High Level Meeting held in New York, United States of America. Most countries have organized consensus meetings at national level, and are now moving towards formulating and/or implementing national multisectoral plans of action on NCDs.

“Antimicrobial resistance (AMR): no action today, no cure tomorrow” was the theme of World Health Day 2011. The overuse and inappropriate use of antibiotics is a major contributor to the development of germs that are no longer susceptible to available drugs. The ministers of health of the Region issued a Jaipur Declaration on AMR in September 2011 calling for urgent action at country level to prevent AMR, otherwise no antimicrobial will remain effective in the future.

Climate change is another issue that will continue to threaten not only health security but also economic security, energy security and food security. Floods in Thailand (August 2011) are a stark reminder of things to come. Public health actions, aimed at both adaptation and mitigation, are urgently required at the government, industry and individual level. The Seventeenth Conference of Parties held in Durban, South Africa, concluded on 11 December 2011 with a landmark deal relating to emission targets, extension of Kyoto Protocol by another five years, and on establishing a Green Climate Fund, thus marking a new beginning towards real and effective action on climate change.

The health of women and children is also likely to continue to be a significant issue following the endorsement of the UN Secretary-General’s “Global Strategy on Women and Children’s Health” at the MDG Summit held in 2010. Tragically, more than 0.56 million children still die annually in the SEA Region from pneumonia and acute diarrhoea, despite the availability of simple and cost-effective interventions. A comprehensive, community-based approach to scale up prevention and case management can yield impressive results.

Overall, the progress towards achievement of MDGs is satisfactory in the Region. However, progress in achieving the maternal mortality target (MDG5) and sanitation target (MDG7) remains the lowest. It seems unlikely that the Region will achieve these targets unless an enhanced level of attention, concern and resources are directed urgently to these areas.

To address these challenges, strengthening of health systems based on the primary health care approach is of fundamental importance, especially concerns relating to quality of care, financing and human resources for health need to be addressed. In addition, health leadership
and governance must form the core of the overall response to health challenges in the coming years. There is a growing need for greater allocation of resources for health to ensure universal health coverage. However, the continuing economic crisis affecting many Member States and the announcement about the cancellation of funding from the Global Fund to fight HIV, TB and Malaria until 2014, are undermining the public health response at various levels of health care.

Clearly, the prevailing health scenario in the Region poses enormous challenges but also offers some opportunities for action. While all countries are striving to develop innovative approaches to disease control, core capacities must be strengthened for detecting new pathogens early and responding to them as rapidly as required under the International Health Regulations. The growing epidemic of NCDs, and unacceptably high maternal mortality rates require a coordinated response. Integrated approaches for control of CDs and NCDs are worth trying since many NCDs are preceded by CDs.

Building capacities in critical areas such as information technology and epidemiological workforce can contribute greatly in generating data or an evidence base for decision-making and for advocacy. The Region has a vibrant civil society and private health sector, advanced pharmaceutical and biotechnological research and development, and manufacturing capacity. They must therefore be engaged in a creative and positive manner as partners for health action.

The WHO South-East Asia Journal of Public Health launched by the WHO Regional Office for South-East Asia envisages to be a forum for exchange of research findings and sharing of experiences among countries and public health professionals in the Region. We hope that publication and dissemination of data locally and within the Region will influence health policy and strategy and contribute in some measure to improved health in the WHO SEA Region.

References
