

## FIRST EAST ASIA CONGRESS

# STRENGTHENING HEALTH CO-OPERATION

*Our consumption patterns and lifestyles are changing and these factors are affecting our health. A case in point is the SARS epidemic, which spread to more than 30 countries within a few months. One resultant effect of the epidemic was that it spurred many countries in the region to increase efforts to strengthen health co-operation in the region. Norhayati Mustapha reports on Session Four – “Strengthening Health Cooperation” – held on 5 August 2003.*

The World Health Organisation defines health as a “state of complete physical, mental and social well being and not merely absence of disease or infirmity.” Today we face many challenges to our health, said Dr Soe Thein, the Deputy Director General of the Department of Medical Research, Ministry of Health, Myanmar. Not only do we face communicable diseases, both old and emerging, we also have to contend with diseases associated with affluence, such as coronary heart disease, high blood pressure, cancer, diabetes, etc. Development projects, such as the construction of dams, can also be ‘health-insensitive’ as they promote malaria and other vector-borne diseases, while unplanned urbanisation can create slum and unhygienic conditions.

He saw the privatisation of health services as an eventuality. He was concerned about the negative aspects of such a privatisation move, citing the possibility of creating inequities in health care. In addition, he



*Dr Soe Thein of Myanmar: Mental health is important, especially in view of the rise of an ageing population.*

pointed out that there are imbalances – numerical, distributional and skills-wise – in human resources that compound the problem of providing equitable health care. One unhealthy aspect of today’s lifestyle is the increased market for tobacco, alcohol and processed foods, coupled with sedentary occupations such as watching television and playing computer games.

Recalling the SARS outbreak earlier this year (mid-March to mid-July), he said globalisation



*Dr Ren Minghui of China: An invaluable lesson learned from the SARS epidemic is that we must institute crisis and risk management training even prior to initiating regional health co-operation.*

brought about increased international travel, a development that hastened the speed with which epidemics spread worldwide.

### **Disease control**

In fact, second speaker Dr Ren Minghui, Deputy Director General of China's Health Ministry, said the SARS epidemic had resulted in a loss of between US\$12 billion and US\$17 billion. It took four months before SARS could be brought under control and even then it was through the co-operation of many countries. He felt more information should be gathered and the affected countries should share their experiences of how they tackled the problem in order for us to be able to determine ways to overcome the virus.

Since the SARS outbreak, there had been meetings

organised under Asean+3 in Malaysia, China, Thailand and Cambodia to work out long-term co-operation.

He said most countries in the region are undeveloped and diseases such as malaria are still rife, with epidemics on the increase, putting a strain on socio-economic development. Measures taken to deal with such problems must have a wider perspective, that is extend beyond national borders, including establishing regional mechanisms. In this regard, he cited the good work (for example, multilateral health co-operation) by organisations such as the World Health Organisation (WHO), Unicef and the World Bank. He lamented that not as much focus was given to regional (for example, the Great Mekong sub-region, Asean+3 and the Asia Pacific Economic Cooperation) co-operation.

There had been little dialogue on health prior to the SARS epidemic. The potential is there for a 'blueprint' on health to be outlined for the East Asian Community. Attention must be paid to weaknesses. There must be an efficient mechanism to co-ordinate efforts, sufficient financial support, a good communication channel, and enough professional staff involved.

He identified key areas in future regional health co-operation as including: surveillance



*Dr Shafie Ooyub of Malaysia: The success of Asean co-operation on AIDs thus far has yet to be evaluated.*

and public health emergency alert; information exchange and sharing; scientific research; and development and training of public health workers.

He recommended six ways to strengthen regional health co-operation: (1) include health in regional economic co-operation frameworks; (2) increase national and regional government expenditure on health; (3) enhance regional public health and disease control; (4) improve public health emergency response mechanisms; (5) re-inforce the role of WHO in information exchange, personnel training, etc.; and (6) urge the international community to increase support in funding and technology.

Third speaker Dr Shafie Ooyub, Director of Disease Control in the Ministry of Health, Malaysia was of the opinion that the challenges to health systems were too vast to

be handled by one country alone. These challenges, made more complicated by the effects of globalisation (increasing dependency and growth in international travel), facilitated transboundary health problems.

For him, health issues must be handled in a spirit of 'smart partnership' and national policies must be formulated with a view towards international co-operation. Such co-operation should aim to improve the global health status, prevent and control non-border-respecting communicable diseases and enlist the co-operation of all sectors. The levels of co-operation should be intra-agency, inter-government, multi-sectoral, bilateral (for example, the Malaysia-Thailand bilateral Health Ministers' Meeting and Malaysia-Singapore bilateral meeting on SARS), regional (for example, Senior Officials' Meeting on Health Development and Asean Health Ministers' Meeting), international (World Bank, WHO programmes on malaria, polio and SARS) and involve the public and private sectors, including non-governmental organisations.

He identified five objectives of health co-operation, calling them the 5Cs: consult, collaborate, co-operate, contribute and co-ordinate. He also gave seven strategies to achieve these objectives: (1) periodic inter-

country meetings to review and monitor; (2) establishment of focal points; (3) capacity building; (4) collaboration between centres of excellence; (5) multi-sectoral alliances within and between countries; (6) harmonisation of laws; and (7) health agreements.



*Sengchanh Soukhaseum, Director General of the Institute of Foreign Affairs, Ministry of Foreign Affairs, Laos, chaired the session.*

Interventions from the floor ranged from how we should deal with any future outbreak of SARS to expressions of regret that it took the SARS outbreak for us to make a more concerted move towards regional health co-operation. Dr Ren agreed that regional health co-operation must be instituted and countries must share information on travellers in order to be able to track suspected SARS cases. In this regard, non-governmental organisations and health

activists must play a role. Dr Shafie praised the Asean+3 political leaders for being able to organise a meeting to address the problem in four days. He was confident and optimistic that we would be ready should there be another SARS epidemic. He said Thailand is co-ordinating a project on the epidemiological aspect, while Indonesia is working on a surveillance net. He said a system is now in place, although admittedly it would take time to train and build up laboratory capacity.

The subject of AIDS also surfaced. Are we doing enough to prevent the spread of AIDS? How effective is the Asean Task Force on AIDS? Dr Shafie said the success of Asean's co-operation on AIDS thus far had yet to be evaluated.

Another area of concern that cropped up was the rising cost of health, including production of drugs, etc.

Dr Shafie said the budget for preventive medicine was slowly on the rise and to give impetus and importance to preventive medicine, we must promote healthy dietary habits (for example, controlling cholesterol levels). ●