

Summary of Session III

Public Health Education and Practice in the South-East Asia Region

Professor Sagar C. Jain from the School of Public Health, University of North Carolina at Chapel Hill, USA presented his views on developing health leadership for the 21st Century. He stated that while economies in South -East Asia were expanding faster than in most other parts of the world, the interactivity between health and economic/political development was often not realized, and investment in health was not considered essential. He suggested upgrading the political status of health ministries and departments and linking them effectively to all initiatives/efforts for socio-economic development.

Professor Jain discussed the lack of Schools of Public Health (numbering around 12) in the region. He proposed strengthening the existing schools/programs by infusing new resources, re-focusing and regrouping, and changing organizational behavior. He suggested starting a new school (in one of the countries which does not have one) to experiment with new models.

Discussing the role of technology for Public Health development, **Professor N.K. Ganguly, Director General of the Indian Council of Medical Research** stated that often technology has been thrust on the Public Health system, but he believed that the system should respond by providing a boost to those technologies which help it. He cited examples of technological successes, such as in acute respiratory infections and polio programs. The lessons learned could strengthen the laboratory supports to Public Health.

According to Professor Ganguly, while technologies may often seem attractive, countries must examine options to decide which are most appropriate for their circumstances. Professor Ganguly concluded by calling for a close, informal and inter-active partnership between the Public Health system, laboratories and universities.

Professor Ascobat Gani, Dean of the Faculty of Public Health, University of Indonesia at Jakarta reviewed the role of Public Health in Health Development, citing the Indonesian experience. Prior to the 1997 economic and political crisis, Indonesia had demonstrated a remarkable progress in health development as reflected by reduced IMR, increased life expectancy, reduced under-nutrition in children, and reduced incidence of immunizable diseases. The improvement was due to various Public Health programs, including communicable disease control (CDC), nutrition, environmental sanitation, maternal and child health (MCH) and family planning (FP), primary curative care, and health education.

Professor Gani stated that despite the extensive development of primary care infrastructures, the performance of the public system has been affected by insufficient funding. Signs indicate that the advocacy role has not been as successful as anticipated. He also stated that in the spirit of decentralization, each region is being encouraged to set up its priority program according to its local health needs. Observations made in certain Health Centers showed that, on an average, only 12 of the 18 programs were actually implemented.

Prof. Gani concluded that the Indonesian experience demonstrates that the role of Public Health in health development lay in identifying and understanding the dynamics and the determinants of health status of a given population. Public Health programs could then evolve appropriate interventions based on this knowledge.

Providing a Least Developed Country (LDC) perspective on lessons for Public Health leaders, **Professor Mathura P. Shrestha, Chair Resource Center for Primary Health Care, Kathmandu** recalled the New Economic Order proposed in

the seventies envisioned capacity development for Third World countries, especially LDCs. According to Professor Shrestha, however, the world has become unequal and divided with an ever-widening gap between the rich and the poor. Furthermore, health services had been more costly and more difficult to access for the “have-nots.”

Professor Shrestha expressed his disillusionment with the ongoing globalization process that he said is being pushed by advocates of economic liberalization and free-market to sub-serve the interest of Multi-National Companies and Western power centers. According to Professor Shrestha, the LDCs and those countries that switched from socialist to capitalist economy have suffered the most.

On the positive side, he noted that people are becoming more aware, concerned, better organized, and empowered to assert their rights. Furthermore, adequacy, appropriateness, accessibility and affordability have become their immediate concerns.

Session Discussion Summary:

During discussions, speakers underscored the critical need for defining Public Health because the level of Public Health services might vary among countries.