

Editorial

Public Health in South-East Asia in 21st Century?

A thematic issue is most useful when it brings together various views and perspectives on a subject when there is little agreement on the nature of the problem and / or on its solution. This is done in a variety of ways, including commissioning papers from proponents of major points of views; announcing the thematic issue, inviting papers, and selecting those which meet certain standards, and holding a conference. Each of these has its pros and cons. The conference approach tends to be most costly, but can be also most productive when it is well organized and incorporates the other two approaches.

This, our first thematic issue, is tied to the regional conference convened by SEARO-WHO in Calcutta, November 22-24, 1999 to identify and examine the issues member countries will face in the field of public health in the 21st century, and to develop suitable approaches for addressing them. In this conference the primary effort was not on forecasting and scenario development; instead emphasis was placed on highlighting the major interests and concerns. To this end nearly 20 papers were commissioned, and presented and discussed at the conference. In addition, opportunities were created for a variety of formal and informal discussions. Taking all these into account, the main concerns of the conference may be grouped as follows:

- Health needs to be defined holistically, and services need to be developed accordingly.
- Health is too important a subject to be left in the hands of professionals, bureaucrats and politicians. All sections of the community must be fully involved in decisions on what, how, when and where. This would be possible only when proper social and political arrangements are instituted.
- Issues pertaining to access, quality, cost, technology and other aspects of organization and delivery of health services involves major ethical issues which are often not faced squarely; and will not be faced until there is a new mindset about social responsibility, and a new type of institutional arrangement.
- There is a strong interactive relationship between health and economics. This interactivity needs greater recognition in developmental efforts.
- Given the close relationship between health and environment, there is a need for a much greater mutuality than achieved to date.
- Traditional / alternative systems of medicine have much to contribute to the field of health, especially when health is defined holistically. Therefore, these systems need to be given greater attention, recognition and visibility.
- It is to state the obvious that countries need to learn from their own experiences as well as from each other, but organized efforts are needed to facilitate such learning.
- Public health in South-East Asia suffers from grossly inadequate training facilities as well as from an absence of a clear relationship between training and career path. Need for the removal of these shortcomings is urgent, because the ability of the countries to deal with their public health problems would largely depend on the commitment and know-how of their public health professionals. Equally important is the need for innovation and relevance in the design and delivery of training.

- Availability and proper use of relevant information can go a long way in the development of sound policies, plans and managerial decisions. Therefore, greater attention is needed to develop and improve institutional infrastructure for generating such information as well as teaching the decision-makers its use.
- Globalization will be an increasingly powerful force. But the restraint on the free flow of knowledge and know-how under the protection patents and copyright on one hand, and on the free movement of manpower on the other hand, has major implications for South-East Asia.
- Donor organizations have played and continue to play an important role in the health systems of most countries in the region. But foreign assistance is a mixed blessing, and it needs to be so treated.

A different group of participants would have identified a different set of problems. That list might have included other topics, such as, threat of HIV/AIDS, reemergence of malaria, TB and other diseases, aging population, uncontained tobacco use, growing problem of alcohol, drug and substance abuse, problems related to effective access to pharmaceuticals, growing global imbalance in the distribution of health manpower, growing population size and rapid urbanization, insidious and pervasive problem of corruption, nuclearization of the region, new models for delivering health services, etc.

A century is a long time. Given the limitations of the know-how for forecasting, any list of issues that will be faced in the next century will be rooted in our present, and will be given to subjectivity. Therefore, it would be neither complete nor final. The only thing we can be certain of is that in the near future, the problems already in hand will continue to dominate the stage; new problems would emerge, but so would new opportunities, resources, and solutions.

In the light of the above, what would the countries do to face the future with confidence? To this largely rhetorical question, we can suggest several answers, including our favorite: diagnosis-driven proactivity. But a more meaningful question is: How concerned are the countries about their future beyond the next fiscal year or the next plan period? A related question is: How open are the countries to a new course of action? The beginning of the new century is a reason to celebrate, a reason for hope, a reason to make resolutions. But it would be ignoring political realities if there is a serious expectation of significant changes in the conduct of the countries. New course of action is considered when there is a perception of serious risk to something that is considered vital. Health does not meet this prerequisite in South-East Asia. Despite the assertions to the contrary, health is not a high priority concern in most countries in this region; and this priority is not likely to change in the near future. The spending on health continues to be perceived as an expenditure, not as an investment. There is little evidence of significant dissatisfaction with the current state of affairs in the halls of power—may that be the governments, health professionals or donors. Lacking the sense of urgency when a problem is perceived as critical, changes are likely to be incremental, in small doses; and given the ingrained habit of the policy makers, these changes would be reactive responses. Proactivity requires much higher level of concern and commitment than prevails.

So, why are we bringing out this thematic issue? The beginning of the new century is a reason to celebrate, to hope and to make resolutions! And sometimes wishes do come true!!

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