

CURRENT PUBLIC HEALTH CHALLENGES
to be addressed by medical schools
in South-East Asia

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Current PH Challenges

1. Health Inequity
2. Weak Health Systems
3. Double disease burden
4. Globalization and unplanned urbanization
5. Changing vulnerability and risk
6. Health related MDGs
7. Universal Health Coverage
8. Health in the post - 2015 Development Agenda

Health Inequity (1)

- a. Health inequity is an overriding challenge globally
- b. Widening inequity within and across countries
- c. Main causes:
 - i. Gaps in Social Determinants of Health as the root causes
 - ii. Neglect of Public Health → 'public goods' → 'global public goods'

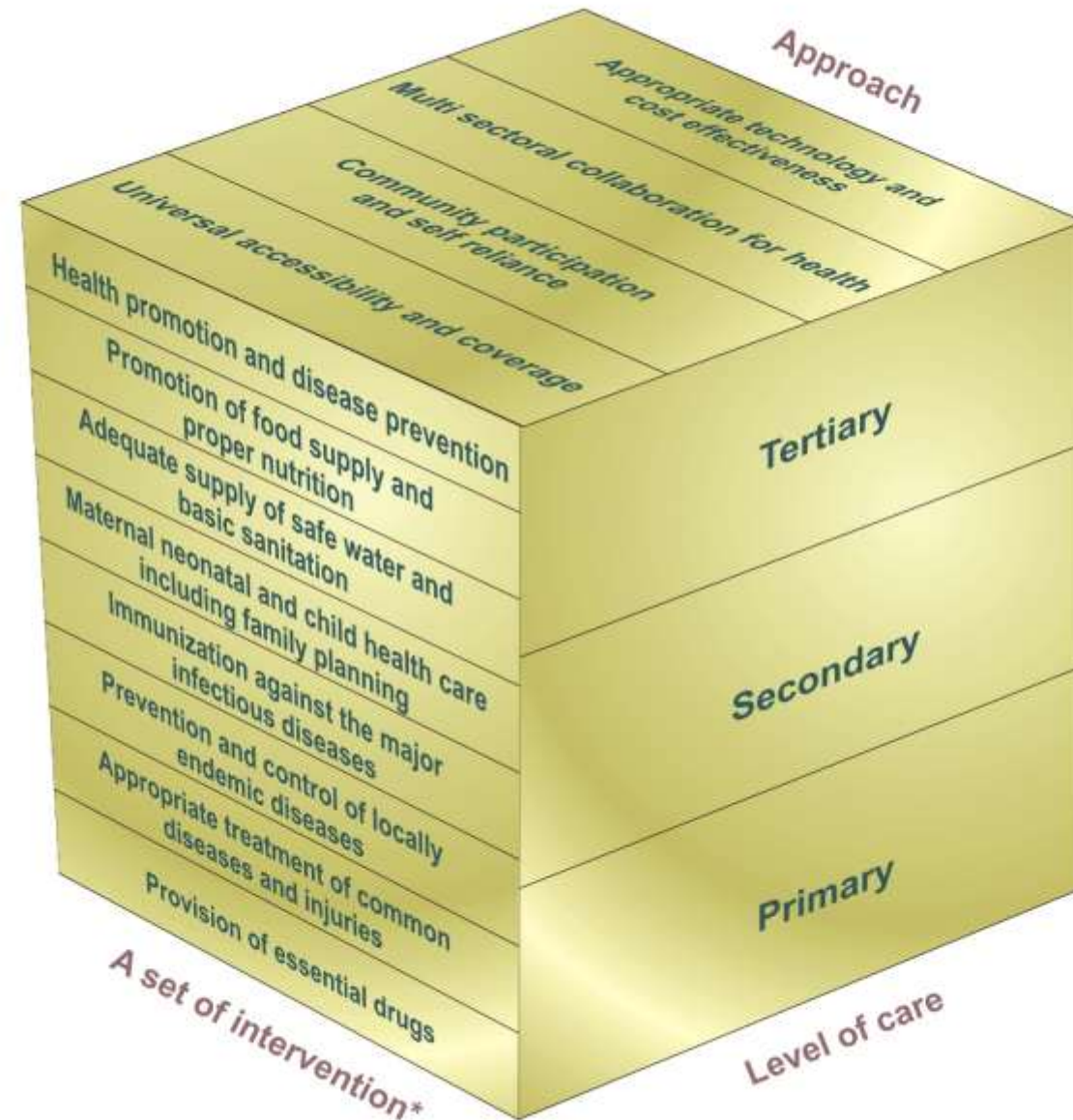
Weak Health Systems (2)

- a. Skewed allocation of health resources towards medical care → allocative inefficiency
- b. Use of oversophisticated health technology → technical inefficiency
- c. Non-responsive to people's needs
- d. Mal-distribution of health workforce/HRH and focus on clinical workforce instead of CBHW and CHV
- e. Irrational use of medicine
- f. Large proportion of out-of pocket expenditure → catastrophic expenditure
- g. Fragmented Health Information System, lack of disaggregated data

Health Systems based on Primary Health Care

- a. Provide equitable access → according to needs regardless of social attributes (SDH)
- b. Focus on primary care with good referral back-up
- c. Affordable → no catastrophic expenditure
- d. Good balance between Public Health services (health promotion + disease prevention) and medical care (curative + rehabilitative services)
- e. Quality care
- f. Responsive/people centered care

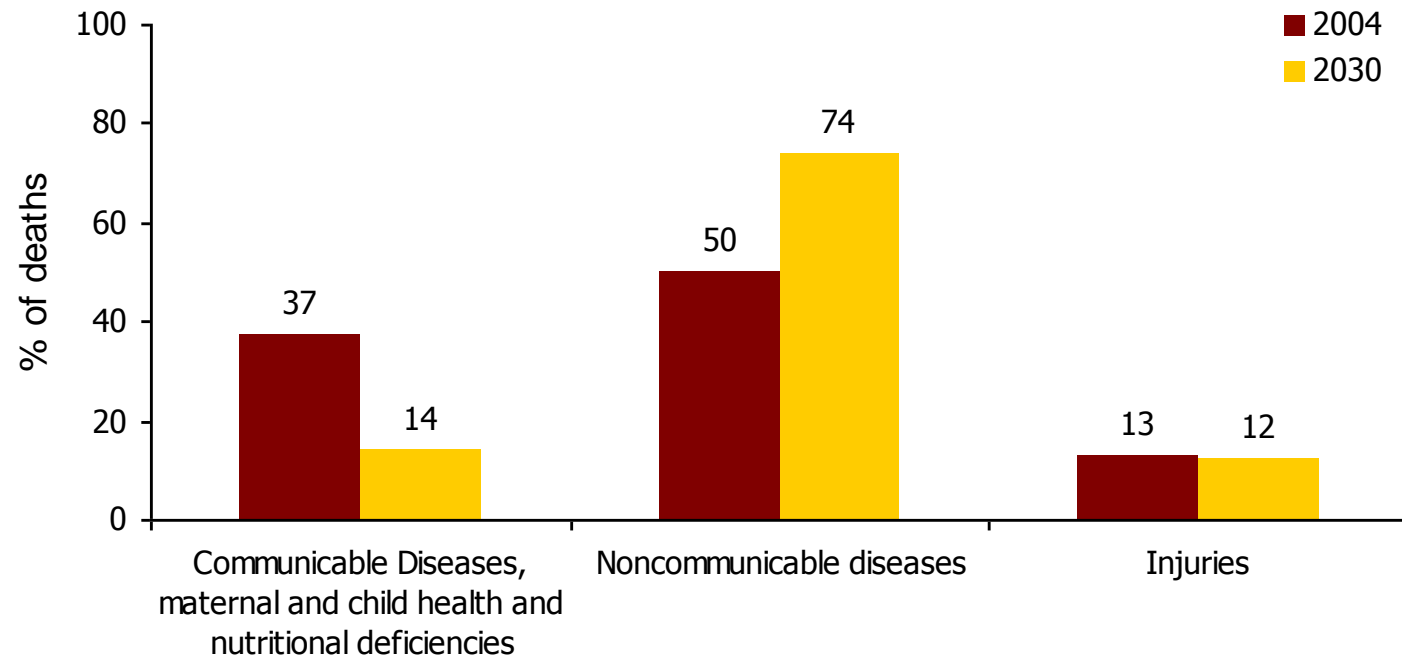
Primary health care cube



* The set is country specific

Double disease burden (3)

a. NCD as leading causes of morbidity and mortality



- b. NCD account for 55% of all deaths in SEAR
- c. Diabetes, Hypertension, Cancer, COPD, mental and neurological disorders
- d. Deaths below 60 yrs : 34% (24% rest of the world)
- e. Serious socio-economic impact: impoverishment and impede development efforts
- f. UN Political Declaration on NCD in 2011

Globalization and Unplanned urbanization (4)

Globalization:

- a. Easier spread of diseases
- b. ICT
- c. Free Trade Agreement (**FTA**): reduction of import's tariff
- d. Global Health Laws:
 - a. **FCTC 2005**
 - b. **IHR 2005**
 - c. **UDHR 1948 (Universal Declaration of Human Rights)**
 - d. etc.

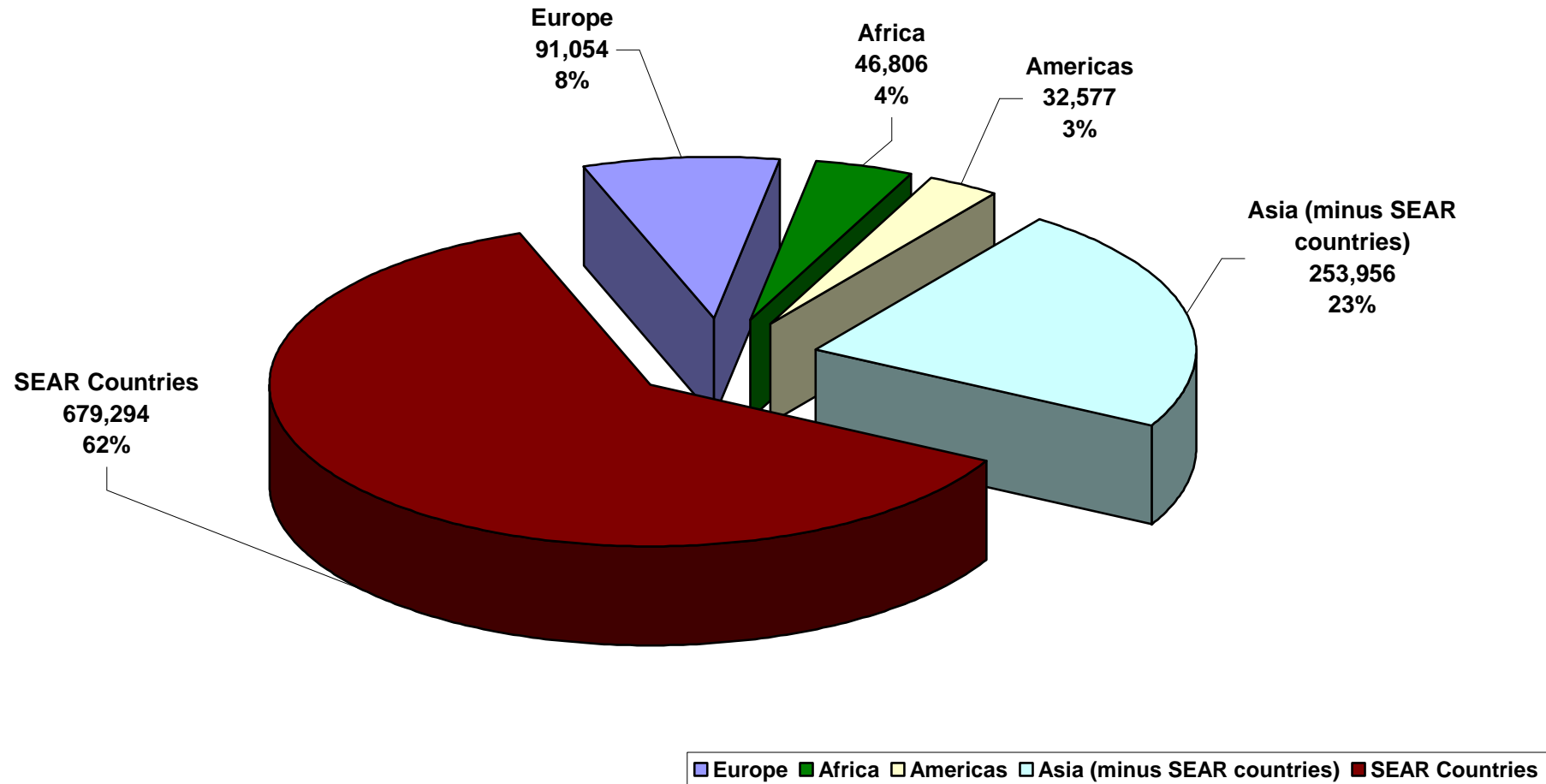
Unplanned urbanization :

- a. In SEAR >1.6 billion (32%) live in urban areas, 25% are poor
- b. Urban poor lack access to health care services despite good availability of health facilities

Changing vulnerability and risk (5)

- Natural disasters
- SEAR: 46% of global deaths (2001-2010)
- Climate change:
 - Flood and draught
 - Rise of sea level
 - Water and vector borne diseases
 - Heat waves, cyclones
 - Food security

Total number of people killed in natural disasters (2000 to 2009)



Health related MDGs (6)

- a. As a region, SEAR will not reach the health related MDGs by 2015, in particular MDG 5 (MMR)
- b. Regional average for MMR was reduced from 270 (2005) to 200 (2010) per 100.000 live births
- c. Regional coverage of skilled birth attendance: 59% (2010)

UHC (7)

- a. UHC is the translation of Health For All
- b. UHC is not about health/social insurance **only**
- c. Public health should be protected since the focus of the 'benefit package' is on medical care
- d. Need for good indicators for monitoring and evaluation

Health in the post 2015 Development Agenda (8)

- a. Unfinished MDG health Agenda
- b. A changing agenda for global health:
 - i. NCD and emerging infectious diseases
 - ii. Ageing
 - iii. Unplanned urbanization
 - iv. Antimicrobial resistance
 - v. etc.
- c. Health in the context of sustainable development
 - i. Contributor
 - ii. Beneficiary
 - iii. Indicator