

(also skewed to biomedical advances for individual health care vs. population health) or to conditions of most importance (the “90/10 problem” where only about 10 percent of research dollars on a global level are directed at conditions that are of most concern for 90% of the world’s population).

It is in this context that major challenges exist for building upon the sometimes impressive gains of public health initiatives in the past century. Of greatest concern is inadequate infrastructure (e.g. workforce, laboratory capacity, systems and information technology), coupled with the challenges of globalization and concomitant adverse health risks, including increasing social disparities (the gap between rich and poor), environmental degradation and food security concerns and the emergence and reemergence of threatening microbial diseases. Yet despite the increasingly global nature of health and health status, many developed countries and the U.S. in particular fail to appreciate the importance of investing in the health of all.

Three case studies illustrating the importance of investing in public health and its infrastructure will be presented: 1) efforts to address public health professional workforce shortages in the U.S. and its implications globally 2) the global burden of occupational illness and injury, with particular attention to the health workforce, which is staggering both in terms of human and economic costs and 3) the growing health burden created by a global epidemic of obesity and diabetes. Despite structural and political barriers that often have a common thread across the spectrum of economic development, it is critical for advancing health that targeted investments are made in public health research and health and public health systems improvement.

SY6-04

Current Infectious Disease Challenge and Global Governance

Chang-chuan Chan, Feng-Jen Tsai

Institute of Occupational Medicine and Industrial Hygiene, College of Public Health, National Taiwan University, Taipei, Taiwan

Objective: There are two objectives of this study. First was to determine the reporting timeliness lag of avian flu and H1N1 in infectious disease global surveillance system, and the limitation of International Health Regulations 2005 (IHR 2005). Second was to analysis the trend and related issues of international regulations and global governance of infectious disease.

Methods: Matched initial avian-related and H1N1 outbreak reports released on WHO Disease Outbreak News and ProMED-mail website from 1996 to July 2009 were collected for quantitative studies. Literature from the international regulations, journal articles, and documents from international agencies (such as World Health Organization) were used for the qualitative studies.

Results: The reporting time gaps of avian flu and H1N1 outbreaks between WHO and ProMED-mail were improved from 17.89 days in 2003 to 3.85 days in 2006 and to 2.91 days in 2009. The reporting timeliness gaps were associated with countries’ health civil liberties and human development status. The limitations of IHR 2005 were found from the practice of preventing infectious disease of the international society. In addition, the type of global governance and the role of WHO were changed with the interaction of the global society.

Conclusion: The current infectious disease threat to the world shaped the practice of global surveillance system and raised the issue and needs of global governance.

Symposium 7- New Perspective of Function & Disability

SY7-01

Beyond Diagnosis: Functional Documentation of Disability with the ICF-CY

Rune J. Simeonsson

University of North Carolina at Chapel Hill, & Jönköping University, Sweden

Objectives: 1. Describe the International Classification of Functioning, Disability and Health – Children and Youth (ICF-CY) in the context of the WHO Family of International Classifications

2. Review selected applications of the ICF-CY related to childhood disability

3. Identify implications of the ICF-CY for practice, policy and research

Methods: The publication of the International Classification of Functioning, Disability & Health-Children and Youth -ICF-CY(WHO,2007) offers for the first time, a common language for functional description of disabilities. The ICF-CY formalizes a new paradigm of disablement, in which disability is viewed as the product of person-environment interaction and provides a multi-dimensional framework and taxonomy of Body Functions & Structures, Activities/Participation and Environmental Factors. Documentation of childhood disability on the basis of medical or psychiatric diagnoses has been problematic given substantial variability of functioning within and between diagnoses. There is growing national and international implementation of the ICF-CY as a means to move beyond diagnoses toward functional description of children with disabilities or chronic health conditions served in clinics, schools and other settings. As a universal language of health, functioning and disability, the ICF-CY can be applied in a number of ways to record the profile of children’s functional limitations. Clinical applications include: (a) a framework for inter-disciplinary practice; b) differentiated assessment of child functioning; (c) clarification of clinical diagnoses (d) defining the basis for planning individualized interventions; and (e) providing evidence