

SY5-04

Public Health Challenges and the APACPH Cyber University

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Objective: To outline the role of the APACPH Cyber University in public health issues related to new and emerging diseases.

Methodology: A review of public health issues in the region.

Results: The Asia-Pacific Region encompasses around one quarter of the world's population. The health of the people in the Asia-Pacific region has never been better, but there are still many public health challenges that remain. We are now facing new challenges of chronic disease and obesity and emerging infectious diseases. Climate change will bring many new public health issues. Health workers/public health workers are expected to remain abreast of new challenges, maintain public health and deliver high standards of health care. Public health promotes health for all citizens.

Conclusion: The role of APACPH is to promote education and research in our region. The Cyber University has successfully established a postgraduate education role. It also has the potential to explore new media, including cell phones and DVD's to improve public health education.

Objective: Global health has been a new discipline in public health professionals in Asian Pacific Region, mostly due to traditionally unilateral approaches from the Europe and the North America. The public health professionals have been receivers of the experiences from these areas and seldom contributed to global health significantly. We have been interested in the participation and contribution of global health by health professionals in the region, as compared with those of others.

Methods: A Vital Report on Global Health Survey had been launched online in June 2008 and received responses and comments from more than 400 competent health professionals around the world in 2008.

Results: At least 14 opinions can be identified that reflect independent assessment. In general, more emphasis on global health is recommended by these participants, while both developed and developing countries should pay attention to global health. The WHO is expected to assume a stronger leadership in global health; however some individuals call for the creation on another global health institution. Global health is recognized as an important subject for co-operation among partners at different levels around the world, and is considered to be closely associated with human rights and female empowerment. Key issues within global health include climate change, food supply, and safe water, while key global health injustices include uneven distribution of health resources, scarcity of health professionals, migrant workers in developing countries, and the distortion of health decisions by politics. Finally, globalization is seen by some to pose adverse consequences for global health, and many consider themselves as the losers of the globalization process. Surprisingly, many participants are not well aware of the MDGs.

Conclusion: Further analysis of the survey is needed, while similar surveillances by civil societies are in great need, as to balance the traditional views by the intergovernmental agencies, as well as the limitation by complicated bureaucratic processes by governmental departments traditionally, and to explore areas where global health programs can be enhanced, including key global partnerships.

Symposium 6- Global Health

SY6-01

Global Health and the Epidemiologic Transition

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There is a growing interest in global health world wide with the recognition that health is "glocal" (global to local). One of the most important theories of global health has not received wide-spread recognition, this is the theory of Omran and the Epidemiologic Transition. The Epidemiologic transition represents the changing patterns of disease and health as countries increase socioeconomic status. It represents the evolution of diseases in populations and world wide. The Epidemiologic transition will be described with the implications of developing and developed countries alike.

SY6-02

Challenges and Needs in Global Health, the VRGH Survey 2008

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SY6-03

The Globalization of Public Health

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There is a strong relation between individual medical care and public (or population) health, yet many health systems throughout the world invest disproportionately in individual healthcare (in the U.S., 97% of annual budget on health spent on individual health care) with underinvestment in the prevention of disease and disability and the protection of individuals from unsafe environments, exposures and behavior. In addition, the investment in health research is not targeted efficiently

(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

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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

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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