

1 Introduction

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The twentieth century was a time of catastrophic turmoil, conflict, and progress. Most of the countries of Southeast Asia emerged from being colonies of European powers to become independent countries. However, this transition was a difficult one and, in some countries, was marked initially by the assumption of power by charismatic, but often not benevolent, leaders. Many of the countries experienced internal conflicts between ideologies and rival factions. By the latter part of the century, however, most of these conflicts had been resolved. Democratic forms of government developed, boundaries between countries became solidified, and the majority of the countries in the region experienced dramatic economic growth. However, the history and varied development of the countries of Southeast Asia mean that the current public health situation, challenges, and outcomes also vary substantially throughout the region.

Following the devastation of World War II, most of the countries of East Asia successfully industrialized, although at great cost to their environment. Commensurate with rapid industrialization and development, they have generally been able to invest more in their public health infrastructure than have other parts of Asia.

Most East and Southeast Asian countries have placed a singular focus on economic development. In this regard, globalization has been a key and generally positive driver, leading to massive increases in trade, investments, and the major development of manufacturing capacity in Asia (chapters 2, 10). These have, in turn, intensified the pace of urbanization, with mass movements of rural residents to urban areas to meet the demands of industrialization (chapter 2). However, development has also been accompanied by ever-widening disparities between the rich and the poor. Overall health has improved, with increases in life expectancy and

improvements in child health, but new health problems have emerged. Poorer countries have suffered from what has been termed the epidemiologic transition, experiencing the worst public health problems of both worlds, developed and developing. This refers to the coexistence within the same country of very substantial burdens of both noncommunicable and infectious diseases.

By the beginning of the twenty-first century, the majority of noncommunicable chronic diseases were occurring in developing countries, often without sufficient infrastructure to adequately treat them (chapter 6, 11). Changes in diet and lifestyle that have come with urbanization and development have been accompanied by increases in overweight and obesity and their associated conditions, such as diabetes, heart disease, and cancer, although undernutrition persists in some populations (chapters 4, 6). Asia's development has also been characterized by increased adoption of other unhealthy lifestyle factors, such as increased rates of smoking and alcohol and drug consumption, with few public health interventions to minimize the associated harms (chapters 2, 5, 11). This has caused a rising burden on health systems, which are often unable to cope effectively with the increased demands on them (chapter 11). An area in dire need of better infrastructure is support for mental health, which is grossly underserved and may even be exacerbated by the rapid development and changing lifestyles common in the region (chapters 6, 11). Economic development has also led to increased motor vehicle ownership, which in turn has been associated with increases in the rates of accidents and injuries (chapter 7) as well as contributing, together with rapid industrial growth, to ever-worsening air pollution (chapter 8). Injuries are also increasing in workplaces, as are occupational diseases, and few countries of the region have adequate safety measures to protect the health of workers; where they do, enforcement is often lax (chapter 9).

Although public health interventions have led to eradication or control of several infectious diseases, many still pose serious problems (chapters 3, 11). Some are perpetuated by persisting inadequate environmental controls, resulting in poor water safety and sanitation as well as rising air pollution (chapter 8). Southeast Asia and China have also become centers for emerging diseases, such as severe acute respiratory syndrome (SARS) and influenza (H₁N₁ and H₅N₁), and the reemergence of previously controlled infectious diseases, including malaria, tuberculosis, and sexually transmitted infections (chapters 3, 11). The health systems of many countries are ill equipped to deal with both long-standing and emerging communicable diseases while coping with the rise in noncommunicable diseases.

An adequate response requires substantial cooperation and support from other sectors of the government and the community to implement effective controls for all these diseases (chapter 11).

The intention of this book is to document the status and scope of public health in East and Southeast Asia (see figure 1.1) as we enter the twenty-first century and to consider the opportunities and challenges to public health and “health for all” in the region in the new millennium. To this end, the leaders and experts of the region have contributed chapters covering a range of public health issues of greatest relevance and significance for the peoples of this important and rapidly developing part of the world. The intended audience includes non-public-health Asian and Southeast Asian scholars, health professionals with an interest in the region, and individuals wishing to have an understanding of the changing context and development of public health in East and Southeast Asia. It should also be a useful introduction for students and public health professionals interested in contributing to health and public health in the area.



Figure 1.1. Localities included in this book.