CDC

CDC'S Global Health Activities in

ASIA AND THE PACIFIC

Only one region of the world includes more than one country with a population over 100 million. That region is the Asia/Pacific region, and it is home to six nations with populations that exceed that size: China (the world's largest), India, Indonesia, Pakistan, Japan, and Bangladesh. India and China alone contribute more than a third of the world's total population growth.

Although the region includes countries with high standards of living and high life expectancy (like Japan), it is largely a region of developing countries. Seventy percent of the developing world's population lives in Asia.

Within the region, noncommunicable diseases account for the majority of deaths and of disability-adjusted life years (DALYs), according to the World Health Organization's World Health Report 2000. However, the toll of communicable diseases – in terms of both mortality and DALYs – is much higher in Southeast Asia than in the countries of the Western Pacific, in part because of the region's struggle against HIV/AIDS.

CDC's five global health strategies are well-represented throughout the region, reflecting an effort – in concert with Asian countries and other global health partners – to address the emerging importance of chronic disease (particularly the toll of tobacco) and injury, while maintaining an emphasis on communicable diseases and reproductive health.

Examples of CDC's global health activities in the Asia/Pacific region in each of five strategic areas are provided below.

Public Health Surveillance and Response

CDC staff have helped a number of Asian countries to develop or enhance surveillance systems. For example, the National Immunization Program (NIP) has worked with nine Asian countries to track cases of polio as part of a global effort to eradicate the disease. In the South Asian nations of Bangladesh, India, Pakistan, and Nepal, NIP staff are providing technical assistance as these countries upgrade measles surveillance systems, which in turn will contribute to targeted measles control programs. Similar efforts were underway in China and in the Philippines.

Public Health Infrastructure and Capacity-Building

Many Asian economies have grown at a rapid pace in the last several decades, but occupational health and safety have not always kept pace with industrial growth. In response, staff from CDC's National Institute for Occupational Safety and Health (NIOSH) have provided intensive training for their South Korean counterparts at NIOSH laboratories in the United States to help build South Korea's capacity to respond to occupational safety and health issues. NIOSH also has offered workshops on ergonomic issues in Vietnam. In China, NIOSH staff are working with Chinese occupational safety and health researchers to assess the timing of specific health effects linked to the coal mining industry. In the Philippines, staff from CDC's Public Health Practice Program Office (PHPPO) have worked closely with the country's Field Management Training Program (FMTP) and Sustainable Management Development Program (SMDP) to strengthen public health management capacity at the local level. For example, FMTP participants from the municipality of Minalabac in the Philippines recently put their training to work by researching and designing a much-needed national rabies prevention program.

Disease and Injury Prevention and Control

Tobacco threatens the health of people around the world, but China's large population and relatively high proportion of smokers (over 60% of adult men) means that China will absorb a disproportionate share of tobacco's toll in the decades to come. Staff from CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) have worked with colleagues in China as part of a joint WHO/UNICEF project on youth and tobacco. In China, two sets of surveys – the Global Youth Tobacco Survey (GYTS) and the Global School Personnel Survey (GSPS) – will help China and other participating countries understand and respond to tobacco use among youth, helping to avert a future epidemic in China and throughout the region. In India and Thailand, CDC's National Center for HIV, STD, and TB Prevention (NCHSTP) has supported disease prevention initiatives aimed at these commonly overlapping diseases. In India, where between 3 and 5 million people are infected with HIV, the Center's Global AIDS Program (GAP) supports voluntary HIV/AIDS counseling and testing programs, surveillance, and case management of those who succumb to opportunistic infections. In Thailand, Center staff have worked with the Thai Ministry of Health on HIV/AIDS, STD, and TB prevention activities for over a decade, emphasizing disease prevention through programs that emphasize populations at particular risk, such as adolescents, drug users, and commercial sex workers.

Applied Research for Effective Health Policies

Too often, the mere presence of an effective treatment or innovative strategy is not enough to ensure widespread implementation. This is the case with TB, which boasts a strategy for diagnosing and managing the disease with a 90 percent cure rate among those treated. Despite this potential success rate, few developing countries – where the TB burden is largest – have effective programs in place. To help narrow the gap between knowledge and practice, CDC's National Center for HIV, STD, and TB Prevention (NCHSTP) offered training workshops in Vietnam that also featured mentoring and funding for Vietnamese staff to encourage national TB-related research projects. Research sparked by the project included identification of risk factors for treatment failure and for default, reasons for patient delay in seeking initial TB treatment, and knowledge and beliefs about HIV and HIV testing and counseling among TB patients. These types of research initiatives will help both Vietnam and other countries address the continuing challenge posed by TB – and in so doing, also will create a new cadre of trained researchers ready to apply their skills and curiosity to both old and new diseases.

Exchange of Information and Lessons Learned

Injuries – and the morbidity and mortality they cause – are a relatively new surveillance arena. CDC's National Center for Health Statistics (NCHS) has worked with Australia, New Zealand, and Japan on international collaborative efforts designed to improve the collection and analysis of injury data. One of these collaborative efforts addresses a problem common to all surveillance systems – standardizing definitions so that comparisons among countries can be meaningful. These information exchanges allow epidemiologists and other researchers to share insights and help build consensus about the causes of – and responses to – disease and injury.

PRINTED 2/2002