Headline: 3 myths that plague healthcare in Asia
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3 myths that plague healthcare in Asia

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Even in ideal circumstances, ensuring and enhancing the health of populations is a formidable undertaking. In the austere conditions that typify many Asian countries, this is even more difficult.

Some 4,000 Asian children die every day from mainly infectious diseases, while Asia contributes to almost half the cancer deaths in the world. More than 3,000 Asian mothers die in childbirth every week; Indian men lead the world in deaths from heart disease.

This "double whammy" of infectious and chronic diseases would challenge the most talented of health policy planners, let alone in Asia where more than half a billion people live in hunger, 40 per cent of adult males smoke and there is a meagre 1.1 doctors per 1,000 population — almost three times lower than in the United States. Three myths worsen this already unfavourable situation and debunking them decisively will be vital in ameliorating the health of Asia.

MYTH #1: MORE IS BETTER

A pervasive belief in healthcare is that, if only we spent more, health would improve. Governments and activists obsess over national spending on healthcare and there is even a widespread erroneous belief that the World Health Organization (WHO) recommends a minimum healthcare spending of 5 per cent of GDP (the WHO actually only recommends that healthcare spending be tracked).

The evidence is really not that compelling for a strong relationship between healthcare spending and health outcomes. Two examples illustrate by their extreme polarity: Singapore has always stood out among developed countries for its low spending on healthcare and yet impressive health statistics, ranking sixth in a WHO survey. By contrast, the US spends 16 per cent of GDP on healthcare but achieves a life expectancy of only 78.3 years, 36th in the world.

This unhappy statistic lags behind countries such as the United Kingdom, Spain, Finland and, of course, Singapore, that spend less than half of what the US spends. Interestingly, Mr Barack Obama's administration has estimated that 30 per cent of healthcare spending in the US is wasteful and can be cut without adverse impact on health.

The focus on the numbers detracts from a larger challenge of good management and governance. This is akin to the situation with water, which covers 70 per cent of the Earth's surface. The Asian Water Development Outlook 2007 starkly comments: "For achieving water security, the problem to tackle is not the physical scarcity of water, but lack of proper management."

Funding is important but it is not everything.

MYTH #2: HEALTH IS A PRIVATE RESPONSIBILITY

Good health has been erroneously under-played and delegated to a "private responsibility", while treating illness, or healthcare, has been the main focus of government policies. We disagree. Our perspective is that health should be considered in a manner similar to education.

In education, governments unabashedly massively subsidise and prescribe "compulsory primary education" and are constantly raising the bar for minimum standards. In fact, in Finland, kindergarten teachers must have undertaken university level kindergarten teacher education before qualifying to work as pre-school teachers in daycare or schools. It takes a village to raise a child, as has been said; we believe it takes a community to ensure good health.

The challenge for governments is to overcome the mental hurdles that health is something for individuals to determine for themselves and act upon.

Governments can and should finance and regulate the foundations for good health. Should not hygiene, nutrition and routine exercise be actively and aggressively encouraged by the state? Should not healthy food be more affordable than unhealthy food?

MYTH #3: GOOD HEALTH COMES FROM GOOD HEALTH CARE

Finally, and perhaps most perniciously, is the deep-rooted belief perpetuated by vested parties ranging from healthcare professionals to the biomedical industry that good health results from good healthcare. The results: Grossly skewed funding towards tertiary care. Spanking new hospitals are filled with the latest equipment, while community health-worker positions go unfunded and the village well sits in disuse and disrepair.

In 1999, the US Centres for Disease Control and Prevention celebrated 100 years of public health achievements, noting that since 1900, the average lifespan of persons in the US has lengthened by greater than 30 years; 25 years of this gain are attributable to advances in public health. What were these advances? Prominent in the list of 10 achievements stood motor vehicle safety, safer and healthier foods and fluoridation of drinking water.

This is not to demean the advances in medical sciences but a sense of proportionality, especially in resource-constrained settings must prevail. Even in America, thoughtful commentators are openly questioning the prolongation of life at all costs. In the US, researchers have highlighted that 18 weeks of a new drug for lung cancer treatment costs an average of US$80,000 (S$100,815), or US$800,000 to prolong the life of one patient by one year.

Consider where else such money could be spent. In Cambodia, fewer than one in six rural families have access to adequate sanitation. Lien Aid, a Singapore-based NGO, and partners developed a new innovative latrine system specifically for the rural market. Retail price? Under US$50 per household.

Good health results from the people and the state working in unison, disregarding bureaucratic silos which artificially divvy up health into healthcare, social services, environment, sanitation and other divisions. To improve health, we need to cast aside our misconceptions and debunk these three most damaging myths that mislead policy-makers.

The NUS Initiative for Improving Health in Asia (NIHA) is one such effort to investigate and impact the medical, economic, social and ethical issues that influence health and healthcare. Through a three-fold approach of rigorous research to shed new light on perennial problems, an annual forum for key policy makers to engage each other, foster dialogue and shared learning, and a leadership programme to support the next generation of health leaders, NIHA aspires to contribute to ensuring and enhancing health in Asia. ■

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