

Come together, for Asia's own good

Continent needs its own distinct approach to tackling health challenges, rather than imitating Western models

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Asia has two faces. One is filled with towering skyscrapers and exhibits of economic growth.

However, beside the veneer of prosperity, the other face is plagued by significant challenges ranging from providing safe drinking water, sanitation, and basic health services to the people.

Economic progress may have lifted 1.3 billion out of poverty in the last 25 years, but the average life expectancy of South-east Asians is only 63 years, 10 years below that of North Americans. More than 4,000 Asian children die every day from preventable or treatable illnesses such as diarrhoea and respiratory infections and 3,350 mothers die in childbirth every week.

While the litany of healthcare challenges is long, there are opportunities to ameliorate this and place Asia firmly on a growth path where not only the wealth of a few but the health of the many is addressed.

Every nation in the world struggles with balancing the triangle of healthcare – high quality, low cost and universal access. Asia, with its potpourri of developing and developed countries, is further confronted with



Methods of treating obesity would differ in the rest of the world compared to Asia, with the unique physiologies, cultural heritage and dieting norms on the continent. REUTERS

the dual burden of communicable diseases and chronic conditions that will test not only the healthcare delivery system, but also the economic well-being of the region as a whole.

Why come together as Asia?

Confucius advised centuries ago: "He who wishes to secure the good of others, has already secured his own." Enlightened self-interest within Asia will bring Asia together on healthcare.

Consider the "haze" that struck parts of South-east Asia including Singapore just a month ago, or think back to Sars when 729 of the 774 deaths recorded worldwide occurred in Asia.

Specific studies on Asia have resulted in an ever-growing body of scientific data that suggest that Asians are physiologically different in drug metabolism and disease risk. For example, people of East Asian descent require on average 30 to 40 per cent lower doses of warfarin, the blood thinning drug, than individuals of European descent.

Cancers of the head and neck are rare in the West but are some of the most common malignancies in Asia, especially in China, where rates of throat cancer can be 25 times that of the rest of the world. Furthermore, health and healthcare are about cultural values more than monetary value, and in this respect, Asians may have even more in common.

A thoughtful synthesis of the literature shows that we need to adopt new ideas that are specifically tailored for healthcare solutions needed in Asia. Thoughtlessly imitated Western healthcare models will no longer suffice for the 60 per cent of the world's population who live in Asia, a future economic super-power.

BEYOND BIOMEDICAL

The biomedical model of medicine popularised in the West is giving way to a bio-psycho-behavioural-social framework for health which recognises the multi-faceted nature of health and health behaviour.

Consider how thinking about obesity – arguably the largest health challenge facing the world today – has evolved from simplistic caloric computation and psychological motivational techniques for weight management.

Today in Singapore, we adopt a holistic approach drawing in policy interventions such as banning of fried foods in school canteens and additional exercise sessions for at-risk children. We also implement behavioural sciences-derived measures, such as the placement of healthier food

items at eye-level rows in cafeterias and targeted subsidies for brown rice, as well as urban planning of environments that promote a healthy lifestyle.

Tracing back the development of risk factors to foetal development and infancy, Singapore is embarking on *Gusto* (the Growing Up in Singapore Towards healthy Outcomes Study), a long-term cohort study involving Singaporean mothers-to-be. It is aimed at discovering effective prevention and early intervention strategies to reduce the burden of metabolic diseases, including obesity.

Disease projections traditionally dominated and shaped policy planning but today, policy decisions are nuanced by a deeper understanding of human behaviour, an appreciation of supra-national factors such as population migration and modelling of disease trajectories temporally and geographically.

NEW HEALTH CARE POLICIES

The nascent academic convergence of the various disciplines of science – including medicine, public health, sociology, anthropology, economics, mathematical simulation and modelling – augurs well for strengthened policy making at all levels of healthcare delivery.

What Asia needs is a concerted and coherent approach to tackling the largest health challenges faced by Asia – a second convergence of Asia policymakers, industry, civic society and researchers riding on the academic convergence.

Asia needs to seize these two convergences to leapfrog innovative and cost-effective solutions, and develop policies that translate these solutions into new models of healthcare delivery nationally, regionally, and globally.

Despite the fact that Asian countries have vastly different socio-economic conditions, all want the same thing: Affordable and quality healthcare available to all citizens. From Singapore's biomedical research expertise to Indian ingenuity in what General Electric CEO Jeff Immelt describes as "reverse innovation", to Thailand's much-vaunted medical tourism, there is much we in Asia can learn from each other and learn together.

The rest of the world will also be able to learn from Asia in the near future.

Health is not merely the absence of disease. According to the World Health Organisation, it is a state of positive enjoyment or happiness. It is now time to a fresh look at health in Asia from a holistic point of view. ■

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