The 48 countries and areas of the World Health Organization’s (WHO) Asia Pacific Region span a large, heavily populated land area, and an equally vast but sparsely populated ocean. The Region encompasses 21% of earth’s land mass and is home to 53% of the world’s population. Although the Region has seen remarkable economic progress in recent decades, benefits are unevenly distributed, with many countries and a disturbingly large part of the population left out of the development mainstream, subsisting in poverty and poor health. More poor people live in the Asia Pacific Region than in the rest of the world combined.

While historical and cultural ties are relatively strong, the Region is far from homogenous. Sharp contrasts between and within countries in the Asia Pacific Region present a significant public health challenge. Epidemics and disasters threaten hundreds of millions of people each year, and health inequalities in some rapidly developing countries are growing rather than shrinking. Environmental, workplace and lifestyle diseases have accompanied rapid economic growth.

Periodic assessments of health situations, as well as gauging population health status and trends, are essential functions of national health systems. An active partner in the quest for better health, WHO works with Member States to improve public health programmes and develop new strategies for dealing with changing conditions. Its mandate includes analysing health conditions, disseminating information on health situations and trends, reporting on health development, evaluating the impact of health programmes and the performance of health systems, and synthesizing situations from a regional perspective to assist leaders and policy-makers.

Although the WHO Western Pacific and South-East Asia Regions, which make up the Asia Pacific Region, differ in important respects, regional reports often belie the importance of their geographical contiguity, as diseases, social conditions and events often disregard national and political borders. Contiguous areas, such as Indonesia and Malaysia, or the Republic of Korea and the
Democratic People’s Republic of Korea, or Thailand and the Lao People’s Democratic Republic, have appeared in separate regional reports. Most of the Member States in both WHO regions share common problems, including inadequate resources for health and a high burden of disease. Significant trends, similarities and relationships, perhaps unnoticed when divided into the 37 countries and areas of the WHO Western Pacific Region or the 11 countries of the South-East Asia Region, are more clearly defined when merged into a single Asia Pacific Region.

Box 1.1: Countries and areas of the WHO Western Pacific and South-East Asia Regions

**WHO Western Pacific Region (areas in italics)**

American Samoa, Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, French Polynesia, Guam, Hong Kong (China), Japan, Kiribati, the Lao People’s Democratic Republic, Macao (China), Malaysia, the Marshall Islands, the Federated States of Micronesia, Mongolia, Nauru, New Caledonia, New Zealand, Niue, the Commonwealth of the Northern Mariana Islands, Palau, Papua New Guinea, the Philippines, the Pitcairn Islands, the Republic of Korea, Samoa, Singapore, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, Viet Nam, and Wallis and Futuna.

**WHO South-East Asia Region**

Bangladesh, Bhutan, the Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste.

This WHO publication is a response to requests from its Member States for a resource covering the entire Asia Pacific Region and containing up-to-date reports on health trends and health systems for the use of officials, policy-makers and all others with an interest in public health.

Distinctions between the two WHO regions are not emphasized in this report. The South-East Asia Region is less wealthy as a whole than the Western Pacific Region and suffers from more illness, but public health functions and their outcomes in both regions have much in common. Comparisons between countries also generally yield more useful information than between regions. Such a comparative approach is used in this publication to highlight and clarify similarities and contrasts. This provides valuable background data that can support country-based evidence for making effective policy decisions.

Among sources of health information, WHO data are considered reliable and comprehensive, and are often a first source for researchers and policy-makers seeking global data. Regardless of the quality of data, the presentation of graphs and tables of indicators can never fully describe the health situation. Large average numerical gains in health status tend to mask persistent social and health inequalities. Important public health functions and other determinants of health, such as human resources, financing, health research, health promotion and health systems organization, cannot be described quantitatively, nor can many scientific and organizational influences on public health and health systems. Geography, topography, climate, politics, economic and social factors, and random natural events all dramatically affect population health in the Asia Pacific Region.
For these reasons, this book relies on narratives to convey a better sense of the regional health situation. Chapters and subchapters are organized in a way familiar to users of health information. Each subchapter is intended as a self-contained overview, supported by basic tables and graphs, and containing references for further exploration of the chapter topic. Recent country experiences, both successes and failures, are described in text boxes.

Every division in both WHO regions contributed to this book, using the best and most recent information. All efforts have been made to present the most recent data and adhere to WHO’s criteria for statistical reporting. However, depending upon the capacity and capability of national health information systems, reported data for some indicators may have limitations. Most subchapters are collaborations between WHO staff and outside experts, and contain a balance of information from the field, as seen in WHO’s regional work, and more scientific and speculative constructs, as seen from academia.

This book is intended for a wide audience with the expectation that national health authorities, policy-makers, scholars, researchers, health workers and others committed to the advancement of public health in the Asia Pacific Region will make good use of this resource. While not as specific as might be desired by public health specialists and researchers, the broad scope and moderate level of detail should prove valuable to those seeking more than a basic understanding of the Region’s health situation.

Following the introductory Chapter 1, the body of the report is organized into three main sections. The first examines social determinants of health, the common factors that cause many people to be vulnerable to the direct causes of illness and disability. The second section reviews the situations concerning important diseases in the Region. The last section reviews the essential functions that health authorities are performing and how health systems in the Region are responding to health challenges.

Section A approaches the regional health situation through the socioeconomic, demographic and environmental determinants of health, factors that lie largely outside the traditional domain of the health sector. Critical relationships between national income, poverty, inequality and health are examined closely in Chapter 2 because of the low incomes and state of development in much of the Region. Rapid lifestyle changes, especially in diet and tobacco use, are associated with increased chronic disease. Gender-related issues affect health along several dimensions, and human rights concerns have increased the focus on responsiveness and governance of health systems. Participation by civil society in health matters and the use of research-based evidence to improve health policies are discussed. This chapter highlights the multidimensional nature of health, the importance of community participation, and the need for multisectoral planning and action.

The Region’s profound demographic transition is reviewed in Chapter 3. Increased longevity, declining birth rates and rapid urbanization are affecting disease patterns and placing new demands on health systems. Chapter 4 examines environmental trends, covering water and sanitation, air quality, chemicals and wastes, occupational health, climate change, food contaminants and safety, and other concerns, not only for the industrializing parts of the Region but also for the large population that remains agrarian.

Section B details the health situation in the Region along the familiar lines of statistical indicators and descriptions of disease-control activities. Regional progress in combating disease has been broad and dramatic, but pockets of high morbidity and mortality remain. Chapter 5 reviews mortality in the
Region, including life expectancy; neonatal, perinatal, infant, child and maternal mortality; and the
causes and risk factors for adult mortality. Chapter 6 focuses on the magnitude and causes of the
burden of disease, with comparisons between the Region and the rest of the world. This chapter
discusses how morbidity can be further reduced and the need for increased health resources.

Chapter 7 describes current prevalence, control measures and challenges of the Region’s priority
communicable diseases. Subchapters cover SARS (severe acute respiratory syndrome), avian influenza
and other emerging and re-emerging infectious diseases, HIV and other sexually transmitted infections,
tuberculosis, malaria, vaccine-preventable diseases, dengue and dengue haemorrhagic fever, leprosy,
kala azar and lymphatic filariasis, schistosomiasis and other helminthiases, as well as a review of the
new International Health Regulations (2005). Chapter 8 is an overview of the growing burden of
noncommunicable diseases and conditions in the Region. Its subchapters cover the “lifestyle diseases”
of cardiovascular illness, diabetes mellitus and cancer, the tobacco-use epidemic, injuries and violence-
caused conditions, mental and neurological illnesses and substance abuse, and thalassaemia. Chapter
9 includes reviews of “life-cycle” health concerns in subchapters on reproductive health, child and
adolescent health, nutritional disorders, and social and health care for older persons.

Section C covers the broad field of health systems development. Chapter 10 describes the important
dimensions of health systems in the Region, including infrastructure and organization, decentralization,
primary health care, the role of the private sector, health policy development, legislation and regulation,
governance and responsiveness, equity and access issues, donor coordination and a framework for
health systems strengthening. Chapter 11 deals with critical resources for improving population health,
with subchapters on human resources, health laboratories and blood safety, health financing, and
essential drugs and traditional medicines. Chapter 12 discusses other key public health functions with
subchapters on health promotion, communicable disease surveillance and response, emergency and
humanitarian action, health and health policy research, and national health information systems.

The final chapter, Chapter 13, is supported by information from preceding chapters and highlights
five key public health challenges facing the Region: environmental health; communicable and
noncommunicable diseases; reproductive and child health; care for older persons; and health systems
development.

If this publication helps promote evidence-based health planning and action, and reinforces the
need for strong public health systems with a better balance between clinical care and public health,
it will have achieved its goal.