

Communicable diseases in south-east Asia: call for papers

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WHO's South-East Asia Region, comprising 11 member countries, is home to 26% of the world's population and 30% of the world's poor.^{1,2} Of the 14 million deaths that occur annually in this region, 40% are due to communicable diseases compared with the global proportion of 28%.³ A high density of population, poverty, poor sanitation and tropical climate create an environment conducive to the emergence and propagation of communicable diseases.⁴ As a result, the region is at high risk for new and emerging infectious disease events and has become a hotspot for many zoonoses, drug-resistant pathogens and vector-borne diseases. The region is the epicentre of avian influenza, which has the potential for causing an influenza pandemic. Multidrug-resistant malaria, including artemisinin resistance at the border of Cambodia and Thailand, threatens to jeopardize the provision of effective antimalarial treatment worldwide.⁵

Chikungunya virus has re-emerged after 30 years, the spread of dengue is expanding geographically, and the impact of climate change on these vector-borne diseases is a matter of increasing concern. As many as 1.3 billion people in the region live in high-risk areas for malaria and dengue fever. The region alone bears 35% of the global burden of tuberculosis, 60% of lymphatic filariasis and 80% of leprosy cases.⁶

Fortunately, there is a high level of political commitment towards combating both old diseases as well as new and re-emerging ones. Successful examples include eradication of guinea-worm disease, elimination of yaws from India, excellent progress in tuberculosis control and in combating HIV. The opportunities for eliminating diseases such as visceral leishmaniasis are unique to this region. Though polio remains a lingering problem, enormous efforts are being made towards its eradication. Basic systems and human resources are in place and can be used to their full potential. Good work that is already underway needs to be documented and shared more widely.

The WHO South-East Asia Region has been undergoing rapid economic development over the past few decades. While this has worked in favour of combating communicable diseases in terms of greater financial resources and priority given to health, it has had profound impact on communicable diseases in the context of globalization. The ease of international travel, population movement, urbanization, unplanned and unregulated developmental activities are all facilitating the spread of diseases, both within and across borders, thus threatening international health security. Furthermore, the economic growth has not been equitable and poor health is both a cause and consequence of non-inclusive growth.⁷

Innovative strategies are being implemented in the region to address these issues. The social insurance scheme in Thailand,⁸ national rural health mission in India,⁹ partnerships between the government and nongovernmental organizations in Bangladesh are just a few example of initiatives that governments are taking to address the concerns of the poor and to ensure equity and social justice in the health area. Core capacity is being built for early detection and rapid response to these new pathogens in the context of the International Health Regulations (IHR 2005).

Developing robust health delivery mechanisms is a key area for policy and research. WHO's South-East Asia Region has a vibrant private health sector, including advanced pharmaceutical and biotechnology research, development and manufacturing capacity, which can be engaged towards further strengthening health services. Existing infrastructure can be used as a foundation to allow appropriate components of communicable disease control to be managed by primary health care.

A theme issue of the *Bulletin* will provide a forum for sharing the region's successes, and its future opportunities in disease control and research. The issue aims to foster greater international

collaboration and partnership. Since the region has such a high communicable disease burden and risk, greater investment and collaboration will benefit not only the communities it serves but the entire world.

The deadline for submissions to this issue is 1 June 2009. Manuscripts should be submitted to: <http://submit.bwho.org> and should respect the Guidelines for Contributors, available at: http://www.who.int/bulletin/volumes/84/current_guidelines/en/index.html. They should be accompanied by a cover letter mentioning this call for papers. All submissions will go through the *Bulletin's* peer review process. ■

References

1. *Global health statistics*. Geneva: World Health Organization; 2008.
2. *Basic statistics*. Asian Development Bank; 2008. Available from: www.adb.org/statistics/pdf/basic-statistics-2008.pdf [accessed on 12 August 2008].
3. *Health situation in the South-East Asia Region*. WHO Regional Office for South-East Asia; 1998-2000, Annex 8; Fig 26.
4. Jones KE, Patel NG, Levy MA, Storeygard A, Balk D, Gittleman JL, et al. Global trends in emerging infectious diseases. *Nature* 2008;451:990-3. PMID:18288193 doi:10.1038/nature06536
5. Wongsrichanalai C, Meshnick SR. Declining artesunate-mefloquine efficacy against falciparum malaria on the Cambodia-Thailand border. *Emerg Infect Dis* 2008;14:716-9. PMID:18439351
6. *Communicable disease department: profile and vision*. WHO Regional Office for South-East Asia; 2007.
7. Siddiqi A, Hertzman C. Economic growth, income equality, and population health among Asian Tigers. *Int J Health Serv* 2001;31:323-33. PMID:11407173 doi:10.2190/YFXB-E27P-HQDQ-04AM
8. Hughes D, Songkramchai L. Universal coverage in the Land of Smiles: Lessons from Thailand's 30 Baht Health Reforms. *Health Aff* 2007;26:999-1008. doi:10.1377/hlthaff.26.4.999
9. National Rural Health Mission, Ministry of Health & Family Welfare, Government of India. Available from: <http://mohfw.nic.in/NRHM.htm> [accessed on 12 August 2008].

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