

### *President's Welcome*



Dear Colleagues,

This Year of the Rat has begun with accelerated hard work and planning for the 40th APACPH international conference in November 3-6 in Hanoi, Vietnam. The theme of Injury Prevention is highly relevant not only in our urban streets but in our homes and rural areas too. National governments, the UN and WHO have taken injury prevention with reduction of road accidents and helmet use as one of the key and effective strategies for reducing the burden of disease due to injuries. My own work as a Neurosurgeon and Public Health advocate, as well as that of researchers in Taiwan and other countries, have demonstrated that simple interventions like the proper use of helmets by motorcyclists can cut mortality by nearly a third. In this context, Dean Le-Vu Anh and his team are to be congratulated on their plans to host the APACPH conference and 2nd Asia-Pacific Injury Prevention International Conference.

One of my priorities during my term of office is to revitalize our membership in the LDCs and to extend public health efficacy in humanitarian activities. I would like to acknowledge and thank the leadership taken by the Secretary-General Prof Walter Patrick, President-Elect Prof Hokama, Professors Colin Binns, Andy Johnson, Paula Palmer, Masamine Jimba and Phitaya Charupoonphol for their work in Cambodia, Laos, Sri Lanka, India, Bangladesh and Nepal. In fact Professors Jimba Masamine and Walter Patrick have been kind enough to undertake a mission on my behalf to Cambodia, Laos and Vietnam in preparation for our June 18/19 Executive Board meeting and the Regional Forum - The Laos-APACPH Public Health Forum - in Vientiane, Laos from June 19th to 20th, 2008.

As we move rapidly forward, I would like encourage our membership - faculty, students and the leadership - to better networking on focused activities. We need to consider expanding APACPH office units in select APACPH member countries. I have identified some benchmarks noted below that we can examine, evaluate, adapt and work together to achieve.

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APACPH as an organization has grown and matured over the last 25 years. The vision and achievements of the past brings us to an exciting and challenging future. The breadth of APACPH academic leadership across several institutions is an asset. Yet, turnovers in leadership are one of the on-going challenges. Hence, we may want to consider expanding the base for APACPH related "Health Problem Solving" activities through revitalized visible APACPH units in selected member institutions.

Another strategy that APACPH needs to consider is to serve as a bridge, a conduit across the disciplines of medicine, health, nursing and others in a focused but flexible and problem solving manner. National leadership including Ministries of Health, Education and Planning look to university leadership not only in issues of human resource development and research, but in addressing problems across multi-disciplinary fields especially in times of crises. Hence, involving University leadership, faculty and management, at high levels across APACPH countries will provide synergy and consolidate APACPH activities. Translational research funding trends - bench to bedside and the community - will in the future tend to encourage and provide support to linked multi-disciplinary problem solving efforts. The models recently developed to promote APACPH initiatives in Sri Lanka and Cambodia offer a stabilising institution/country centred approach, strengthening the community aspect of the research-training continuum. Such an approach has potential for sustainability. In this emphasis and new APACPH direction, there are significant needs for organizational re-adjustments and effective resource acquisition that benefits all members especially those in need.

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## *President's Message (cont'd)*

As we discuss these broader issues for decision and collective action, there are several activities that can be undertaken with limited resources. Review and input of APACPH officers and the Executive Board members is critical to shape these ideas so that we can move towards effective networking and collectively impact on health problems in member countries. We will be doing this in our June executive meeting. We believe in the overall principle that APACPH will continue to focus and influence Health Policy Making Decisions, Enhance Public Health Training and Strengthen Professional Partnerships in efforts to Reduce Public Health Problems.

Ongoing discussions on these issues are necessary and we will examine these "priorities for networking" further at our June Executive Board Meeting. Some priorities arising from this perspective that we need to consider are:

1. Collaborative research, service and training efforts among university units

Focused partnerships between national and international organizations on common areas of global health interest like Peace and Health, Poverty and Health, Rural Health Care, Trends in Public Health and Medical education may be productive. These collective efforts will enhance and expand our limited capacity to influence outcomes. Therefore, resources to initiate, maintain and monitor activities in relation to identified "Themes and Problems" need our highest priority and commitment for action.

2. APACPH Network Units

We need to review our leadership network and establish/strengthen APACPH office units especially at the APACPH Officers level and at the level of at the Regional Offices. Funds allocated to the Regional Offices will help initiate this process. I have requested the Secretary General and our Secretariat to support this effort. The creation of new APACPH in country websites and linkages to existing networks needs to be achieved in the next two years.

3. Collaboration with national Public Health Medical Nursing, Hospital associations and MOH is a target that we should reach. My office will encourage and support this effort to establish formal and informal ties on a planned basis.

4. Sponsorship/co-ordination of joint meetings with national level organizations on common and emerging areas of interest for public health. Climate Change Disease and Health will offer a platform to create synergy for Medicine and Public Health and other disciplines within Universities as well as in member countries and the region.

5. Demonstrate APACPH Models in building University Level Partnerships (Within and among member institutions)

This effort may require developing University President level meetings to address multi-disciplinary and systemic problems. Outcomes will include enhancement of APACPH Collaborating Center activities (i) Disaster Management & Injury Prevention, (ii) International Cyber University For Health (iii) Oral Cancer Prevention, (iv) Research on common and emerging problems (v) Humanitarian Services, etc.

6. Create the Climate for Resource Development

We need to provide/increase APACPH seed grants and training faculty and students in grantsmanship and establish linkage with funding agencies.

7. Develop/Revive APACPH self study mechanisms in collaboration with ICUH and WHO projects on Public Health Competencies for the Asia Pacific Region and support teaching effectiveness and student outcomes.

8. Expand our publishing efforts in the APJPH and other publications such as Newsletters and APACPH Research Reports. These will increase APACPH faculty and students visibility and recognition.

9. Revive the APACPH Public Health Text Book Project and publish a relevant text in Public Health for the Pacific Region in 2009.

10. Establish/strengthen an APACPH Visiting Professorship and student exchange program based on joint teaching of internet courses, based on the model developed by the Faculty of Health Science, University of the Ryukyus.

We have an exciting ten point package to work on which can bring various segments of our membership together, integrating and reinforcing our work. With our collective efforts, I believe we can attain these goals.

Thank you



Wen-Ta Chiu, M.D., Ph.D.  
President, APACPH

## *Background: The Asia-Pacific Academic Consortium for Public Health*

APACPH is a consortium of over 60 public health institutions in 19 countries across the Region. The Vision of the Consortium is to achieve the highest possible level of health of all the people of the nations of the Asia-Pacific region. APACPH aims to enhance Regional capacity to improve the quality of life and to address major public health challenges through the delivery of education, research and population health services by member institutions.

APACPH supports activities that forward its five main objectives:

- (i) To enhance the quality and relevance of educational and training programs in public health;
- (ii) To expand knowledge, improve skills and demonstrate effective interventions;
- (iii) To raise awareness of current, emerging, and re-emerging public health issues and develop programs of action for their resolution;
- (iv) To enhance the capacity and sustainability of public health systems;
- (v) To assist in policy and leadership development for health;

APACPH has six Regional Offices, holds an Annual conference on a topical public health issue and publishes in conjunction with Sage Publishing, the Asia-Pacific Journal of Public Health, the only English language journal of its type in the Region.

## *APACPH Member Notices*

### **Annual Subscription Payments**

Invoices for the 2008 APACPH member subscription will be sent out in May. Please process your payment as soon as possible. Payments of invoices are due on **15 August 2008**.

### **APACPH Conference 2008 - Hanoi, Vietnam**

The conference will be from **3-6 November** with the pre-conference workshops and the APACPH General Assembly on 3 November. **Due date for Abstracts is 30 May** and Conference Registration will open on **June 30**. Please logon to the conference website **www.apacph2008.org** for details and updates.

For more information, please contact **Desmond Gul** at the APACPH Directorate Office - Email: **desmond@apacph.org**

## *Monash Department Promoted to School Status*

Recently, APACPH member Monash University re-organised its structure within the Faculty of Medicine, Nursing and Health Sciences. The Department of Epidemiology and Preventive Medicine which has been the primary APACPH contact has now been upgraded to the **School of Public Health and Preventive Medicine**. The Head of the department, **Prof John McNeil** will now be the new Head of School. Besides the existing department, a few entities have also come under this new School - Monash Institute of Health Services Research, Victorian Institute of Forensic Medicine and the Centre for Obesity Research and Education.

**Prof Brian Oldenburg**, Chair of International Public Health, still remains our APACPH primary contact and the Regional Director of the Australian APACPH Regional Office which is based at this new School.

## *ECN Opens Registrations for 2008 Activities*

Registration is now open for the Pre-conference workshop – **'Health Advocacy: Translating Evidence into Policy'**. The workshop will take place on **Monday 3rd November 2008**, just before the 40th APACPH Conference in Hanoi, Vietnam. Please visit **http://www.apacph.org/site/pages/ECN\_Annual\_Workshop** for more information and to download a registration form.

Plans are also well under way for a Regional short course in Health Advocacy in Manila, located at the University of the Philippines. Confirmation of this short-course and details on how to register will be available shortly.

Submissions are now open for the **2008 'Reflections' photography competition**. The photos need to illustrate the theme of the 2008 APACPH Conference "Better Public Health Education and Practice for effective response to injuries and emerging public health issues" (see the conference website – **www.apacph2008.org** for more information on Theme Sessions). The contest is dedicated to drawing attention to health issues that have a significant global and regional impact. Please visit **http://www.apacph.org/site/pages/ECN\_Photo\_Competition** for guidelines and an entry form. You can also view the winning entries from the 2007 competition.

For more information on the Early Career Network and activities for 2008 please visit

**http://www.apacph.org/site/pages/Early\_Career\_Network** or email **Sonja Firth** at **s.firth@qut.edu.au**

## World Health Day at Monash

World Health Day, on 7 April, marks the founding of the World Health Organization and is an opportunity to draw worldwide attention to a subject of major importance to global health each year. In 2008, World Health Day focuses on the need to protect health from the adverse effects of climate change.

On this day, a Symposium took place in Melbourne and was co-organised by APACPH member, Monash University. **Prof Brian Oldenburg** from the Department of Epidemiology and Preventive Medicine co-organised with the Burnet Institute the AMREP World Health Day Symposium as partners of AMREP (Alfred Medical Research and Education Precinct). This symposium created the opportunity to bring together students, academics, health practitioners, researchers and policy makers interested in global health. Over 200 participants were present and while most of them were from Melbourne, we also had a few from interstate and countries such as PNG, Malaysia, Fiji, New Zealand and South Africa. There was also representation from various NGOs such as World Vision, Save the Children Australia and Oxfam as well as members of various government agencies such as AusAID. It was a diverse group that provided insights from various perspectives on global health issues.

The keynote session was delivered by **Prof David Karoly**, a renowned climate scientist from the University of Melbourne on the theme for this year's World Health Day, 'Protecting Health from Climate Change'

In addition there were other presentations in the two main streams – Sexual and Reproductive Health & Addressing non-communicable diseases and healthy ageing which contributed to the overarching theme for the day, 'Research supporting policy and practice in low- and middle-income countries'. Members from Monash University were involved in delivering or chairing these presentations. The **Hon Mr Bob McMullan**, Parliamentary Secretary for International Development Assistance was also present to give a talk on Health in Australia's aid program.

Besides faculty from Monash University, we also invited another APACPH member, **Prof K R Thankappan** from the **Achutha Menon Centre for Health Science Studies** in India to present in the non-communicable disease stream. His talk covered 'Hypertension control by trained volunteers in a rural community in India'.

For APACPH, it created a good opportunity to introduce APACPH to a wider global health community.

You can visit the website to download the presentations - [www.amrep.org.au](http://www.amrep.org.au)



Prof Brian Oldenburg (left) and Prof K R Thankappan (right) with other presenters from the non-communicable diseases track



Keynote speaker Prof David Karoly (right) with Monash students

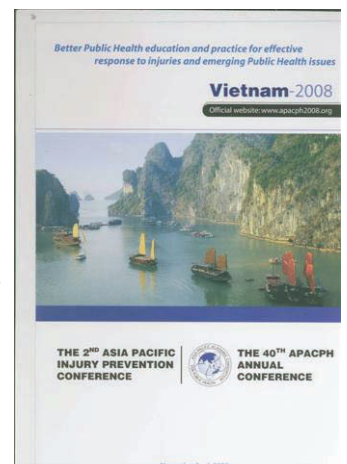
## Call for Abstracts for 40th APACPH Conference 2008

The due date for call for abstracts for the 2008 APACPH Conference in Hanoi is soon approaching. Abstracts must be in English and not exceed 250 words and submitted online by **30 May** on the conference website [www.apacph2008.org](http://www.apacph2008.org)

Registrations for the conference will open on **June 30**.

The overall theme for the conference is '**Better public health education and practice for effective response to injuries and emerging public health issues**' and will be hosted by the Vietnam Administration of Preventive Medicine and the Hanoi School of Public Health. For information, please contact the Conference Secretariat at [apacph\\_injury2008@hspsh.edu.vn](mailto:apacph_injury2008@hspsh.edu.vn)

Please check the conference website regularly for information and updates on the program and abstract submission.





## Global Monitoring Report 2008

Adapted from the World Bank website



A new World Bank-IMF report warns that most countries will fall short on the Millennium Development Goals (MDGs), a set of eight globally agreed development goals with a due date of 2015.

Though much of the world is set to cut extreme poverty in half by then, prospects are gravest for the goals of reducing child and maternal mortality. Serious shortfalls also likely in primary school completion, nutrition, and sanitation goals.

The report also stresses the link between environment and development and calls for urgent action on

climate change. To build on hard-won gains, developing countries need support to address the links between growth, development and environmental sustainability.

For more information on the report, please visit <http://go.worldbank.org/J20HF0QLLO>

### Progress on the health-related MDGs:

#### Goal 4 - Reduce Child Mortality

Most child mortalities can be prevented through proper nutrition, care, and simple medical treatment. In 1990, 13 million children in developing countries died before age five from diseases such as pneumonia, diarrhea, malaria, measles, and AIDS. By 2006 that number had dropped to 10 million, and under-five mortality rates had declined in all regions. Sub-Saharan Africa had the highest under-five mortality rate in 2006, at 158 per 1,000. Ten of the 11 developing countries with rates above 200 are in Sub-Saharan Africa, including Sierra Leone (270) and Angola (260), and child mortality rates have increased, rather than decreased, in 12 countries in the region since 1990. The spread of the HIV/AIDS epidemic has contributed to this phenomenon. South Asia is also off track for reaching the MDG child mortality target. Even in the regions that are broadly on track to achieve the target, many countries remain off track.

Although many countries are not on track to reach the MDG child mortality target, inexpensive medical treatments have nonetheless helped reduce the number of child deaths. Oral rehydration tablets have mitigated dehydration from diarrhea, antibiotics have treated respiratory infections, mosquito nets have helped to prevent malaria, and measles vaccinations have protected children from the disease. Since 1992 the coverage of measles vaccinations has increased in all six regions, with the greatest change occurring in Sub-Saharan Africa, which now has greater coverage than South Asia. Measles vaccination coverage in Sub-Saharan Africa went from 50 percent in 1992 to 71 percent in 2006. Measles vaccination coverage is defined as the percentage of children ages 12-23 months who received measles vaccinations before 12 months or at any time before the survey.



#### Goal 5 - Improve Maternal Health

An estimated 536,000 maternal deaths occurred worldwide in 2005, over 99 percent of them in developing countries. Difficulties during pregnancy and childbirth are the primary cause of death for women of childbearing age in these countries. Sub-Saharan Africa is the region with the highest maternal mortality rate—more than twenty times higher than the mortality rate for Europe and Central Asia. Although all regions have increased the percentage of births attended by skilled health staff, the statistics still remain low for South Asia (41 percent) and Sub-Saharan Africa (46 percent). Adult fertility rates have declined over the past 10 years in all regions, and 87 percent of countries with available data have increased contraceptive prevalence rates.

The high maternal mortality rate in developing countries is correlated with poor health care during pregnancy and childbirth. Since 1990 the proportion of births attended by skilled health personnel has increased across all regions, most noticeably in East Asia and the Pacific, where it increased from its 1992 level of 47 percent, to reach 87 percent in 2006. Conversely, the proportion of attended births by skilled personnel increased only one percentage point in Sub-Saharan Africa, where the maternal mortality rate remains the highest. Regional estimates reported here are based on country data covering 90 percent of developing countries' total population.

## Global Monitoring Report 2008 (cont'd)

### Goal 6 - Combatting Diseases

It is estimated that 99 percent of individuals who die from AIDS, tuberculosis, and malaria reside in the developing world. In 2007, 33 million individuals were living with HIV, 2.5 million were newly infected, and 2.1 million died from AIDS. As the estimated number of people living with HIV increases each year, the AIDS epidemic has become one of the greatest challenges to public health and requires improved access to HIV prevention and treatment services. Prevalence rates have stabilized since 2001 and have now started to decline, although moderately. Progress is most pronounced in Sub-Saharan Africa, where the proportion of population living with HIV has declined by a full percentage point since 2000. However, other regions that had started from much lower levels conversely record increases in prevalence rates, mostly within high-risk populations.



Both the incidence and prevalence rates for Tuberculosis (TB) have either remained level or declined from 1990 to 2005 in every region except Sub-Saharan Africa and Europe and Central Asia, where TB has been leveling off since the early 2000s. Following earlier declines in prevalence rates for TB, the incidence rate for the different regions has now stabilized or has been decreasing, but population growth has been offsetting the slow fall in incidence rates.



### Environment Impact in South Asia

South Asia is on the path toward sustainable economic growth, with net adjusted saving on the rise, and a positive savings rate. The region is likely to halve by 2015 the number of people without access to safe drinking water, but will not achieve the same target for improved basic sanitation. In 2000 the region accounted for less than 6 percent of the world's greenhouse gas emissions.

Environment-related infections interact negatively with malnutrition, impairing human and economic development outcomes. In Pakistan, water-related infections through their effect on malnutrition cause an annual loss in education performance equivalent to 4.2 percent of GDP.

Malnutrition impairs both immune systems and the ability to deal with environmental hazards (e.g. to do with bad sanitation). While South Asia's stunting rates fell from 50.8 percent of under-5s (1990) to 34.5 percent (2005), levels of malnutrition may rise again among poor households as food prices stay high.

Indoor air pollution contributes to chest infections and death, especially among children. South Asia accounts for 37 percent of global disease due to indoor air pollution. Nepal ranks fourth among the world's top 10 users of biomass products.

Lack of access to electricity is a major health risk factor. Over 55 percent of South Asia's rural dwellers lack access to electricity (over 93 percent in Afghanistan).

Outdoor air pollution places both adults and children at risk. This is an acute problem in urban areas of fast-growing economies like India.

### Climate change and South Asia

South Asia faces a large potential health risk from climate change through increased malnutrition, diarrhea and malaria.

Earlier snow melt and the loss of glacial buffering in the Hindu Kush-Himalayas will affect the seasonality of water supply for large segments of India's population. Owing to sea level rise, the flooded area of Bangladesh is projected to increase by 23–29 percent or more with a global temperature rise of 2°C.

Climate change is likely to worsen water stress globally. South Asia already has a level of internal freshwater resources below 2,000 cubic meters per capita.

Insurance is critical to cushion against natural disasters, especially in Bangladesh

## *Climate Change & Health Conference*



This conference - convened by the South-East Asian Public Health Educational Institutes Network (SEAPHEIN) and the Faculty of Public Health, Mahidol University, Thailand - is designed for public health educators, public health care professionals and students, community health leaders and other interested parties.

Climate change is a critical concern facing the world today. The human and social impact of this change is only just beginning to be recognised. Action to address these changes needs to be quickly advanced if specific at-risk groups are not to be significantly disadvantaged in the future. Although much has been said about the physical changes to climate that can be expected, our understanding of the human health and social consequences is still very limited. This conference aims to explore current knowledge about climate change's influence on health, identify the immediate and long term health effects, public health education and health-related research priorities and to provide information on state of the art responses from Thailand and overseas.

Conference themes include:

Human health and social impact of climate change

Reducing climate change related morbidity and mortality

Integrating climate change related health issues into public health education curriculum

Emergency preparation and management

Communicable diseases

Other public health issues

### **Dateline for abstract submission - 31 July**

More information, please visit the website <http://www.freewebs.com/climatechangeconference> or contact by email **A/Prof Orawan Kaewboonchoo** ([phokb@mahidol.ac.th](mailto:phokb@mahidol.ac.th)) or **Susan Collins** ([seaphein@diamond.mahidol.ac.th](mailto:seaphein@diamond.mahidol.ac.th)) or Tel: +662-354-8529, Fax: +662-354-8558

## *Short Courses at Monash Malaysia*

2 short courses under the theme of Health Improvement & Public Health will be offered in July at Monash University, Malaysia Sunway Campus. These full-day courses will run from **1-3 July** at the Sunway Campus, Jalan Lagoon Selatan, 46150 Bandar Sunway, Selangor Darul Ehsan, Malaysia:

### **Chronic Disease Prevention & Control**

#### **Leadership for Health**

These courses are suitable for Health Professionals from all backgrounds.

Faculty members involved in teaching these courses include **Prof Brian Oldenburg**, **Prof Richard Southby** and **Prof Anuar Zaini**.

For more information, please contact **A/Prof Quek Kia Fatt** at [quek.kia.fatt@med.monash.edu.my](mailto:quek.kia.fatt@med.monash.edu.my)

## *Health Economics Short Course*

### **"Where Should the Money Go?"**

A short course on tools for allocating health resources in resource poor settings

This 5-day course is a collaboration between the Centre for International Health, Burnet Institute and the Centre for Health Economics, Monash University and will run from **4-8 August in Melbourne, Australia**.

The course will use case studies and examples from resource poor settings to demonstrate economic tools and techniques.

Please visit the website for more details: <http://www.burnet.edu.au/home/cih/education/shortcourses/wstmng>

## Calendar of Events

### **Prevention of Youth Substance Abuse in Rural Communities: Cultural Competence - Unique Challenges and Critical Opportunities**

Date: 14-16 May 2008

Location: Lancaster, South Carolina, USA

Website: <http://www.ruralprevconf.com>

The conference targets the unique challenges of conducting substance abuse prevention in rural communities, with special emphasis on cultural competence.

Organized by: Lancaster Prevention Council

### **5th World Congress on Prevention of Diabetes and its Complications**

Date: 1-4 June 2008

Location: Helsinki, Finland

Website: <http://www.wcpd2008.fi>

### **Bangladesh Public Health Conference 2008**

Date: 13-14 June 2008

Location: Dhaka, Bangladesh

Website: <http://unnayan.org>

Public Health 2008 will provide opportunities for productive, structured dialogue on the major findings of research and evidence on the challenges facing the national response to various health reforms carried out by the government of Bangladesh.

### **Population Health Congress 2008**

Date: 6-9 July 2008

Location: Brisbane, Australia

Website: <http://www.populationhealthcongress.org.au>

Theme: A Global World - Practical Action for Health and Well Being

### **International Conference on Public Health Implications of Climate Change**

Date: 20-22 August 2008

Location: Bangkok, Thailand

(see news on page 7 of newsletter)

### **5th World Conference on Promotion of Mental Health and Prevention of Mental and Behavioral Disorders**

Date: 10-12 September 2008

Location: Melbourne, Australia

Website: <http://www.margins2mainstream.com>

The Conference will highlight activities that contribute to promoting individual and community mental health and wellbeing and show that the prevention of mental illness is no longer on the margins of a health debate.

Organised by: VicHealth

### **3rd Australian and New Zealand Falls Prevention Conference**

Date: 12-14 October 2008

Location: Melbourne, Australia

Website: <http://www.anzfpconference.com>

Organised by: Australian and New Zealand Falls Prevention Society

## Contact

For further information on any of the items mentioned in the newsletter, to include items for the next newsletter, or to enquire on any APACPH-related business, please contact:

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