

A Message from Former Regional Director of WHO/WPRO—WPRO's efforts at polio eradication and infectious disease control

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The job description seemed intriguing to a young medical school graduate: a physician needed in the Izu islands; conditions difficult; resources limited; and hours long. And, of course, you'd be working alone on the tiny islands a couple of hours by boat from Shimoda harbour.

It was 1978, and I was eagerly at work in my first job as a medical officer in the Bureau of Public Health of the Tokyo Metropolitan Government. I already had taken a few detours on my path to a medical career. More than a decade before, I had accepted a scholarship from the American Field Service to attend Potsdam High School in New York, where I graduated in 1968. I studied law at Keio University from 1969 to 1971, before deciding medicine was my true calling. Several years later, I graduated from Jichi Medical School.

Thus, an offer to serve isolated communities as the lone physician was simply too good to pass up. Suddenly, I was handling everything from routine examinations and broken arms to minor surgeries. It was on these small islands that I performed my first appendectomy.

But I also learned that being a doctor in such remote locales involves far more than medicine. I attended weddings, sat beside monks officiating at funerals and spoke at schools. I was more than just a physician; I was an integral part of the community. It was that formative experience on islands such as Niijima and Toshima that broadened my perspective and inspired me years later, after obtaining a doctorate in molecular biology, to pursue a career with the World Health Organization (WHO).

Now, after nearly 20 years at the WHO, my second and final five-year term as Regional Director for the Western Pacific has drawn to a close, bringing me home to the country I know best. The perspective gained in two decades working in public health in the Western Pacific allows me to reflect on some of the milestones we have achieved and on challenges that still confront us.

The Western Pacific Region is the largest and most diverse of the six WHO regions, comprised of 37 countries and areas that are home to some 1.9 billion people. The Region stretches from Mongolia, across China to the Republic of Korea and Japan, south through parts of South-East Asia, and on to Australia and New Zealand, and beyond to the Pacific island states. It counts among its members the world's largest country, China, as well as the world's smallest territory, the Pitcairn Islands, with just a few dozen people.

When I relocated to Manila, the Philippines, in 1990 to join the WHO's Regional Office for the Western Pacific, I was assigned to work on its flagship programme: the eradication of poliomyelitis. At that time, many people in public health questioned the feasibility of eradicating polio. Funds to procure vaccines were scarce. Many of the people we had to reach were scattered in remote areas. Peace-and-order issues in some countries made the job more difficult and sometimes dangerous.

It was a gargantuan undertaking, requiring an unwavering effort not only by the WHO, but by all of our Member States and partner agencies. But after tenacious work in the field, as well as in

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resource mobilization, the last indigenous case of polio in the Western Pacific Region was reported on 19 March 1997, an important milestone on the road to polio-free certification.

The following year, our Government nominated me to serve as the Western Pacific's fifth Regional Director. It was an honour both for me and for our Government to have been elected to the post, which I assumed on 1 February 1999.

At that time, the public health landscape was quite different. Our focus was on communicable diseases, and noncommunicable diseases were gaining more prominence. Health system strengthening was not the priority it is today. Global health security was not really part of our vocabulary.

With the campaign against polio drawing to a close, the Region needed to determine what its next priority would be. In wide-ranging consultations with our Member States, I was surprised to find a unanimous consensus among ministers of health that tuberculosis should be our next flagship programme. Given the enormous magnitude of the TB burden, they understood that TB control would not only save lives, but also have implications in poverty alleviation and health systems strengthening.

In September 1999, just eight months after I assumed the role of Regional Director, the Western Pacific Region declared a "tuberculosis crisis." At the time, an estimated 1,000 people in the Region were dying every day due to TB. Our Region became the first and only WHO region to meet ambitious intermediate targets set for TB control, such as 100% coverage of DOTS, or directly observed treatment, short-course, the WHO recommended strategy for TB control. As a result of our intense battle against TB, the daily death toll had dropped to about 600 within six years. In other words, our efforts are saving 400 lives every day.

When I reflect back on my early days as Regional Director, the signs were mostly positive. Poliomyelitis was on the verge of eradication, and we had gotten off to a strong start in our battle against TB. Of course, we knew that noncommunicable diseases were going to need more attention. But conventional wisdom at that time suggested that we were winning the battle against communicable diseases.

But an event beginning to unfold late in 2002 abruptly changed our thinking, making global

health security the priority issue it is today. Severe acute respiratory syndrome, or SARS, was beginning to spread with explosive power, setting off multiple outbreaks around the world. More than 95% of the SARS cases occurred in the Western Pacific Region. Those of us in the Regional Office, in WHO country offices, in ministries of health in our Member States and in partner agencies worked day and night, pushing ourselves to the limit, in waging the war against SARS.

In April 2003, we issued travel warnings against unnecessary travel to areas severely affected by SARS. On a personal level, these were the most difficult decisions I had been involved in during my 20 years with the WHO. But by 5 July 2003, transmission of the virus had been halted and a greater public health emergency averted.

SARS awakened the global public health community from a kind of slumber. Before the outbreak, interest in communicable diseases had been slipping. Then suddenly, public health had entered a new era demanding constant vigilance against threats from emerging and re-emerging diseases.

Less than six months after the transmission of SARS had been halted, the need for that new level of vigilance was hammered home when the highly pathogenic avian influenza virus appeared on the scene. We were at the epicentre of the outbreak, and our Region took the lead in raising alarm bells at a time when many of our colleagues in the international community had not yet grasped the potential global impact of the outbreaks.

Recognizing that the root cause of the problem was in the animal world, we actively engaged our colleagues at the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health. Our Regional Office, in consultation with our Member States and WHO Headquarters, also took the initiative in developing rapid response and containment plans that are now the global standard.

In addition, we developed a biregional strategy to better prepare for outbreaks. The Asia Pacific Strategy for Emerging Diseases (APSED) has been widely used not only by Member States, but also by donor agencies as a platform for planning and providing assistance in the event of an outbreak, such as avian influenza.

Our Regional Office, with input from our

Member States, also took a leading role in the lengthy process of revising the International Health Regulations, which lay out obligations during outbreaks and public health emergencies of international concern.

While SARS and avian influenza definitely were the most high-profile battles fought during my two terms as Regional Director, we never lost sight of our other duties and obligations.

I am particularly proud to note that the Western Pacific Region is the first and only WHO region in which all Member States have signed the WHO Framework Convention on Tobacco Control.

We also tackled the health worker crisis in the Pacific with innovative strategies, including Internet-based training for professionals in remote areas. We worked vigorously towards providing universal access to HIV prevention, treatment, care and support to those people living with HIV/AIDS and groups at risk of infection. In the early days of my tenure, maternal and child health had been somewhat marginalized while attention was focused on HIV/AIDS, malaria and tuberculosis. So we decided to put maternal and child health back on the public health agenda, for example by working with partners such as UNICEF to develop the joint Regional Child Survival Strategy.

As part of an effort to improve access to quality medicines, the Region developed an innovative Internet-based reporting system for cracking down on counterfeit medicines. This Regional Rapid Alert System developed in our Region has now been replicated around the world.

In the battle against hepatitis B, the Western Pacific Region was the first and only WHO region to set an ambitious, time-bound goal for reducing the prevalence rate. We dramatically brought seroprevalence among 5-year-old children down to 1.6% by 2007. In addition, our Region remains on track to achieve the goal of measles elimination, with a 97% decrease in reported measles cases from 2000 to 2007. Overall malaria morbidity and mortality continue to decline.

I attribute our success in the Western Pacific Region to three main factors. Firstly, our Member States and the WHO Secretariat collaborated in the truest sense of the word. Secondly, we focused only on those initiatives relevant to our Region.

Thirdly, we benefited from the strength and agility that comes with the obvious diversity of our Region.

While a tally of progress and achievements in the Western Pacific Region seems substantial, so does the list of challenges and opportunities that continue to face us. In addition to the obvious challenges, such as communicable and noncommunicable diseases, there are a few other areas that need our attention.

The first is health systems strengthening, which includes such components as health care financing and human resources development. This is an area in which many Member States look to the WHO for leadership. But I must be honest. We have not been as successful in this area as with communicable diseases. More work needs to be done.

Secondly, the WHO needs to continue to grapple with something on the minds of everybody and that's global health security, including the health impact of climate change. Rising oceans could soon threaten our low-lying island states and areas in the Pacific. A warmer planet has contributed to some diseases, such as dengue, now occurring in areas where they were never seen before. Heat waves and droughts are among the many factors contributing to the current food crisis.

Finally, there's the issue of leadership. The public health landscape is far different than it was 20 years ago. Certainly, the sharp increase in the number of players working in international public health is a welcome development. But with it comes demand for greater coordination. The WHO must exert its leadership role in this very crowded arena.

Now that I have completed my second and final term as Regional Director for the Western Pacific, I will miss my regular visits to WHO Member States, my meetings with government officials and public health authorities, and the opportunity I had to observe firsthand the dedication of doctors and nurses working under difficult circumstances, often with limited resources.

I am confident, however, that the World Health Organization has the people and programmes in place to meet the challenges of the 21st Century — both in the Region and globally.