

# NBR PROGRAM NOTES

[JANUARY 2007]

## — CENTER FOR HEALTH AND AGING —

### PACIFIC HEALTH SUMMIT 2006

### “CONNECTING SCIENCE, INNOVATION, AND POLICY FOR A HEALTHIER WORLD”

#### SUMMIT REPORT

*The following is a summary of the Pacific Health Summit 2006, an annual invitation-only meeting co-presented by The National Bureau of Asian Research (NBR) and the Fred Hutchinson Cancer Research Center in Seattle, Washington on June 20–22, 2006.*

Western and Asian governments are interconnected by a commonality of global health challenges such as the financing of healthcare, the re-emergence and emergence of infectious disease, the increasing incidences of chronic diseases, and the effects of aging populations. What these governments, share, however, is more than just these health problems and the resulting social fragmentation, economic decay, and political polarization. Through new levels of organization, collaboration, and teamwork, Western and Asian governments can both learn from each other and share solutions to these common challenges.

On June 20–22, 2006, NBR and the Fred Hutchinson Cancer Research Center convened the second annual Pacific Health Summit. Two hundred and fifty leaders in science, policy, public health, medicine, and industry from eighteen economies gathered to discuss how emerging science and technology of Western and Asian governments can be connected to global health policy to build a healthcare model focused both on health promotion and prevention and on early detection and treatment of disease.

The Summit is a year-round process that provides a forum for world leaders to discuss global health issues, to share

experiences and best practices, and to build effective partnerships, collaborations, and working networks. The main themes discussed at Summit 2006 are highlighted below.

#### KEY TRENDS IN GLOBAL HEALTHCARE

*Global aging* ∞ It has become a demographic certainty that over the coming decades most countries will experience massive financial strains as the share of public expenditure related to population aging increases dramatically relative to GDP. Projections from the U.S. Congressional Budget Office estimate that U.S. spending on the elderly in 2015 will total nearly \$1.8 trillion, almost half the federal budget. With a greater proportion of elderly people, most countries will experience a wave of chronic age-related long-term health problems that are difficult and costly to treat. Throughout Asia, countries are already experiencing a rise in such chronic diseases as cancers, diabetes, and cardiovascular diseases.

*The pandemic threat* ∞ Avian influenza (H5N1) has spread quickly, from its Southeast Asian origins to some 56 countries in

#### PACIFIC HEALTH SUMMIT 2006 PLENARY SESSIONS

- How do we pay for a healthier tomorrow?
- How do we prepare for (and survive) the next killer pandemic?
- How can information technology reshape global health in the 21st century?
- Vaccines: How to bridge science and policy?

Publication materials are available on the summit's website,  
<http://www.pacifichealthsummit.org>

#### PACIFIC HEALTH SUMMIT 2006 BREAKOUT SESSIONS

- Early Health Index: How do we measure health as an outcome of investment in the prevention, early detection, and early treatment of disease?
- Pandemic Preparedness and Health Information Technology and Policy
- Fighting Fat: How do we prepare for the global obesity epidemic?
- Lost in Translation: How do we prioritize so that today's best science becomes tomorrow's affordable medicine?
- Speaking of Disaster Preparedness: How do we prepare for the Age Tsunami that we know is coming in both developed and developing societies?
- East Meets West: Staying healthy versus curing disease

Asia, Europe, and Africa, causing a reported 166 human deaths and the culling of millions of birds. Estimates of worst-case impact of a severe avian influenza pandemic among humans have topped 150 million human deaths and projected a resulting 13% drop in global GDP. Asian countries applied valuable lessons gained from their experience with SARS to their ongoing campaign against avian influenza. For instance, active government involvement in Vietnam has mobilized community groups and volunteers, vigorously vaccinated poultry, and instituted widespread public communication campaigns. Yet other developing countries with weaker political systems and poor infrastructure still lack means to combat the pandemic challenge.

*Emerging technologies* ∞ The potential of health information technology (HIT) to meet systemic needs is being explored around the globe, including the use of electronic health records that provide easy access to medical histories, detect and minimize adverse drug reactions, and alert authorities of potential outbreaks to projects that utilize technologies to facilitate “in-home aging.” Although “bulletproof” evidence proving these technologies to be economical and effective in improving quality of care is still lacking, innovative technologies are proving useful both in detecting and containing public health threats and in providing innovative solutions for chronic disease prevention, detection, and treatment. Countries throughout Asia are tapping into HIT. For example, Singapore successfully incorporated HIT into its health system at the local and national levels, bringing on board policymakers, physicians, and patients alike.

*Vaccine development* ∞ Vaccines are a classic form of a prevention-based health policy: cheap and an ideal means to combat common illnesses in developing countries. There is increased hope that new vaccines will target clinical disease or conditions such as cancers, allergies, autoimmune diseases (e.g., diabetes), and metabolic diseases that lead to other illnesses. Yet their potential remains profoundly underdeveloped. Vaccines save three million lives annually worldwide, but only 12 out of the currently available 26 vaccines are broadly available. Additionally, governments spend on average only 1.5% of their total pharmaceutical budget on vaccine development. Asian governments are working to increase access to newer vaccines—and greater private investment in vaccine manufacturing and development in the region is apparent.

on the last two years of life to a paradigm that emphasizes health promotion, disease prevention, early detection, and treatment—a necessary change to bring costs under control—has yet to move from theory to practice. Such a paradigm shift will help to prevent and contain disease early enough to thwart pandemics, avoid or delay chronic disease, and reduce unnecessary death. It is also the most cost-effective way for people to maintain their health and for governments to improve services to their populations. Governments can encourage international and regional coordinated efforts, which would substantially improve health on a large scale across regions.

*Innovative strategies* ∞ HIT could significantly improve healthcare quality, increase safety, and save money. Leaders need to focus on existing challenges, leverage ongoing efforts, and keep an eye toward future needs. Market disincentives hinder the widespread adoption of HIT. Governments should take the lead in using financial incentives and performance and quality requirements to encourage the development and adoption of technologies while maximizing benefits. Governments can play an important role by creating a pro-innovation regulatory and legal environment, funding pilot projects, providing financial incentives, and ensuring effective interoperability across points of care. They should also actively promote regional–national program integration and public-private collaboration to develop guidelines on safety and privacy, interoperable standards, and other rules and codes.

*New collaborations* ∞ Globalizing forces have lessened the political and practical capability of national governments to protect and promote health for their domestic populations. Consequently, governments should encourage global cooperation, promoting regional–national program integration and public-private collaboration. Recent events have underscored the importance of global cooperation, particularly for acute population health crises. The threat of an impending pandemic should drive governments to develop new regional and sub-regional arrangements. It is also important for governments to factor in international considerations even in “domestic” initiatives and to advance global integration of approaches. A coordinated effort, both within individual societies and at a global level, is essential in addressing the health effects of an emerging global economy.

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#### IMPLICATIONS FOR POLICY

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*A paradigm shift* ∞ A global effort to shift public policy from the current health model that concentrates 80% of total spending

*The Pacific Health Summit 2007  
will be held in Seattle, Washington on June 12–14, 2007.*

*In conjunction with the Summit’s ongoing theme of  
“Connecting Science, Innovation, and Policy for a Healthier World,”  
Summit 2007 will focus on the topic of pandemics and building  
a platform for global collaboration.*



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