Winning the Public’s Health

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The US Centers for Disease Control and Prevention (CDC) has been much admired in public health circles around the world in the 70 years of its existence. Beginning with an emphasis on infectious diseases including yellow fever, smallpox, malaria and more recently newly emerging diseases such as Ebola, in recent decades it has expanded into chronic disease and injury prevention. It has been the model for many centers established throughout the Asia Pacific Region, and many of our public health students have made good use of their resources including publications, free courses, tutorials, and the unequalled free computer program Epi Info.¹ At the end of 2016, the CDC delivered its final Winnable Battles Report.¹ This CDC project began in 2010 and focused on “several high-burden areas with known, effective, evidence-based strategies where progress could be made in a relatively short timeframe.” The 6 priority areas that were chosen were tobacco control; nutrition, physical activity, obesity, and food safety; health care–associated infections; motor vehicle injuries; teen pregnancy; and HIV in the United States.

These areas were chosen because they would have a large-scale impact on health, evidence-based interventions existed that could be broadly implemented, and that the program would result in measurable change in a relatively short period of time. The final report of this initiative shows progress in some of the areas including reducing smoking and teenage pregnancy, but no progress was made in reducing obesity. Smoking rates in the United States are currently at about 18% of adults over 15 years of age, down from 55% of males in the 1960s.²

The potential “winners” for public health programs in the Asia Pacific Region include many in common with the United States. We would nominate tobacco control, nutrition (including food hygiene, exercise, breastfeeding, and low birth weight), vaccination-preventable diseases, and motor vehicle injuries for consideration. This is a challenge for the Asia Pacific Academic Consortium for Public Health (APACPH) to use the resources of member institutions to develop this list and to incorporate implementation strategies into their education programs.

This issue of the Asia Pacific Journal of Public Health includes articles on smoking and nutrition that are at the top of public health priorities in our region. The articles on tobacco are on the marketing activities of “big tobacco” and the financial burden imposed on the poor in Sri Lanka by tobacco. The Asia Pacific Region contains examples of the best and worst practices in tobacco control. On the one hand, Indonesia has an adult (>15 years) smoking rate of 73.3% in males and 3.8% in females, whereas in Australia the comparable rates are 17.8% and 14.3%.

The World Health Organization has demonstrated that increasing price by increasing taxes is the most efficient way to reduce smoking. The price of cigarettes (retail pack of 20) varies widely in our region, from a low of US$1 in Vietnam to US$17.50 in Australia (China is US$2.60).

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Indonesia US$1.60). One of the strongest public health tobacco programs is in Australia, where the current cost of cigarettes is A$20 and is set to rise over the next few years to A$40 per packet. The plain packaging rules for tobacco products insist that 75% of the front of a cigarette pack is covered by a health warning, and 90% of the back. Smoking is banned indoors and close to any building. Most universities ban smoking anywhere on their campus, and student and staff often have to walk long distances away from the campus if they wish to smoke.

However, the big tobacco companies put profit before public health, and they are continually challenging public health regulations. At the beginning of 2017, it was announced that British American Tobacco and RJ Reynolds were holding merger discussions. The combined company will have annual sales in the order of US$25 billion per annum, more than the total health budgets of most APACPH member countries. This huge multinational will make a difficult opponent for those promoting health in the Asia Pacific Region. Some of their marketing strategies are discussed in this issue. Public health workers also need to be vigilant as these multinationals use all of their marketing skills to increase sales of e-cigarettes despite any evidence of their safety, let alone benefit.

For public health nutrition, in this issue we are publishing the results of a workshop held at the APACPH Conference at Teikyo University in Tokyo. Nutrition-related risk factors are responsible for much of the burden of disease in the Asia Pacific Region, and these guidelines are offered to provide a basis for teaching and for public health programs. The journal would be interested in continuing the discussion on “winnable” public health priorities for our region.

References