

ASEAN Health Cluster 3 ‘Strengthening health systems and access to care’

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ABSTRACT

The ASEAN Health Clusters have developed their work plans aligned with the ASEAN vision, the ASEAN Socio-cultural Community’s Blueprint, and the Sustainable Development Goals. ASEAN Health Cluster 3 “Strengthening health systems and access to care” aims for universal access to essential health care and achievement of SDGs. The strategies, and corresponding activities, are categorized into three themes: (1) Access and affordability, (2) Availability and quality of care, and (3) Services for special populations. The strategies include Health Technology Assessment, System of Health Accounts, rational use of medicine, and Traditional and Complementary Medicine.

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Championing the Cause of Orang Asli Children

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ABSTRACT

Despite considerable improvement in health status of the general population in the past 30-40 years, Orang Asli health has not changed as significantly and has deteriorated. The perinatal and under 5 mortality for Orang Asli remains much higher than the national average. However, the true mortality rates in Orang Asli children are not known as many deaths are not reported. The primary reason for poor health is the high prevalence of malnutrition caused by external social factors affecting the Orang Asli people including resettlement schemes, logging and river silt pollution; all resulting in a loss of protein sources. Despite many regional attempts via government & NGO agencies to rectify the problems, the situation appears to be worsening. The majority of Malaysians are unaware of the dire needs of this people group. Supporting the Orang Asli requires urgent short-term initiatives as well as meaningful long-term ones. No single initiative or agency will work. While there is an urgent need to intervene and reduce malnutrition, long term needs are socioeconomic development that is sustained and culturally acceptable. Equally vital is the need to respect and preserve their culture/way of life and spiritual beliefs. We need to understand, empower and work with them to enable them to take control of their lives, community and health needs. Initiatives that have worked include written protocols on resuscitation of a malnourished child and acute re-feeding, auditing every death to identify remedial measures, proactively identifying children with malnutrition, establishing re-feeding centres in villages and health facilities, and research/audit on services provided.