

SUBSESSION 2

Chairman Dr. Leung Ding Bong Ronald, OBE JP, Chairman, Urban Council of Hong Kong

My name is Dr. Ronald Leung. I will serve as Chairman and I would like to ask for your cooperation so that the meeting can be carried out smoothly. I sincerely hope that the discussion in this session will lead to a sustainable growth of cities in the Asian-Pacific region. May I ask the representatives from each city to introduce yourselves starting from Dalian?

● INTRODUCTION OF PARTICIPANTS ●

PRESENTATIONS

Chairman Dr. Leung Ding Bong Ronald, OBE JP, Chairman, Urban Council of Hong Kong

Thank you very much. I will now move on to the presentations and, for the convenience of procedures, I would like to make my presentation for Hong Kong first and then I will call upon each city to make their own presentation. I will now begin my presentation.

[HONG KONG] Dr. Leung Ding Bong Ronald, OBE JP, Chairman, Urban Council of Hong Kong

In Hong Kong, it is the government health policy that no one should be denied adequate medical treatment through lack of means. This policy is achieved by the unique rectangle; created by medical and public health services, the hospital authority, municipal councils, and private practice; for both outpatients at clinics and in-hospital treatment. Auxiliary medical services and voluntary medical services, as reflected in the following diagram further supplement the framework. The public health services are provided by the Department of Health, which is the government health advisor and direct authority. The sectors communicate with each other through a range of promotional, preventative, curative and rehabilitative services of health and medical activities. It also works with the hospital authority, the private sector and teaching institutions, to deliver primary health care. The Department of Health operates various outpatient clinics and specialist clinics and total attendance in the year 1997 was more than 11million.

As for the health of the community in 1997:the infant mortality rate was 4 per thousand at birth, and the average life expectancy was 76 years for men and 82 years for women. Health problems are mostly due to lifestyle related chronic degenerative adult diseases. The four leading causes of death in 1997 were cancer 32 %, heart diseases 15%, pneumonia 13%, and the cerebral-vascular diseases 9%. Avian flu, H5N1, is a new strain of influenza virus which was previously known to be found only in birds, and was detected in man for the first time in Hong Kong in 1997. In all, there were 18 confirmed cases with 6 deaths. Investigations showed that the virus was transmitted mainly from birds to man. Various control measures were implemented by the Department of Health to combat these new diseases including further detailed surveillance, screening programs for poultry workers, strengthening of the poultry support, and widespread publicity and health education on the flu. There are 26 statutory law definable diseases in Hong Kong, including 3 communicable

diseases, namely Cholera, Plague and Yellow Fever. In 1997, about 14,300 cases of non-definable infectious diseases were reported, of which merely 50% were due to tuberculosis. In 1997, about 200 cases of HIV infections and 70 AIDS cases were reported. The cumulative total was about 1,000 cases of HIV infections and 300 AIDS patients. A recent study estimated the actual number of HIV infected individuals was from 1,500 to 2,000.

Next about health education: The Central Health Education Unit plans, organizes and promotes most health education activities. This aim was to cultivate the concept of healthy living in the community; and this Unit, together with the Health Education Sub-committee of municipal councils, is responsible for education and publicity on health matters. Family health services offer comprehensive primary health care for women and children including antenatal care. As for medical care for the elderly: The Department of Health runs several elderly health centers providing health screening, counseling and health promotional activities for elderly people. A wide range of publicity programs is conducted to promote the health of the elderly through community participation.

Concerning Port Health: The Port Health Office enforces measures to prevent the introduction of communicable diseases to Hong Kong by air, land and sea, and regularly exchanges epidemiological information with neighboring countries and the World Health Organization. The Hospital Authority is a statutory body established on the first of December 1990 to manage all public hospitals in Hong Kong. It is an independent organization which is accountable to the government. Its' head office currently manages 42 public hospitals, and 48 specialist outpatient clinics. In early 1997, the total number of hospital beds managed by the authority was 25,020 that represent 4.4% of public hospital beds per thousands of population. It employs some 47,000 full time staff and operates under a recurring budget of 22,000 and 54,022,000 dollars in the year 1997-98. The authority is mainly responsible for delivering a comprehensive range of secondary, and tertiary specialist care and medical rehabilitation through its network of health care facilities. The Hospital Authority is the first structure, established by the government, to guarantee almost free public medical service ensuring access for every citizen.

Public hospitals and clinics are fully subsidized. Patients in general wards of hospitals are charged 68 dollars a day. The consultation and the general outpatient clinic cost 37 dollars while a specialist consultation costs 44 dollars. Special therapy, occupational therapy and child assessment services cost 44 dollars per session, all in Hong Kong dollars-denominations. At the end of 1997, there were 9,289 registered doctors and 37,880 registered nurses in Hong Kong. The number of hospital beds was 4.65 per thousand of population. Although Western medicine in both its curative and preventative forms is entirely acceptable to the Chinese people in Hong Kong, many people in Hong Kong still consult traditional Chinese medical practitioners of whom there are about 7,000.

Let me talk about the role of municipal councils next. As for the environmental health: The Urban Services Department is the executive arm of the provisional urban council. It is responsible for environmental health, hygiene, cleaning streets and gullies, collection of thrown out refuse and junk, management of refuse collection ponds, public toilets, public bath, pest control and services for the hearing handicapped. The department carries out integrated pest control programs to prevent rat borne diseases, including measures

such as environmental improvement, eradication of breeding places, health education and law enforcement. The Urban Council organizes health education programs created for the specific needs of the urban area. For example, the ration tray is provided with school children and members of the public. The Health Education Exhibit and Resource Center opened in May 1997 to enrich health knowledge through the permanent interactive exhibits, temporary exhibitions, as well as a lavish library. As for the control for hygiene: The Hygiene Services Division monitors the safety of imported and locally produced food. The aim is to ensure that consumers are able to buy good, wholesome, unaltered and uncontaminated, properly labeled food. Food samples are taken regularly for chemical analysis, bacteriological examination and toxicology tests. Hong Kong maintains close ties with the World Health Organizations, Food and Agricultural Organization of the United Nations and other international food authorities. As the bulk of local food supply comes from China, the division also works closely with the Chinese authorities. Regular meetings are held with officials in Guangdong and Shen-zhen Commodity Inspection Bureau to promote safety and better hygiene.

As for the private practice: Low cost private consultations are provided by members of the doctors' association who run clinics in residential areas to offer low cost service for the residents. Some 4,400 medical practitioners in private practice operate their own clinics, or look after clinical cases admitted into private children's hospitals managed by the private sector and religious bodies. These charges by private practitioners in Hong Kong vary usually from 100 dollars to 250 dollars, or more for a specialist consultation. In some cases, these fees include the cost of medicine; but separate charges are often made and patients also have to pay extra for laboratory tests and x-ray examinations. The Auxiliary Medical Service was first established in 1950 as a unit of the essential service corps. The main role of the Auxiliary Medical Service is to augment organized medical and health services in time of natural disaster and emergency, as well as to supplement regular medical services in times other than emergencies. The Auxiliary Medical Service is a government organization responsible for first aid services. In 1997, 3,250 people were awarded first aid certificates. In addition to providing the basic training programs, the Auxiliary Medical Service also exist to decide tailor-made classes to suit the needs of individual departments.

In conclusion, in one of the most industrialized cities in the world-Hong Kong, we can say that our health burden is dominated by chronic lifestyle related adult diseases. But, with changes in the ecology resulting in disturbance to the previously established equilibrium, old infectious diseases are emerging again in addition to new unfamiliar ones. Primary health care approach, which calls for cooperation among departments/sectors and participation of the community, seems to be the best strategy to lead these special Asia-Pacific regions going forward. Thank you.

Chairman Dr. Leung Ding Bong Ronald, OBE JP, Chairman, Urban Council of Hong Kong

Next I would call upon Deputy Mayor Ms. He Min of Dalian to make a presentation.

[DALIAN]

Ms. He Min, Deputy Mayor of Dalian

Distinguished Ladies and Gentlemen, as the representative of Dalian, a beautiful coastal city in the north of China, I feel it is a great honor for me to participate in this summit. Entrusted by the Mayor of Dalian City,

Mr. Bo Xilai, I'd like to make a speech on how to improve the health care system and bring benefit to urban and rural people.

Dalian is located in the southern tip of China's Liaodong peninsular. With a 5.4 million population and a total area of 12,574m², Dalian is an important city of port, industry, trade and tourism. Since China carried out its reform and opening, Dalian's economy has been developing at a fast speed. The development of social cause, opening to the outside world, and city construction have been on the right track. For many years, the city government has attached great importance to the establishment and to the completion of the health care system as a measure to secure the citizens' health as well as to contribute to their welfare, and has achieved great progress. At this point, there are 1,653 medical institutions and 255 hospitals in Dalian with 26,054 beds and 44,522 medical staffs. The number of the medical clinics at the village level has reached 1,565. The annual visiting patients are 18 million. A three-leveled, complete system of medical treatment, prevention of disease and health care has been established at city level. The major national health indexes in Dalian have been rising year by year. The average life expectancy is 75.37 years. The infant mortality rate is low at 1.2 percent. The mortality rate of women in childbirth is 32.53 per 100,000. In July of 1995, 5 years ahead of schedule, our city realized the goal raised by WHO which is "Let everyone have access to health care by the year 2000." The achievement in Dalian's health work is mainly due to the following aspects:

First: Upgrading health care facilities. Since China carried out the 8th 5-year plan, Dalian has invested 400million RMB to establish 51 projects related to health care facilities. The construction projects of the Children's Hospital, Stomatological Hospital, and the Traditional Medicine Hospital are among the recent key projects of the city administration to offer immediate help to citizens. The project was carried out as planned and these hospitals were completed and opened as scheduled. Second: Stressing the prevention of disease and health care. In recent years, the rate of preventive inoculation of the four vaccines against children's diseases (measles, polio, BCG, and triple vaccine <whooping cough, diphtheria and tetanus>) has reached 95%. Various acute and chronic contagious diseases, endemic diseases, occupational diseases have also been effectively prevented and treated. In order to control the spread of AIDS, we have strengthened the administration on external visitors so as to guarantee the quality of blood. At the same time, we have actively conducted the activities of "Love the children" in the city. The rate of systematic control over expectant and nursing mothers, and children is maintained over 92%. Third: Deepening the reform of medical insurance system. The past systems of public health care and labor insurance medical health care can no longer meet the needs of the social market economy system in China. Therefore, in 1996, our city began to practice phased reform of medical insurance system for workers, and set up a medical insurance system. Up to now, over 300,000 people have taken part in this medical insurance. In rural areas, the management of village health teams was integrated. Now, the collective medical care is provided to peasants as a test case, which is quite successful and popular among them. Fourth: Popularizing the community hygiene service. Though our economy has grown steadily for the past few years, our city is still a developing city. Income of citizens is not so high, and therefore the amount that citizens with lower income can afford for medical care is limited. Especially senior citizens suffering from diseases which require support, but medical care and nursing care are insufficient. In view of this situation, in each ward, we organized people with experience in medical

treatment and nursing to provide the community with hygiene service by volunteers. Mainly, these people regularly go to the patients' homes to offer medical care, health care and nursing care. This service is now available in more than 10 towns. Basically, this service has solved the problem of providing health care service to poor residents. Fifth: Promoting traditional Chinese medicine. As a treasure of our nation, the traditional Chinese medicine enjoys a long history. In Dalian, much has been done by enhancing excavation, classification, research and application. Right now, we have special institutions combining Chinese medicine and Western medicine in both the city and province. Even village clinics have adopted traditional medicine together with Western medicine to give treatment. Dalian's city level traditional hospital has been graded by the nation as "the Best City hospital" and "the Model Traditional Hospital" in China. The health department of each administrative unit provides a series of training to nurture excellent traditional doctors to secure successors to Chinese medicine and pharmacy. Lastly: Strengthening the legal system. In order to direct the medical and health development into a healthy and orderly channel, we have established related laws and regulations to strengthen our control over hospital hygiene, drug control, food hygiene, occupational hygiene, sanitation of environment, school hygiene and radioactive hygiene. We have enhanced legal supervision to make our medical and health work perfect under the law.

My fellow representatives, peace and development are the theme of the 21st century. At the same time, humankind has raised requirements for health and quality of life. To meet the requirements, our city drew up a short-term goal. By the year 2000, we will have established a complete medical system based on adequate health care service, medical insurance and law enforcement. By improving the quality of basic health care services, the indexes of the national people's health shall have approached the medium-developed country's level. By the year 2010, we will have established a medical system which is compatible with the social market economy and a modern international city. The indexes of the national people's health shall have approached the developed country's level. Dalian will have become an international health city. To accomplish this goal, we will try to fulfill the following tasks: 1. Accomplish the medical insurance system, increase the coverage of employees' medical insurance in cities, and aggressively carry out the collective medical system in rural areas. 2. Draw up regional hygiene planning, optimize the allocation of hygienic resources and personnel, and enhance the initiative in health care institutions. 3. Increase investment in health work, teach and train more people of talent, and introduce advanced medical technology and equipment as well as management experience. 4. Promote community service. With focus on senior citizens, women, children, handicapped people, we will spread a network of community health service systems that integrates prevention, health care, medical treatment, rehabilitation and health education. 5. Consolidate the position of national hygienic city, aggressively promote activities to become a healthy city, and improve physical and mental standards of the city. 6. Continue the legal enforcement and supervision. Strengthen the supervision over food hygiene, school hygiene, sanitation of environment, radioactive hygiene, occupational hygiene, and drug control. 7. Increase publicity of our health work through all possible media, provide more information in sanitation, medical care and health, increase the citizens' awareness of hygiene and ensure that citizens have necessary health and medical knowledge.

On the whole, we will take appropriate and feasible measures to improve our hygiene and medical

environment and provide high quality services, and raise the health standard of our people. Finally, on behalf of our Mayor, Mr. Bo Xilai, I'd like to express our sincere thanks to the Mayor of Fukuoka, Mr. Kuwahara for inviting us. Also taking this opportunity, I wish to invite the representatives here to visit Dalian in the future. Thank you.

Chairman Dr. Leung Ding Bong Ronald, OBE JP, Chairman, Urban Council of Hong Kong

Thank you Ms. He Min. Next I would call upon Deputy Mayor Mr. Iguchi of Fukuoka to make a presentation.

[FUKUOKA]

Mr. Katsuya Iguchi, Deputy Mayor of Fukuoka

Ladies and gentlemen, I am Deputy Mayor Iguchi of the City of Fukuoka. I would now like to speak on the "Establishment of a Health and Medical Care System" by making some general remarks as well as describing the present state of affairs with regard to the City of Fukuoka. Before addressing the main theme, I would like to touch upon the issue and the present state of affairs in our country.

Reforms to our sanitary environment, advances in medical technology and substantial growth in our health and medical care services such as with our health centers and medical institutions, have all greatly improved the health standard of our country. This has had the effect of lowering our infant mortality rate as well as our infectious disease mortality rate, thus increasing our average life expectancy. We now find ourselves entering an era of an aging society with "an 80 year life expectancy". Meanwhile, the environment surrounding health care is undergoing major changes due to the rise in the incidence rates of "adult diseases" such as cancer, hypertension, and diabetes; from the rising number of bedridden and dementia cases among the elderly; from increases in national health expenditure; and from a diversification of public needs, coupled with shifts in lifestyle and an aging population. As a result, many are calling for the establishment of a comprehensive integrated health and medical care system ranging from the provision of stable, efficient medical care services to health promotion, disease prevention, treatment and rehabilitation. At the same time, as seen in the health concept of WHO, a "well-being" point of view is regarded as necessary where "all residents enhance their quality of life from within their living environment". I would now like to outline the present status of public hygiene for the City of Fukuoka as well as brief you on the health and medical care system we provide. In doing so, I would like to bring up various health care issues, especially our measures against infectious diseases, an area where we share deep concerns with other nations of the Asia Pacific region. I also would like to touch on maternal and child health care, advances in the treatment of adult diseases, and the topic of internationalization.

As of the end of March 1998, the City of Fukuoka had a population of 1.3 million. Those over 65 years old account for 12.5% of the population and this number is rising year by year. On the other hand, the birth rate is 10.4 for every 1,000 of the population, with a total fertility rate of 1.3, thus showing a trend of fewer children. The mortality rate is 5.3 for every 1,000 of the population. Major causes of death include cancers, heart diseases and cerebro-vascular diseases, which account for about 60% of all fatalities. The death rate from infectious diseases including tuberculosis accounts for only 2.0% of all deaths, and this number has

been drastically reduced in the last fifty years after the war. There are only about 20 annual cases of contagious

enteric infection including dysentery, and most of these happen to come from outside the country. The infant mortality rate is 4.2 for every 1,000 births, and is considered extremely low.

Now, let me turn to the medical service delivery system Fukuoka provides. With regard to hospitals and clinics, there are 1,276 such facilities within the City, which provide approximately 27,000 beds. There are approximately 4,000 physicians, amounting to 33 physicians per 10,000 of the population. Medical care standards are higher than the national average. Our emergency care system is comprised of primary care which can accommodate cases even on holidays and at night, secondary care under the hospital rotation system and tertiary care offering highly technical medical care. With regard to our medical service delivery system, medical care plans are drawn up and services promoted, subject to the Medical Service Law. As far as resources for medical care are concerned, we have already secured sufficient volume and quality, leaving functional differentiation among medical institutions (such as hospitals and clinics) and medical service networking as issues to be resolved in the future. In 1980, the city established the Fukuoka City Children's Hospital as a highly technical medical institution for children. The hospital is the only such institution in West Japan. 17 departments, each as a team, provide highly technical care to children whose diagnosis and treatment is difficult. Patients come not only from within the city but also from all over Japan. Especially, with regard to the treatment of serious heart deformations of newborn babies, the hospital had a record of performing more than 300 operations one year. With a life saving ratio as high as over 99%, the Fukuoka City Children's Hospital is highly recognized internationally. There are 7 health centers in the City which serve as the core for regional health activities in such areas as promoting health issues to the public, offering different types of health check ups and working in liaison with other health institutions.

Now, let me turn to our measures against infectious diseases. The number of cases involving infectious diseases in our country has been drastically reduced by virtue of advances in medical care, including improvements in living environment and antibiotic development, which accompanied our economic recovery after the war. Classic examples of communicable diseases such as dysentery, typhoid fever, cholera and apanese encephalitis now only occur sporadically. The mortality and morbidity from such illnesses as tuberculosis, which used to be called a "national disease", have been drastically reduced due to improvements made in public health, growth in anti-tubercular medicinal development, medical examinations and BCG. The large scale outbreak of food poisoning from enterohemorrhagic E.coli including "O157," which shook the entire country in 1996, has afforded us the opportunity to bring emerging and re-emerging infectious diseases and the importance of crisis management related to such diseases, to the forefront of our attention. Infectious diseases, which we thought were being conquered, are now entering a new phase, on account of worldwide deforestation, urban development and transportation facility development, which have all accompanied the growth of international exchange. In this respect, we need to strengthen our international ties to draw up future measures for controlling such diseases on a global scale. The City of Fukuoka, in addition to surveying the outbreak of diseases, investigates into the source of the infectious disease at the time of its outbreak and implements preventive measures at its health centers. It also conducts high level testing at our

Institute for Hygiene and Environment. Increased specialization is put into practice in the area of treatment by employing primary care at private medical institutions and installing the Medical Center for Infectious Diseases at the Fukuoka City Children's Hospital. Vaccinations for DPT, polio, rubella, Japanese encephalitis, and BCG are practiced based on the Vaccination Law and the Tuberculosis Prevention Law. Reports show that, excluding hemophilia related cases, the national figure for AIDS patients and those infected with the HIV number about 4,000. We are concerned that the number of such patients and the HIV carriers who are infected through sexual contact will increase rapidly. As preventive measures, we are involved in public education on the disease, focused around our health and educational centers. At our health centers, we also provide counseling and free-of-charge testing. Specialized treatment is available at national and university hospitals within the city.

Maternal and child health care measures, with the primary goals of preventing illness and decreasing the mortality rate of infants, as well as pregnant and nursing mothers, have been implemented mainly through health centers focusing on health guidance and health examinations. As a result, our maternal and child health standards are among the highest in the world. Meanwhile, the child rearing environment is undergoing a big change from such trends as fewer children, orientation toward nuclear families, and progress in the social participation of women. Our future issues include arranging for a system supportive of child rearing and establishing mental health of both the mother and the child.

Now, I would like to move on to measures against adult diseases. The increase in adult diseases such as cancers, heart diseases and cerebro-vascular diseases is one of today's biggest health care problems. As we move into an aging society, this increase in adult diseases leads to social problems such as escalating trends in bedridden cases and dementia among the old. As for health measures against adult diseases, it is very important; not only to get treatment, but also to improve one's living habits. These include diet, exercise, rest, smoking and alcohol drinking. It is also important to prevent the illness by early treatment after early detection of medical symptoms and/or risk factors. Furthermore, even after being inflicted with a disease, it is important to rehabilitate into society by preventing illness progression and recovering one's functions. For preventive measures, health centers offer health education, health counseling and home-visit guidance. Health centers and medical institutions also provide health examination, different types of cancer screening as well as functional training. The health Promotion Center is currently being established in order to aggressively promote improved public health.

In conclusion, I would like to speak on health care issues related to internationalization. With active international exchange at the citizen's level, we see an increase in the number of foreign exchange students, tourists and businessmen who come mostly from Asia. We think it is important to plan for a substantial and complete system where full health care information and health consultations are made available to foreigners, so they can comfortably make use of our health and medical care services. Presently, in addition to preparing various health guides and the "List of Medical Institutions Where Foreign Languages Are Spoken", we also provide AIDS counseling in foreign languages and health check ups for foreign exchange students. We are also involved in cooperative international exchange from the point of view of medical care. Such efforts include the exchange of medical service delegations between Fukuoka and our sister city of Guangzhou in

China, as well as accepting foreign trainees into our Children's Hospital and Fukuoka City Hospital. Other activities of international cooperation include those of the JICA (Japan International Cooperation Agency) and JOCV (Japan Overseas Cooperation Volunteers). Thank you very much.

Chairman Dr. Leung Ding Bong Ronald, OBE JP, Chairman, Urban Council of Hong Kong

Next I will call upon the Ipoh representative, the Director of the Health Department, Dr. Ngiam Swee Keat to make a presentation.

[IPOH]

Dr. Ngiam Swee Keat, Director of the Health Department

The honorary Chairman, ladies and gentlemen; I shall not be reading from my paper as it is already made available to everyone of you, instead I shall show you some slides depicting health and medical systems as they exist in Ipoh today.

Health is not merely the absence of disease, but the mental and physical well being of the individual. The aim of local governments should be towards the improvement in the quality of life of the people through healthful living and a clean and comfortable environment. Therefore, functions of local governments include control of communicable diseases, the enforcement of food and drug regulations, the provision of safe and plentiful water supply, sanitary disposal of solid waste and sullage water, noise control, dust and odor nuisance control, a minimum standard of housing, the provision of public amenities like parks and playgrounds, and the creation of job opportunities and employment.

In the city of Ipoh, we have the following services: maternal and child health services; the provision of safe and plentiful water supply; sanitary disposal of solid waste and sullage water; a minimum standard of housing; licensing of all factories, trades and food outlets; the control of communicable diseases; the provision of parks and gardens for recreation; and medical services at hospitals and polyclinics. This is a picture of a private hospital in Ipoh. And the next one is a picture of general hospitals and a government hospital. All the specialists, including surgical and medical doctors, are located here. It is a reference center for the city of Ipoh. This is the maternal child clinic run by the local council of Ipoh City Hall. Here you can see a nurse giving an injection to a child; immunization is one of the services that are provided under the maternal and child health program to immunize children against childhood diseases. This is a food eatery in the food court in one of the shopping complexes. One of the functions of the local authority is to insure the cleanliness and sanity of the food served. This is another food court; here you have various stalls offering different local dishes to the public. Here is a night stall; we call it a night market. In this case, it is a whole row of 51 food stalls serving the public. Many of the people in Ipoh at night come out for supper to eat the various foods prepared in these stalls. Here is the central market; it is one of 20 markets maintained and run by the Ipoh City Council.

One of the services that we provide is the control of communicable diseases. In Ipoh as well as other countries in Southeast Asia, dengue fever is one of the major communicable diseases the country is facing. Here, one of our staff is examining a sanitary worker in a field by looking for the Aedes larvae which is a carrier, a vector, for dengue fever. Here he has found some Aedes larvae, the mosquito responsible for

carrying the dengue fever virus. This is one of our landfill sites. It is the only landfill site in Ipoh City, and here they have just discarded the refuse collected from various parts of the city before leveling and covering it with sand.

One of the important criteria for a healthy city is to secure mental and physical well-being of the individual. To insure healthy living, we do have a sports-complex run by the local council. There are swimming pools and an open space as well as an indoor stadium and various hockey stadiums. It is an integrated sports complex. This is a Japanese garden that was built about 4 years ago with the help of Fukuoka City Hall. It is situated in one of our major parks. With the help and assistance of the officials from the Parks and Recreation Department of Fukuoka City Hall, we managed to create a Japanese garden in one of our parks. Here is another park where you can see joggers jogging. This is one of our services, recreational activities for relaxation as well as the health of the individual. In the same park we do have playgrounds. We don't forget the children and the family; this is a place to bring children for their own enjoyment. Thank you ladies and gentlemen. This is the flower of Bougainvillea, the official flower of the city of Ipoh. Thank you.

Chairman Dr. Leung Ding Bong Ronald, OBE JP, Chairman, Urban Council of Hong Kong

We'll next call upon the representative from Kitakyushu to make a presentation by the Mayor Sueyoshi Koichi.

[KITAKYUSHU]

Mr. Koichi Sueyoshi, Mayor of Kitakyushu

In Japan, the population is rapidly aging. It is expected that Japan will become a completely aged society unprecedented in world history at the beginning of the 21st century. Therefore, it is urgent for us to establish a new system, a new health, medical and welfare system that can respond to the needs of an aged society. The aging of society may not be so serious a problem to other countries in the Asia-Pacific region now. However, longer life expectancy due to economic development and ensuing improvement of living standard and an increase in number of nuclear families due to urbanization will make the issue an important political agenda to you, too.

Both national and local governments, therefore, need to strive to establish a new health care, medical care and welfare system. We summarized our efforts in this area in your handouts as "Support System for the Aged and Disabled". So, I would like to have my presentation focused on our efforts against an aging society, which is one of the characteristics of our city. Kitakyushu City, with a population of nearly a million, was formed in 1963 by annexing 5 neighboring cities on an equal basis. With the current population, it is the 11th largest city in Japan. The 5 annexed cities, each of which had its own qualities and characteristics, shared one common aspect based on the geographic condition in the area. At the time of the annexation, the area was a driving force of Japan's rapid economic growth as one of the four largest industrial zones. Smoke rising from the factory stacks was called rainbow smoke. It was the symbol of prosperity. In 1965, immediately after the consolidation, the population was approximately 1.04 million, and the percentage of people over 65 years, the so-called "aging rate", was 4.8%, lower than the national average of 6.3%. Only 1 out of nearly 20 was over 65. However, due to the energy shift from coal to oil as well as worldwide change in industrial structure, the

city's key industries, led by the steel industry, started to move their operation back to the metropolitan area, the Pacific Belt Zone, with an accelerated pace. Then, young workers in their 20s-30s who had little trouble in transferring moved out of the city, and people in their 40s-50s or their parents remained. Combined with urbanization and a growing trend toward nuclear families, households comprising only of the elderly increased in number; while the birth rate dropped. In this way, the aging of population was accelerated in Kitakyushu City. In 1985, the aging rate reached 10.3%, equivalent to the national average. Ever since, the population has been aging at a rate exceeding the national average, reaching 17% now. Here, let me mention characteristic features of the aging process of our city. One is the fact that this is happening rapidly. The United Nations defines a city with an aging rate of over 7% as an aging society and one with over 14% as an aged society. The rate of Kitakyushu City reached 14% from 7% in only 18 years, 6 years earlier than the national average. For your reference, it took Western countries 40-100 years. This rapidity is one feature; the other is the high ratio of households consisting only of the elderly. A 1995 survey shows that among households with the elderly, one-person households and those composed only of the elderly accounted for 25% and 30% respectively, both of which were 7% higher than the national average. In total, households consisting only of the elderly account for 55.6%. Under these circumstances, a jump in the number of senior citizens who require nursing care is expected. Also the period they need the care will become longer. In addition, family members who take care of them are getting older. Here a question is raised: who will support the care for senior citizens? Extensive families with three generations living all together under a roof used to be common. When the burden was excessive for a family, whether it was nursing their elders or child rearing, neighbors or the community usually gave support. However, rapid modernization, industrialization and urbanization, although they have led us to economic prosperity, have brought changes to individuals, families and the community. Moreover, our values have diversified, nuclear families have increased and the community is losing its function. We see progress in the social participation of women, who used to take care of elder family members. Relations with neighbors have weakened. All these factors have made it difficult for a family or the community to provide care to the elderly or to bring up children by itself. Kitakyushu City has actively improved public welfare services, but that alone can not solve this problem. It is natural that everybody wants to live not in hospital or a nursing home but at one's own familiar home and in the community, as long as and also as actively as possible. This is an overwhelming desire of all citizens. In order to make that possible, we need to revise our communication and cooperation mechanism in the community. We also need to establish a new system encompassing disaster prevention and safety. Fortunately, owing to the formation of the city I mentioned at the beginning, Kitakyushu City, though it is a big city, still preserves the sense of the community bond that each of the 5 cities had before the annexation. At the same time, companies, labor unions, and other private organizations including medical associations have deep roots in the community. Therefore, we decided to build a new system under which people can support one another, and live an independent and happy life as long as possible in their own home and in the community. To achieve this goal, the local administration, residents, associations for community affairs, old people's clubs, doctors' associations, the Police Department, the Fire

Department, post offices, labor organizations and volunteers, all have to work closely together by cooperating with neighbors. We reorganized the whole city into a basic structure with three levels: the elementary school area level where people base their everyday life, the ward level, and the city level to support the first one. We will set up a center for each level and form a community network to provide vital health care, medical care and welfare services. We also carried out administrative reform. Formerly, different departments were responsible for health care, medical care and welfare respectively. We altered this vertical structure and integrated them to strengthen the tie among departments so as to provide unified services to citizens. For example, each ward opened a general counseling window called "Counseling Corner for Senior Citizens", which can respond to any requirement as far as it is concerned to the elderly. The plan was laid out in 1993. Based on our comprehensive plan to deal with an aging society, people involved have been implementing the plan with coordinated efforts. In addition, preparing for an aging society requires huge financial resources. We are addressing administrative and fiscal reform to secure the resources. Through trial and error, we have been carrying out the reform and implementing the plan.

Now, I would like to present some of my personal ideas on how to deal with the aging of society. First: Carry out plans with a long-term perspective. This is the most important point. Second: Handle housing, road, employment and education issues from the viewpoint of city management, because these are related to policies in other fields. Third: Preparing for an aging society has no negative effect on the economy. It rather offers opportunities to create new industries or jobs, thus could vitalize the local economy. Fourth: Measures against an aging society have to be backed by local tradition, culture and natural conditions. These are the basic ideas that I have derived from our experiences up to now.

In conclusion, dealing with an aging society means to create a community where not only the elderly but all the citizens including the handicapped as well as children can lead the life they deserve. We are addressing the aging of society first and then we are going to face the next challenges one by one. I think the creation of such a new community is a universal goal beyond social, economic and cultural differences of countries. Of course, international cooperation toward this goal is essential, but exchanges among cities, the entities closest to people, is also indispensable. Cities in the Asia-Pacific region must put out their wisdom and experiences together and learn from each other: this is what we need most. In January of 1998, Kitakyushu City, in collaboration with the Japan International Cooperation Agent (JICA), an extra-government organ of the Ministry of Foreign Affairs, accepted trainees on public health and welfare from Asian countries. We have just started a project to promote joint researches on aging society and information exchanges. I sincerely hope our experiences will be of some help to you. We are determined to continue our efforts actively.

Chairman Dr. Leung Ding Bong Ronald, OBE JP, Chairman, Urban Council of Hong Kong

Thank you very much. We'll now call on the Manila representative to make a presentation by the City Health Officer, Dr. Imelda Sunico.

[MANILA]

Dr. Imelda A. Sunico, City Health Officer, Manila

Mr. Chairman, ladies and gentlemen, good morning. My country, the Philippines, is a tropical archipelago

composed of 7,107 islands blessed with abundant natural resources. Seen on the map is Metro Manila. One of the 7 big regions of the Philippines is the national capitol region, or Metro Manila where the city of Manila is situated. Manila is the premier city and the capital of the Philippines, with a highly congested population density of 43,800 persons per sq. kilometer. The city is divided into 6 congressional districts; further subdivided into zones, and ultimately into barangays, or villages which are the smallest political units in the country. Manila has a total of 897 barangays of which 232 belong to marginal groups or the urban poor bracket making up 41% of the total population. The remaining 59% consists of the middle and upper classes of society. Next is the organizational structure of the city of Manila which shows three branches of government: the executive branch which is headed by the city mayor; the legislative branch, headed by the vice-mayor assisted by 36 councilors; and the judiciary functions which are provided by judiciary offices in the city. The City Health Department and four existing hospitals provide the health services. The Manila Health Department was created 58 years ago as a working arm of the city government in order to deliver free health care services. These services are carried out mainly through our promotion of health and prevention of diseases through curative and rehabilitative care to our constituents with emphasis on our urban poor. Our actions are guided by our vision: health for all citizens of Manila by the year 2000 through primary health care and health in the hands of the people by the year 2020. These are inspired by the mission to insure equity, quality and access to health care in partnership with the people. The Manila Health Department, through its 1,506-manpower complement, exerts rigorous efforts to improve the health situation of Manila's citizens. The organizational structure of the Manila Health Department is shown on the transparency. It is headed by the city health officer, and there are three main services: the planning service, training and evaluation research which is the think tank of the department. The health operation service implements the health programs and services. The administrative service provides administrative support. The health picture of the city shows that the population is increasing, mainly due to in-migration. We have a young population with an average life expectancy of 67 for males, and 72 for females. A huge segment of the population is of the childbearing age. The total fertility rate is 3.8 which implies an average completed family size of 4 children. However, the extended type of family characterizes Filipino society where married children and other relatives still stay with the other family members. Birth and death rates show a decreasing trend from 1994 to the present. There is no significant change in infant mortality rates in Manila; 0.7 out of 1000 children which is below national average of 8.1 per 1000. The leading causes of illnesses are communicable diseases; while the leading causes of death are mostly of a non-communicable nature. We have a long list of health facilities found in Manila. In addition to all of these, there are four city government hospitals and five national government hospitals located within the city. Local health centers refer cases to these 9 hospitals for secondary, tertiary and rehabilitative care as well as curative care. Our city mayor plans to put up two more district hospitals so that there will be at least one hospital per district. Our health centers provide the following services: activities and health programs; and record filing of at least 100 medical and dental cases as well as other cases per day at the health centers. We also have health education lectures prior to consultations; health information dissemination to community residents by our health workers; regular consultations and treatments; and maternal and child health care which includes pre-marital counseling to

couples, pre-natal checkups and normal deliveries at our lie-in clinics, the practice of rooming-in (mother and baby sharing the same room) and breast feeding, care to the newborn, weighing of pre-schoolers as well as schoolers, routine immunizations especially for infants, in addition to nationwide simultaneous mass immunizations to insure total coverage of targeted children. We also have oral dehydration solution in cases of diarrhea. For the prevention of communicable diseases, we have the sputum microscopy inspection service for possible tuberculosis patients and offer free complete regimented drugs to positive cases. We also provide free drugs to leprosy cases and examination for sexually transmitted diseases. Our insect burning control service includes fogging and spraying mosquitoes for dengue fever prevention and control. One innovative strategy in the prevention of dengue fever is the four o'clock habit. Ten minutes daily is devoted to eradication of mosquito breeding places, the cleaning of surroundings both in schools and the community. We are trying hard to lead prevention and control of non-communicable diseases, such as screening for hypertension through regular blood pressure check-ups and Pap smear examination for cancer prevention. For environmental health, we implement inspection of water containers for mosquito larvae and regular water sampling to test the quality of water sources for its portability. Dental health includes routine oral examinations and prevention of tooth decay through mouth rinsing with sodium fluoride, both in schools and the community. We also have periodic physical examinations of schoolchildren and teachers in our school clinics. Other specialized services are minor surgery in our halfway hospitals-better known as community reference infirmaries. Routine and specialized laboratory examinations at our public health laboratory; physical therapy to outpatient cases requiring rehabilitation; implementation of the national voluntary blood donation program; community outreach programs; and medical missions which are intensive interventions done in order to penetrate the hard to reach areas to deliver health care.

The budget allocation for health is 21% of the total city budget. But augmentation in term of training, drugs, vaccines, supplies and other logistics and equipment, vehicles and infrastructure projects are solicited from other agencies through networking. The ministry or department of health provides support along with donor agencies like UNICEF, the Australian Aid, and the US AID; non-government organizations both local and international such as WHO and JICA; medical and paramedical associations; religious organizations; the Philippine Charter Sweepstakes Office; politicians like congressmen and senators through their country-wide development fund; and other government agencies. All activities and services are implemented through the primary health care approach and the maximum utilization of our community health workers.

While the city of Manila is faced with the challenges posed by the increasing population resulting in a wide array of complexities in health problems, it is equipped with basic and expanding health programs and services delivered by growing manpower and strong inter-sectoral collaboration. Gaining priorities in budget allocations emboldened by the dynamic leadership of the new Mayor Jose Atienza L, Jr., the city government is now better prepared to battle the health and health related threats and issues that may inflict the citizens of Manila. Thank you very much.

Chairman Dr. Leung Ding Bong Ronald, OBE JP, Chairman, Urban Council of Hong Kong

Thank you. Now we will call upon the representative from Oita, Mr. Keinosuke Kinoshita, Mayor of Oita.