

Greetings ladies and gentlemen. I am Mayor Keinosuke Kinoshita of Oita City.

Before addressing my central theme, I would like to give an introduction to Oita City's interesting history related to medical treatment. In 1557, Louis De Almeida, a missionary and doctor who is called a pioneer of Western medicine in Japan, founded Funai Hospital, located in what is now Oita City, which was the first Western general hospital in Japan. He also started the practice of internal medicine, surgical operations, and making rounds to see those who were unable to come to the hospital. The hospital was equipped not only for outpatient, but also for inpatient treatment, and it is reported that in 1562, the number of inpatients exceeded 100, a record for that time. Also, a medical school was established at the hospital, and it is said that young Japanese studied Western medicine. With this history in mind, a sculpture entitled "Memorial to Origin of Western Medicine in Japan," which exemplifies the nature of operations performed by Almeida and his Japanese assistants, was erected in the city's centrally located park. Also, the hospital opened by the Oita Physicians Association 30 years ago in 1969, was named Almeida Hospital.

Now I would like to discuss my general view with respect to establishment of a health care and medical treatment system. In recent years Japan has experienced a globally unparalleled aging of its population befitting a decreasing birth rate and corresponding decrease in the number of young children. This is the most serious challenge that all the cities in Japan have to meet. In Oita City, the percentage of the population over 65 was a low 12.4% in 1996, against the national average of 15.1%. Although comparatively Oita is a young city, the aging of our population is imminent. Therefore it is urgent for us to be ready to respond to it. It would be ideal for our senior citizens to grow older in good health, but the reality is that the more the population ages, the more medical expenses increase. Year by year this increase in medical expenses becomes a primary source of strain on local finances. In Oita City like other cities, funding management of the national health care system, due to the increased medical treatment costs for senior citizens, the decrease in the number of the young insured, an increase in the number of low tax payers, and other factors, is in an extraordinarily severe state, causing insurance taxes to be raised again this year to stabilize funding. At the same time various measures are being taken to reduce medical expenses. As we look toward the future, health is the most vital consideration. To that end, it is necessary to secure quality of life and community interaction. The government can contribute to health, quality of life, and community interaction by encouraging active participation in sports, recreational, and cultural clubs, by maintaining facilities, and by cultivating instructors. The rate of medical examinations for senior citizens is very high and the waiting areas of medical facilities can also be viewed as places where senior citizens engage in social exchange, such as confirming one another's health and trading information. By participating in activities like pottery, calligraphy, cultural activities, and light sports such as "gate ball" (a ball game) and tai chi at nearby public halls and gymnasiums, citizens can work to prevent the decrease in physical and mental abilities often linked with aging. This is why the government should work to secure places for senior citizens to pursue health, quality of life, and community interaction. Viewed from this perspective, Oita City is providing firm support for the maintenance of facilities such as public halls and the cultivation of instructors. Regarding public halls, some are directly managed by the government, while some are managed by independent associations of area

residents. When independent associations build new facilities, remodel or repair existing ones, Oita City pays 2/3 of construction and land acquisition costs, 4/5 in sparsely populated areas. Collectively, the city provides subsidies up to 850 million yen. Besides construction costs, the city also provides considerable assistance for management expenses and for leases of existing facilities. From 1994, when the nation's senior citizen population surpassed 14% of the total, a conspicuous sign of the aging trend, local government finances have been very stringent with the added burden of medical expenses. Even so, because Oita City hopes to become an area with greater opportunity for health, quality of life, and community interaction, the city provides unequalled, generous assistance. Presently, there are 474 public halls run by independent associations in Oita City. We are now seeing results, as these area halls develop independent activities such as recreation and light sports, haiku, pottery, and exchange seminars and informal gatherings.

Together with maintenance of facilities, it is necessary to cultivate instructors to support these activities. Cultivation of instructors for sports and cultural activities-which extends to many different fields-will require the additional considerations of experience, testing, and popularity, and so cannot be accomplished right away. As for the government, we can provide lectures, classes, and training to give instructors the proper qualities, and promote active, independent participation. One such example is the Pottery Learning Center, established by Oita City in 1996. At this facility, which is dedicated to ceramics, citizens learn from the novice to the advanced level of the art from specialists. People of all ages and genders are making use of this facility, and we hope some students will emerge to become instructors on their own. Also, for gymnasiums, libraries, and cultural halls, we are offering various types of instructor training at the Conpal Hall public facility, encompassing both sports and culture. Naturally, financial resources are required for facility maintenance and developing programs. Because these measures will contribute greatly to maintaining and improving the health of our citizens, thus helping to control medical treatment costs, I believe we can provide sufficient funding. Also, regarding medical treatment in an aging society, living guidance, such as home care, is vital, and both the public health and social welfare areas are largely involved. To improve efficiency, we should maintain existing cooperation between the public health, social welfare, and medical treatment fields, and need to work to provide unified service. With all views taken into consideration, we should establish a public health and medical treatment system to measure preservation and improvement of health of area residents.

Now I will address how to establish the system. Particularly in respect to local public health and medical treatment, we can hardly expect effective results based only on government led measures and efforts of medical treatment organizations. If the effective use of private efforts as an area resource is included in this vision, and the people's interest and understanding can be received, I believe we can establish this system of mutual cooperation. In 1973, the Oita City Area Public Health Care Association was established as a means to serve this goal. This group, which has 12 subcommittees and 1 council, deals with various issues relating to public health, including health care measures for women, children, adults, and senior citizens, plus measures for mental health care, emergency care, and environmental sanitation. These subcommittees plan programs, analyze information, and conduct various research and evaluation. It has been 25 years since the association was established. Since then, the economy has changed dramatically and the Oita City Health Care Center was established last year. In order to respond correctly to these changes and to manage this new facility, this year

the city has reviewed and reorganized the association to improve structure. The Health Care Association consists of 53 groups with 250 members. Medical treatment related fields comprise 17 groups and 103 members, citizens' representative groups number 22 groups with 77 members, and government facilities are represented by 14 groups with 70 members. The most prominent group within the association represents medical treatment facilities. At the end of March, 1997, there were 50 facilities in the Oita City area capable of handling more than 20 patients, 290 general examination facilities which can accommodate less than 20 patients each, and 191 dental facilities. The annual occupancy rate was 87.5 percent on the average. Especially, with regard to the hospital number, a 1996 survey shows that Oita City had 11.6 facilities per 100,000 of the population compared with the national average of 7.5. Also we have 4 general hospitals that can accommodate more than 100 inpatients and provide highly technical medical care. Almeida Hospital, which was mentioned with the introduction to medical treatment history in Oita, is one of these. This hospital serves as a trauma center for area emergency medical treatment. With a 24-hour emergency medical examination, the hospital can respond to sudden illness, treat serious injury, and care for patients in critical condition. The hospital is seen as irreplaceable by area residents, and ranks nationally among public hospitals, many of which are in debt control, showing it's good management. Oita City has no municipal hospital, but provides regular financial assistance to Almeida Hospital for maintenance of emergency medical treatment facilities and management. The hospital is essentially a replacement for a municipal hospital.

Next, concerning cooperation with the physicians associations which control medical treatment facilities, Oita City has three doctors' organizations and three for dentists. In establishing the health care and medical treatment system, because it's vital for the government and physicians' associations to work together for mutual understanding and exchange of information, the three physicians' associations and three dentists' associations were combined into one respectively, serving as pipeline between government and medical treatment. These associations were each established in April 1997, one as the Oita Medical Commission and the other as the Oita Dental Commission. The associations discuss various issues related to health care and medical treatment and produce regular results by promoting area health care measures smoothly and effectively. Regarding emergency medical treatment measures, in addition to securing holiday and after hours medical treatment, Oita City, as part of a plan to "make the city more resilient to disaster", made an agreement with the physicians' associations in May 1995 to ensure dynamic, systematic medical treatment in the event of disaster.

Continuing, I would like to touch upon the Nursing Care Insurance System that will be administered from the year 2000. The Nursing Care Insurance System will enable the aged, even when their condition requires nursing care, to live independently and with human dignity through their final days. This new system of social assistance, which is soon to be established, will financially separate nursing care from medical treatment insurance. The primary funding for this insurance will come from premiums collected from all citizens over 40 years of age. Nursing care will be provided for bedridden and dementia sufferers of age 65 and over. The city will handle primary management for this system, which in addition to the separate insurance premium collection and verification of need of care will include raising manpower for home-helpers and facility maintenance. Determination of necessary funding and the many issues related to

implementation will be handled by the city as well. In April this year, Oita City reorganized the Public Health and Social Welfare Departments, to facilitate stronger cooperation, and established a Nursing Care Insurance Preparation Office to deal with the issue of senior citizen nursing care. Besides the Health Care Center, hospitals, and clinics, there are also-as means and organizations for public health, medical treatment, and welfare-special nursing homes, senior citizen health care facilities, care houses, home care support centers, and visit care stations included in home nursing care for senior citizens. Each of these has distinctive functions, which need to be coordinated effectively. To meet with the demand for the unification of health care, medical treatment, and social welfare fields, and to provide a chance to offer government service closer to the people, this role of coordinator should be assumed by the Health Care Center, which is the base for local health care activities such as providing necessary information for the maintenance and promotion of good health, special counseling, and guidance. For this reason, as part of Oita City's general plan targeting the year 2010 which was laid out in 1997, the city resolved to establish, with the Health Care Center as the nucleus, a General Social Welfare Health Center to provide cooperative service for health care, medical treatment, and social welfare, thus unifying the Health Care Center and Social Welfare Centers. Now we are discussing specific measures to provide unified service with the General Social Welfare Health Center as a core facility.

I have introduced the present situation and issues related to health care and medical treatment in Oita City together with concrete measures we are now taking. I would like to conclude my presentation by sincerely hoping that this subsession will help strengthen relations between participating cities, and hope to establish a stronger health care and medical treatment system. Thank you for your kind attention.

## DISCUSSION

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

So that concludes the presentations by the representatives from different cities. Now is the time for questions and for open discussion. I would like to welcome you to raise questions.

Today's presentations have been very interesting. As you know, from the presentations of only 7 cities in this Asian-Pacific region, we can already spot three hidden patterns of health society and health care. One is dominated by communicable diseases whereby the health care and health system will be differently oriented; and the other is dominated by lifestyle related chronic adult diseases. The health care and medical services for each area will be likewise different. It is interesting to note that in Japan, all cities are tackling the problem of aging and aged societies for various reasons. Decreasing birthrate, improved medical care, changing family patterns, working women and nuclear families: all these have contributed to the rapid speed of aging in Japanese cities. So likewise, the health care will be different, directed towards comprehensive services including not only medical treatments, not only health care, but also, as presented from Oita City; The provision of recreational and cultural facilities for the elderly in their spare time.

I would like to have your questions. So you can ask the different representatives to elaborate on their presentations. Or, if you have your own opinions to voice or to make your own emphasis on your own

presentations, you're welcome to do so.

May I ask a question to Dalian City? You mentioned law enforcement. Would you elaborate on that?

**Ms. He Min, Deputy Mayor of Dalian**

The People's Republic of China has many laws related to hygiene and health. In order to enforce and spread them, each local government has to adopt regulations necessary to enforce the law and to ensure the swift implementation of related laws in accordance with the conditions of each area. Therefore, after the year 2000, further effort and work will be required so that we can enforce and spread laws without failure. To achieve that, we will strive to complete local laws and regulations on hygiene as one of the key issues of health and medical care work.

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

Thank you very much. Certainly in highly industrialized cities, we may tend to forget that infectious diseases are under control. But in Hong Kong we noticed that this might not necessarily be so. Firstly, our old friend tuberculosis: we thought that through BCG vaccinations, we had completely controlled tuberculosis diseases in Hong Kong especially among the young and the middle aged. But we have found that there is an increasing incidence of tuberculosis among the elderly. This is a re-emerging infectious disease pattern. Also, secondly, Hong Kong has been visited by some very queer germs that caught us by surprise. One time we had the O-157 originating from Japan and then recently we had the Avian flu, the influenza virus H5N1 which caused trouble for us. We had to take very drastic measures to kill all the available chickens on hand and ban imports of poultry from China. These were very drastic steps in order to control the disease. And of course thirdly, we have some so far incurable infectious diseases like AIDS. I've mentioned that we have about 1,000 reported cases of HIV and AIDS patients in Hong Kong. I think this problem is gradually emerging in other cities. So, let's not forget about infectious diseases along with the immunization programs, all the health controls of our environment, and all the potent drugs that are available on our hands. We must not forget that we have not controlled infectious diseases in the world. May I have your questions-from Fukuoka perhaps? Deputy Mayor Iguchi, do you have a point to make?

**Mr. Katsuya Iguchi, Deputy Mayor of Fukuoka**

This is not a question, but I would like to report on the O-157 incidence that the chairman has mentioned. O-157 raged through Japan also two years ago. This year, in Fukuoka City, we had an outbreak at a day-care center. Immediately, we organized a task force and I took its command as the chief. We formed a specialist meeting as a sub-organ of the task force. As a result, we could prevent the disease from spreading. The key of our success was as follows: Two doctors, living in Fukuoka City who have devoted themselves to the study of O-157 for these 14-15 years, joined the task force. The meeting includes physicians' associations, physicians within the city, and the Fukuoka City Board of Education, because it could affect school children. Then all the members followed the instructions or directions of the two doctors and took sweeping measures of prevention. Though O-157 caused serious trouble in the Kansai area, Fukuoka managed to weather the difficulty. This made me realize once again how important continuous basic research is.

**Ms. Masako Sakamoto, Chief Medical Officer, Fukuoka**

Measures against O-157 can apply to other infectious diseases in general. I think it is important to have specialists within the administration and work together with researchers. What is essential to prevent O-157 is to conduct appropriate epidemiological examinations on various foods and give the information to citizens. It is necessary to provide information as a form of risk management. The delegate of Hong Kong detailed various measures they took when Avian flu H5N1 broke out. It is quite helpful for us. So, I would like to ask Hong Kong about an international aspect. We have carefully listened to reports from Hong Kong. I think it is very important to send information to the international community. When the new type of influenza broke out, what was in your mind in terms of international actions to take?

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

We were concentrating on local measures to take. I'm afraid we did not do much to spread the information overseas. The newspaper and magazines did it for us but that's not medical enough. We carried out reform in the departmental working groups to coordinate all the efforts because this would involve several government departments for their own respective actions. So, we set up 30 departmental working groups so that whatever measures were taken, all the government departments would act in full cooperation. Now I would like to take time to give you a little bit more detail in regard to the Avian flu, H5N1 control in Hong Kong, which became international news through our new airport.

**Dr. Gloria Tam, Assistant Director of Health, Hong Kong**

Thank you Dr. Sakamoto. In fact, regarding the spread of information, we will report directly to both the World Health Organization head office in Geneva as well as the Western Pacific Station in Manila. To my knowledge, there is a Japanese doctor by the name of Dr. Nerumi. He is very much involved in research work on H5N1. And he has on two occasions come to Hong Kong to help our investigation and control work. So I think, in regard to spreading information to neighboring cities and to the international community, we have communication via the WHO head office and the local office. Thank you.

**Dr. Ngiam Swee Keat, Director of Health Department, Ipoh**

Honorable chairman, the theme of this Asian-Pacific summit is also networking. May I suggest to you that we should start this among the 23 Asian sister cities that are here? We would like to share the experience and findings of Hong Kong and of Fukuoka, regarding the outbreak of the Avian flu and also the E-coli food poisoning. In Malaysia, we have not experienced these two outbreaks. It would be helpful and useful to us if we can have the research papers, the findings such as the epidemiological findings, the control and the treatment of these two diseases and how you stop the epidemic. We would like to know that. So for a start, since we are talking about networking, may I suggest that Hong Kong and Fukuoka should give us that information from your directors who are in charge or the epidemiologists? How do you bring the epidemic under control? Let us share the information, then in the future if we do experience similar things, we will know what to do. I know that you reported to the UN and so on and even to Atlanta where you send your

people to learn, but some of us sister cities here don't have that information. So may I suggest that you make it available and send it through our organizers here, our hosts who will then distribute it to the cities here. Thank you.

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

I note your sentiment and I agree with you. That will be a very useful achievement of this City Summit. I will take a note of this particular suggestion and pass it on to the secretariat in Fukuoka City so that the secretariat will coordinate with Hong Kong and the other cities in Japan who have experience 0-157, and also I'll report to the secretariat for the examinations. Dr. Ngiam, while you are still on the microphone, let me ask you a question: I noted in your presentation that you talked about control of communicable diseases like dengue fever which is also very much in the news in your place and in Manila. Can you expand a little bit on the control measures introduced for dengue fever apart from mosquito control?

**Dr. Ngiam Swee Keat, Director of Health Department, Ipoh**

In Malaysia, one of the major infectious diseases that we have faced in recent years is dengue fever. In the case of dengue fever, we did have a nationwide outbreak last year. Actually, our epidemiological pattern of the outbreak of dengue fever is that it comes once every 3 or 4 years. It's a cycle and there are the dengue viruses one, two, three, and four. So, for each outbreak, normally we have a different dengue virus. That's why our immunity does not work. It is beyond the capacity of our immunity and then a new strain comes in. In the case of our outbreak this year, actually we do have some improvement compared with last year. However, last month, with the coming of rain, we began to see a pattern: dengue fever outbreak is usually related to the mosquito population, particularly that of the Aedes mosquito. During the rainy season, various glass containers, tins, and such are filled with water, and because of the stagnant, clear water, mosquitoes breed. When the population of these mosquitoes comes to a high level, the infection spreads. The control is mainly preventive, in the sense that you must have a specific unit whose people go around regularly to check the houses and try to eliminate the breeding of these mosquitoes. But in an epidemic situation, there are two things that you have to do. The first thing, of course, is health education-to inform the public that there is an epidemic and what are the things they need to do. The second I expect is spraying, which you saw in Manila in the presentation; the city employee went to the houses to spray. Spraying can be preventative but it can also be a control measure. In a situation where there is an epidemic, you do the spraying to eliminate or destroy the adult mosquitoes which bite people and spread the disease. So these are the methods. But in the case of treatment, there is no treatment for someone who is suffering from dengue fever except to give support. Generally, all cases in whom we detect or diagnose dengue fever, we admit them to the hospital because we want to be sure that they don't proceed on to dengue hemorrhaging fever that makes the patient go into shock. When they go into shock, then there is a problem in supporting them and some of them die. We do have fatalities from dengue fever.

Another comment is on tuberculosis. In Hong Kong you noticed that there is an increase in the number of cases of tuberculosis but this is also the situation we face. It is a fact that during the last 15 years we have

had a tuberculosis problem. We have quite a large number of cases. But it is only in the last one or two years that we have noticed such a significant increase as reported by the Ministry of Health. Now it is not confined only to the elderly. We thought it is always the elderly maybe because of their low resistance, or because they did not receive immunization during their younger days. But, the disease now also affects the middle-aged group, and we noticed that. We don't know why. Maybe it's due to overcrowding or it may be related to the increase in the incidence of HIV, AIDS. So, these are the two main diseases that we have.

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

Manila, do you have anything to supplement with regard to communicable diseases which are also very much a problem in your city?

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

With regards to the preventive measures against dengue fever, as I mentioned earlier in my presentation, we introduced the so-called 4 O'clock habit in schools and in communities whereby 10 minutes of the time daily in schools and in the community is devoted to cleaning the surroundings and looking for breeding places of mosquitoes and cleaning the environment. Headed by the city mayor, we also have our urban cleaning and greening program and time is also devoted to cleaning the environment not only within the community but also in commercial areas or districts. We require all the owners of business establishments to at least clean their own premises in order to eliminate the breeding places of mosquitoes. We also conducted some training of our health workers, especially on larvae detection. These included our medical technicians, sanitarians, doctors and some barangay or community health workers.

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

Thank you. Actually, the care of the elderly is a problem which extends beyond the sphere of health services or medical care, because diseases succumbed to by the elderly are usually chronic diseases. Mostly the handicapped by either physical disability or mental disability in the form of dementia are not fully be taken care of by nursing care. And it may also be related to the housing problem. In Hong Kong, our public housing for the elderly tends to be smaller units, where two are put together to share so that they can look after each other. The provision of recreational or cultural activities for the elderly to help them to enjoy more happy and healthy living was discussed by Oita City. Home care would be another problem for patients who are not seriously ill but not at 100% of their health. They need to stay home, and require some sort of medical care or health care at their home, so visiting home care would be another problem. All these are problems related to the aged or aging society, which extend beyond the scope or sphere of activities of health care or medical care. So, I think we need a policy that would involve several other departments.

**Mr. Koichi Sueyoshi, Mayor of Kitakyushu**

First, I would like to express my opinion on infectious diseases. It is expected that new contagious diseases including O-157 will emerge in the future, especially, in populated areas. As international exchanges increase,



the probability becomes higher. Then, what measures should we take? The issue is what each city should do to be prepared for, or to control infectious diseases. When finding new strains, it is very difficult for a government branch office to take measures to confine the disease. So, as Fukuoka City described, it is necessary to establish a mechanism, that is a so-called "crisis management control system" to take initial actions or measures against a new infection emergency. That is to form a network of experts in various fields including universities. Thanks to information from international organizations or other countries, we already know the probability or conditions prone to infections. So, what we need is a network. For instance, each city will form a network of the best and the brightest living in the city, but the network has to be flexible. I think this is the only way. It would be ideal if we could have a facility and staff dedicated to the infection control. But it is difficult in reality. Therefore, I think it is a good way to form a network that can respond to a breakout flexibly. And that is what Kitakyushu does. Next, I would like to mention policies for the elderly. Among the elderly population, 10% are those who need nursing care, and the rest of 90% are healthy. However, support for the latter 90% majority is seldom discussed. Policies that the Mayor of Oita City explained are necessary. They can vary from country to country, or from city to city. This is a very important issue. I think we need to discuss appropriate policies for the elderly, too.

**Mr. Keinosuke Kinoshita, Mayor of Oita**

Since we have occasional incidence of O-157, I strongly support the suggestion from Ipoh City. We need to share information. Next, I would like to mention one problem on medical care and health, against which we still can not decide a clear policy. Oita City provides school lunch at elementary and junior high schools. Some time ago, the city decided to start using polycarbonate tableware. However, this raised a question that some harmful chemical substance may exude from the tableware when, for example, hot water is poured into it. Therefore we shelved the decision. Usually the Ministry of Health and Welfare sets most standards and then provides them to local government as guidance. However, these days, the central government leaves the last decision to local governments. I would like to ask each country what you decide to do on such an issue as I mentioned and how you tackle it. Now, we are seeing revolution in Japan. Local governments are required to make decisions on issues like that. I hope we can utilize this network and obtain useful information from other cities.

**Mr. Katsuya Iguchi, Deputy Mayor of Fukuoka**

The mayor of Oita City has just brought up the issue of information sharing. I wonder to what extent each city actually utilizes the Internet. Fukuoka City has a homepage on which our citizens can freely access and get information. Therefore we are fully ready to send information to you at any time. I would like to ask you if it is possible for you to access us.

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

It is possible, but would you not think it more direct if someone wrote the information on paper and directly sent it to a different city? Do you think it would be more likely to draw their attention than screening and checking the Internet everyday? I agree that e-mail would be a very efficient way.

**Dr. Ngiam Swee Keat, Director of Health Department, Ipoh**

Mr. Chairman, I have experienced problems with e-mailing on the Internet. Plus, I do search for UN aids, CDC and so on. When you print it out to get a hard copy, sometimes half the information doesn't come out. I don't know why it is so, but there is also the truncating of some words and some words are left out. So it is very frustrating. Maybe fax can be quite direct because we are sure the fax machine is more reliable than the Internet. Thank you.

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

If you can have fax numbers of all the participants who want to send or receive information through fax, then you can exchange information without involving the secretariat. I think you may be worrying about the amount of workload that may occur. Provide the different cities with a fax number and then, in case of an outbreak, we'll ask them for action to take and information through fax. Would that be a happier compromise? That does not increase the workload of the secretariat unnecessarily and also we achieve our purpose. Okay?

**SUMMARY BY CHAIRMAN** //

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

Are there any other questions or comments? Now is the time for me to summarize the content of the Subsession 2 that I'm going to make to the plenary session for your approval. If you have any comments to make, I would incorporate this into my summary.

I would mention that the 7 representatives of the subsessions made their own presentations and this was followed by active discussion. Each city summarized their own health and medical care systems, stressing their respective, unique health problems, and efforts devoted to solving them. The following main topics emerged:

The aging of the population, the population over 65 years by definition, is the main concern among cities in Japan. For example, Kitakyushu detailed its comprehensive support system for the aged and the handicapped which reorganized the past medical systems into one, and fully integrated the various action departments concerned-that is networking and full coordination among various fields in medical care, health and welfare. Oita City summarized the cultural, sports and recreational activities provided to improve the life quality of the healthy elderly. Medical care on home visits for those who are sick and handicapped was also discussed. The second topic we concentrated our focus on was communicable disease control. This was particularly stressed by the Ipoh and Manila representatives outlining their various health services and controls of the environment as various environmental measures to control disease. Certain communicable diseases such as 0-157, Avian flu, H5N1 and cholera were discussed in regards to the control measures taken. In particular, the host city Fukuoka detailed their own experiences in the handling of 0-157. This should be a good reference material for the other cities. The re-emergence of tuberculosis was also discussed and this was

noted not only in the elderly but also among middle aged adults and especially among HIV infected individuals. Fast transportation and travel increases the risk of imported infectious disease into areas where they do not exist. It was also suggested that the dissemination of information through fax or other written material among members might facilitate control of communicable diseases in the region, among the cities participating in this city summit.

These in brief are the points that I'm going to make. Do you agree with it?

(Applause)

I would like to close this session. Thank you very much for your cooperation.

(Applause)