

Asia unable to mask SARS cost

By Jonathan Watts & Heather Stewart

N: It is with a guilty conscience that I admit my firm is not out of the virus that has hit people in Asia. The economies of several

regions, such as Japan, which is worth 10 billion dollars, are being considered socially. It is not easy to work with a virus across the face, but a season between demand: the influenza and the pollen-filled

ever, the company's shelves are off the shelves 10 years ago — thanks to the (severe acute respiratory) which has already killed more than 100 people and thousands of others. The disease originated in Japan and other countries, taking no chances

amid reports that Sars may be airborne. "People are buying five or six masks at a time. Most are families travelling overseas, others work in airports and some have relatives in China, where good masks are harder to get hold of," said Mr Izumi.

Tourists to Japan used to laugh at the sight of people wearing face masks on the train or in the streets, but this Japanese custom — which took off during a flu epidemic in 1919 — is increasingly being adopted as a prudent measure elsewhere as fears of Sars grow around the world.

In the US, where more than 150 possible cases have been reported, Alpha Pro Tech says the value of orders for its masks rose by \$1.5 million in a week. In Australia, chemists on the Gold Coast have sold out and suppliers are unable to keep up with demand.

Profits are being made in other ways. In China, sales of traditional medicines are rising. In Korea, people are eating more kimchi pickled cabbage.

But the economic winners are few and far between. The United Nations last week revised its growth forecast for Asia from 5.4 per cent down to 5 per cent, partly because of the fall in tourism caused by Sars. Morgan Stanley estimates the virus will shave more than \$15 billion off the output of Asia's economies, and the WHO warns the global cost could rise to \$30 billion.

The most immediate economic impact is being felt among the airlines that would normally be carrying people to and from China, Hong Kong and Singapore. With TV pictures showing local people hiding behind masks and health workers clothed from head to foot in germ-proof gear, potential travellers have been staying at home. Hong Kong carrier Cathay Pacific has already been forced to cut more than 40 per cent of its flights and to concede it is "haemorrhaging" \$3 million a day while the outbreak persists. The price of the airline's shares has dropped by

almost a fifth since the end of February.

Hotels are suffering too, with occupancy rates in five star Hong Kong venues down to single figures last week and staff being encouraged to take annual leave while rooms are empty. In Singapore, where Sars has killed more than a dozen people, visitor arrivals in the first two weeks of April were more than 60 per cent lower than a year ago. Retail sales have also slumped.

As the government of Singapore has already realized, such a sharp drop in activity will have a severe effect on an economy that is heavily dependent on its service sector. Last Thursday, it slashed its growth forecasts for 2003 to between 0.5 per cent and 2.5 per cent from the 2 to 5 per cent it was expecting and announced a \$130 million package of rescue measures for the hardest hit industries.

Other governments in the region seem likely to follow suit and analysts

are already scratching out their predictions for the Chinese and Hong Kong economies and starting again. On Monday Thailand admitted growth could be one percentage point slower because of the outbreak. Malaysia said it is looking at measures to help Sars-hit firms.

In the tourist resort of Phuket, hotels are closing floors of rooms amid a 30 per cent fall in demand. The Prime Minister of Singapore, Goh Chok Tong, estimates the disease could knock one per cent off of the island's GDP (Gross Domestic Product) — worth \$875 million — this year.

In Vietnam, where 68 cases have been identified, restaurants are asking staff to take early holidays because customers are so reluctant to eat out. Nobody knows the impact in China but there have been cuts in inbound tourism, cancellations of events such as a World Economic Forum summit, due earlier this month, and an incalculable loss of trust in the government

which has botched a cover-up.

Whether the outbreak has deeper ramifications will depend on how quickly it can be brought under control. In that upbeat case, consumers and tourists start spending again, growth dips sharply then recovers strongly. The worst case economic scenario would follow the worst case health scenario — Sars spreads beyond southeast Asia.

Former Bank of England economist Danny Gabay believes the infection could knock up to 1.6 per cent off global GDP this year if it spreads further and at the same rate at which it has in Asia. Given that the IMF has pencilled in growth of just 3.2 per cent, that would tip the global economy dangerously back towards recession.

Reports last week that scientists have identified the disease — and that it may not be airborne have raised hopes that an end to the crisis may be in sight.—*Dawn/The Guardian News Service*

Health
Nation

Priorities in healthcare

Lt. Gen. (Retd) M. Afzal Najeelb

Telemedicine is a healthcare delivery system in the developed countries

capable of performing their current functions. The healthcare system in the periphery is in a worse predicament with only rudimentary diagnostic and curative facilities, few telephones and ambulances and no organized system of referrals.

Telemedicine is a mode of health care delivery which is being added to the systems in the developed countries where the infrastructure for all other modes is already in place. It is yet being field-tested and its clinical protocols, technical standards, credentialing and privileging are being evolved by the Health Modernization Agencies in USA and UK. The purpose of this expensive exercise at this stage of our development

is not discernable and will certainly not be cost-effective. It will promote the aims of global commercialization and its immediate beneficiaries will be the multinational purveyors and international monetary agencies and not the village folk of DG Khan.

The challenges during the decades have multiplied. Major demographic and epidemiological changes include population explosion, rise in its percentage below poverty line, illiteracy, unplanned urbanization, unemployment, environmental hazards, triple burden of communicable and non communicable diseases and aging population. Dramatic political, socio-cultural, conceptual, educational and technological changes are taking place and last but the most important is the economic predicament of the country. The theme in health has shifted to promotion and development of health and health expectancy as distinct from provision of medical care, prevention of disease and life expectancy. The interests, commitments and motivations of International Aid Agencies, pharmaceutical and biomedical industries, for-profit and non-profit health care providers and community organiza-

tions keep changing and may often be conflicting.

A declaration of intent regarding the mode of public private partnership in providing health care is the core issue. The private sector adds new resources and efficiency to the system by circumventing incompetent bureaucracy and its participation is inevitably vital to a health care system but according to Dr Grow Harden Brundtland the Director General WHO "the ultimate responsibility for overall performance of the country's health system lies with government which in turn should involve all sectors of society in its stewardship. The health of the people is a national priority. Regulation again is a responsibility of the state since the private sector comprises of many different players and the national policy needs to carefully distinguish where to restrict and where to promote. The role of Government leadership should be of stewardship which means good governance, pragmatism and accountability to ensure cost containment and efficiency in the public sector and control of quality and profit margins in the private sector."

Our health delivery system needs radical reform which can be brought about by formulation of comprehensive and sustainable policies having a balanced approach between competing priorities.

Telemedicine is being introduced in Punjab whereby 34 district hospitals shall be linked with major teaching hospitals through an audiovisual conference system, so that patients in remote areas would get professional and expert advice from specialist doctors. It is indeed great news for a country where the vast majority does not get clean water to drink nor has access to even minimal primary health care facilities. It is just one example of how priorities are being set in our policy plans.

Priorities are determined in a policy framework and policies are formulated by planning for which national direction and will provide the guidelines. Sustainable policies have eluded us so far because martial laws have overtly or covertly ruled Pakistan. Martial Law by definition is an ad hoc arrangement and therefore is not capable of providing lasting policies. If the basic document of the country is being suspended, abrogated, held in abeyance, replaced and corrupted by legal framework orders with the consequent political instability how can one expect consistency in any field of national activity. The faint hope that the latest version of democracy might be able to bring in new policies is being shattered by temporary, day-to-day and patchy measures being undertaken so far.

The health sector is no exception. There is no talk of a health policy at the national or provincial level. The Punjab Government is bogged down in the ill-conceived Hospital Autonomy scheme which has reportedly been rejected by the Mujadid Mirza Commission but its report is not being made public nor any action is being initiated on its recommendations. It is said that the Ordinance is now awaiting consideration by the Provincial Assembly. The same problem is haunting the Health Department in NWFP.

However the Punjab Government has recently announced some reform measures. It is not known if and when and at what level any deliberations on them were carried out, the speed with which the advice was given and accepted belies such an approach.

The proposal to introduce telemedicine does seem bizarre in our present context. It is like embarking on a postmodern technological venture without having the basic services in the field. Our teaching and district hospitals which are to be interlinked in the telemedicine scheme are ill-equipped, badly staffed and mismanaged and are in-