

## Japan Medical Association Junior Doctors Network Report on the 30th CMAAO General Assembly in Myanmar

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### Introduction

The 30th General Assembly of the Confederation of Medical Associations in Asia and Oceania (CMAAO) was held from September 23 to 25, 2015 in Myanmar. This report is an overview of the event as I had the honor of attending the meeting on behalf of the Japan Medical Association Junior Doctors Network (JMA-JDN).

The meeting took place in the Republic of the Union of Myanmar, a Southeast Asian country with a population of about 51.41 million people (Myanmar Ministry of Immigration and Population, Sept. 2014). About 70% of the population belongs to the Bamar ethnic group, the official language is Burmese, and about 85% of

the population is Buddhist. The word Myanmar brings to my mind the Nobel Peace Prize winner Aung San Suu Kyi and the nation's 2010 general election.<sup>1</sup> Despite the politically turbulent images I had about the country, I received a warm welcome by my JDN friends when I arrived at the Yangon airport.

### Food Safety

At the symposium, each National Medical Associations (NMAs) reported the current domestic status about "Food Safety," which was the main theme of the meeting. The World Health Organization (WHO) held a campaign on Food Safety on World Health Day 2015,<sup>2</sup> and shocking facts were reported—various food con-



CMAAO participants' group photo

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tamination has caused more than 200 diseases in the world and 2 million deaths occur every year because of contamination. Even the hygiene of drinking water is a problem in some parts of the world. At the hotel I stayed in Myanmar, the water in the tub was brownish and cloudy. Many nations also have problems with bacteria, parasites, and chemicals such as lead, mercury, arsenic, and dioxin in food and water. In Bangladesh, reportedly, rice made of plastic was sold and engine oil was used for cooking. Nations are busy addressing these issues by developing guidelines and legislation. While listening to the presentations of the CMAAO nations, I thought that the most important thing in addition to those national measures is awareness among people—each person should practice hand-washing and gargling and learn about heat-cooking and food storing. Awareness of such practices should grow and take root in the domestic culture of each nation. The WHO advocates the Five Keys to Safer Food.<sup>3</sup> In my daily practice as a family physician in Japan, fortunately, I rarely encounter an occasion to teach patients about cooking with heat or methods to store food. This is likely due to the high hygiene consciousness among the Japanese people that has taken root in child upbringing and education.

## Country Report

In the country report session, the NMAs provided updates on their activities. One thing that I found particularly interesting was the problems that Australia faces; the gap in life expectancy between the indigenous Aborigines and other people and the poor accessibility to healthcare for refugees are apparently drawing public attention. Japan cannot be an uninvolved bystander on these issues. In addressing these issues, it appears that Australia is shifting from their previous approach of promoting organ-specific specialization to promoting primary care, and aiming for equal healthcare access and universal health coverage. This is indeed a complicated problem within which social determinants of health are intertwined. The report from Indonesia had interesting news. They have launched a television channel and are carrying out a project to promote protein intake among small children called the “One Million Eggs Movement,” and cam-



With fellow JDN members

paigns for non-smoking and eradication of political corruption. Taking advantage of the power of mass media to guide behavioral change in national population or improve national health literacy is quite an intriguing approach. In Japan, it will become necessary for an individual to proactively select which healthcare services to receive in the future,<sup>4</sup> and cooperating with the media may be a good approach. Other nations also had many topics to share, for example, Korea reported about MERS and Malaysia raised a concern about the TPP agreement.

## Health Care in Danger

There was a lecture about Health Care in Danger<sup>5</sup> by Juerg Montani, head of the committee of the International Red Cross in Myanmar. According to the 2-year global survey on healthcare workers who became involved in armed conflicts from 2011 in 20 countries, there are three such cases a day on average. Montani stated that once a healthcare worker's life is lost, co-workers are often forced to abandon their duties from anger and anxiety, and it negatively affects a few thousands patients. Asian countries are also at risk. Once chaos strikes, the safety of healthcare workers is put in danger.

## JDN in Asia and the Oceania

Fourteen nations participated in the meeting as the CMAAO members; however, only three JDN nations—Myanmar, the Philippines, and Japan—joined the meeting. Despite the small

size of the JDN participants, we exchanged our latest news over lunches and had in-depth discussions about developing our future collaboration.

## Impressions

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It felt that our amity naturally deepened over the meeting, perhaps because we all shared the sense of fellowship and high affinity as the same Asian and Oceanian members. The Myanmar Medical Association hosted a dinner in the evening of the second day, and representatives of NMAs sang karaoke and danced together. We also exchanged souvenirs and took many group photos—this may be a unique feature of the people of this region.

I think that the CMAAO has a value that is different from that of an academic society or a government. An academic society is a place for high-level scientific discussions, and a government is a place for discussions from macrocosmic viewpoints. The CMAAO meeting, on the other hand, seems to be unique as it often involves more practical and realistic reports, because domestic healthcare leaders from various nations gather here. I believe that the CMAAO is playing an important role by apply-

ing both up-to-date academic findings and macrocosmic findings on healthcare systems and other issues in the real world.

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