

[Taiwan]

## Strengthening of Primary Health Care in Asia and Oceania Region

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### Challenges

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Most of Asian and Oceanian countries are now facing the challenges of the inequity of health care as well as a rapid ageing society that should more focus on both establishing the primary care system and taking better care of chronic diseases. In accordance with Declaration of Alma-Ata, we reinforce that health is a fundamental human right and that the attainment of the highest possible level of health is a most important worldwide social goal that requires the action of all social, economic, and health sectors. We acknowledge that the promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace. Overall, primary health care is the key to attaining this target as part of development in the spirit of social justice.

### Solutions

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Firstly, we need create a sense of urgency with the vision: healthy people in a healthy world through prevention.

### Strategies

**Addressing evidences:** What work needs to be done should be based on evaluation and research

**Getting effectiveness:** Translating the evidence to application and getting better outcomes

**Building capacity:**

1. Government policy and resources: including priority setting, partnerships and networking

2. Comprehensive educational and training system as well as services system on primary health care

### Actions

#### Medical Association Level

**Recommendation 1:** Not only focus on quality improvement of healthcare, we should also increase public accountability and greater managed care in the era of new medical technology, computerization of healthcare, as well as Internet technologies.

**Recommendation 2:** We should continue to advocate that community-oriented primary care is an important aspect of policy to achieve patient-centered, safety, effectiveness, timeliness, efficiency, and equity in health services.

**Recommendation 3:** Community-oriented medical education cannot be overemphasized in order to attract more physicians devoting to primary care and to provide comprehensive, continuous and coordinate care in the future.

**Recommendation 4:** Team-based multidisciplinary care and best practices for primary health care should be well established.

#### Governmental Level

**Recommendation 5:** Governments should continue to diminish the existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries. Essential health insurance program should be provided to most people in all countries including preventive health services.

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**Recommendation 6:** Governments have a responsibility to empower people to participate individually and collectively in the planning and implementation of their health care.

**Recommendation 7:** To build up better integrated health delivery system across the countries, governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors.

### Conclusions

Better primary health care can lead to better health outcome, lower cost, and greater equity in health development. Therefore, all countries should continue to cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country.

## Strengthening of Primary Health Care in Asia and Oceania Region

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### The Millennium Development Goals



- 1 Eradicate extreme poverty and hunger
- 2 Achieve universal primary education
- 3 Promote gender equality and empower women
- 4 Reduce child mortality
- 5 Improve maternal health
- 6 Combat HIV/AIDS, malaria and other diseases
- 7 Ensure environmental sustainability
- 8 Develop a global partnership for development

### Millennium Development Goals: 2009 Progress Chart

Goals and Targets	Africa		Asia				Oceania	Latin America & Caribbean
	Northern	Sub-Saharan	Eastern	South-Eastern	Southern	Western		
<b>GOAL 4   Reduce child mortality</b>								
Reduce mortality of under-five-year-olds by two thirds	low mortality	very high mortality	low mortality	low mortality	high mortality	low mortality	moderate mortality	low mortality
Measles immunization	high coverage	moderate coverage	high coverage	moderate coverage	moderate coverage	moderate coverage	low coverage	high coverage

The progress chart operates on two levels. The words in each box indicate the present degree of compliance with the target. The colours show progress towards the target according to the legend below:

- Already met the target or very close to meeting the target.
- No progress or deterioration.
- Progress sufficient to reach the target if prevailing trends persist.
- Missing or insufficient data.
- Progress insufficient to reach the target if prevailing trends persist.




### What are other challenges faced

- **A very quick aging society and prolongation of life expectancy**  
But do the elderly enjoy a healthy life expectancy or in another word, successful aging/good quality of life ?
- **A huge amount of money have been spent on the medical care**  
But very limited resources were used for the disease prevention and health promotion !
- **There have been so many research performed for biomedical sciences**  
But inadequate evaluation and evidence across domains have been made for priority setting and effective interventions !

**The importance of family medicine/primary care physician has been recognized**  
But it s still not fully recognized by the authority about the roles of primary care physicians in health care system !







### The Historic WHA Resolution 62.12

Primary Health Care , May 22, 2009


The resolution calls for all member nations to reinvigorate their health care systems through a strengthening of primary health care

### Historical Documents

However, the development of primary care is still in its young adulthood in most countries of the Asia-Pacific region

- Health for All through PHC by 2000, Alma-Ata Declaration , WHO, 1978
- Primary Care: The key to meet people health needs, Dr. Barbara Starfield, the Johns Hopkins University, 1998
- Healthy People 2000 & 2010, USA: Health promotion and disease prevention and partnership as well as medical care reform focusing on PHC and insurance coverage as the basis
- Improving Health Systems: the Contribution of Family Medicine, WONCA/WHO, 2002



### Resolution on primary health care adopted on 61st WHA 22.05.2009

1. URGES member states:... (5)to train and retain adequate numbers of health workers, with appropriate skill-mix, including primary health care nurses ,midwives, allied health professionals and family physicians, able to work in a multidisciplinary health workers in order to respond effectively to people’s health needs;

### Resolution WHA62.12“Primary Health Care including health systems strengthening”


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The World Health Assembly,urges member states: ... (6) to encourage the vertical Programmes, including disease-specific programmes, are developed, intergrated and implemented in the contex of intergrated primary health care

### What do we need


#### First create a sense of urgency

- Vision: Healthy people in a healthy world through primary care and prevention
- Strategies: Evidence: What work needs to be done based on evaluation and research Effectiveness: Translating the evidence to application Capacity: Government policy and resources: priority setting partnerships and networking Comprehensive educational and training system on primary care physicians and allied health professionals



### Models of Strengthening of Primary Care

1. Community-oriented primary care (COPC)
2. Team-based multidisciplinary care
3. Best Practices in comprehensive management of chronic diseases: e.g. DM, Hypertension



## Community-oriented Primary Care in Taiwan-Community Health Centers

1. Community Health Centers (CHCs) has been set up in all townships and a health station in almost each village since 1970s
2. Beginning from 1980s, There are 2-4 trained family physicians working together as a group practice to provide people with both medical and preventive services in CHC with back-ups from the local community hospital
3. Central and local government provide hardware facilities and appreciated rewarding systems to physicians and allied health workers including nurses, pharmacist, medical technologist----
4. National Health Insurance Program was implemented on 1 march, 1995



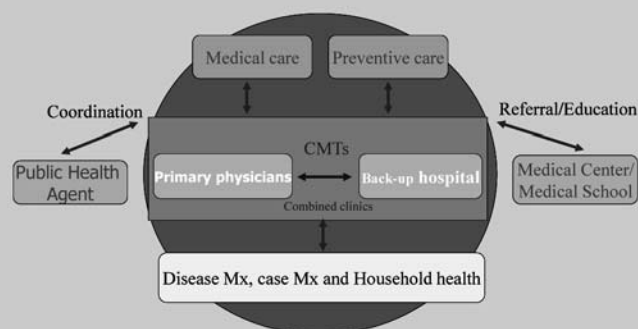
## Community Medical Teams (CMTs) Project in Taiwan

Granted by NHIP since 2003

- To strengthen the quality primary health care through multidisciplinary team and comprehensive care, and to establish the family physicians system
- Integration of 5 to 10 primary care settings, back-up hospital and local public health sector to be a functional alliance
- Financial aids for the operation of the Executive Office and Call Center of each CMT
- Additional payment to quality care (NT\$800 or US\$25/per capita per year): e.g. outcomes management, preventive services, referral ----



## Combined (Integrated) Care in a Community



## The most important project in medical care system- current status of community medical teams (CMTs) in Taiwan (2010)



## WHY Team-based multidisciplinary care

- The challenges of healthcare are increasingly complex and subject to frequent change.
- Meeting these demands require health professionals to work in partnership with each other, with other allied medical health professionals and with patients.
- The value of working as a team has already been recognized.





### The multidisciplinary team - Roles of Family Physicians in CHCs and CMTs

- Utilize a **team approach** where a Family doctor acts as the **coordinator and facilitator** working closely with other allied health professionals and specialists providing a continuum of care within a Community Health Center.
- **More detailed consideration would be needed in defining the roles of various healthcare disciplines in different settings (public or private sector) and for management of different health problems**



### Best Practices in management of chronic diseases

- Establish Practice guidelines and provide decision support
- Establish Care pathways for prevention and management of chronic disease:
  - consumers access programs
  - services based on systematic assessment and care planning
  - *Provide Coordinated, team based, Multidisciplinary care across a service continuum ranging from risk prevention to complex care*
- Governance and management with informatics of healthcare providers around the needs of consumers
- Empowering the patients in the community



### WHO-five star doctor

#### THE FIVE STAR DOCTOR

- assess and improve the quality of care
- make optimal use of new technologies
- promote healthy lifestyles
- reconcile individual and community health requirements
- work efficiently in teams



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