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By mail & e-mail

6<sup>th</sup> June, 2008.

Food and Health Bureau,  
19<sup>th</sup>/Flr., Murray Building,  
Garden Road,  
Central,  
Hong Kong.

Dear Sir/Madam,

**Healthcare Reform Consultation Document –**  
**Your Health, Your Life**

I have the pleasure to enclose herewith my views and proposals on the “Your Health, Your Life, Healthcare Reform Consultation Document” for your consideration. I am happy to have my views to be published under my name. I am also delighted to provide further information or participate in discussion if necessary.

With Best Regards,

Yours sincerely,

Prof. S.H. Lee

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Community Medicine

The Chinese University of Hong Kong  
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Encl.

## **ENHANCE PRIMARY CARE**

### **INTRODUCTION**

The Healthcare Reform Consultation Document — Your Health and Your Life has included a chapter — “Enhance Primary Care”, setting out the future directions and proposals of developing a robust primary care system in Hong Kong.

In view of its rising importance as a major focus of health policy in many parts of the world, it is necessary, as a responsible public health professional, to submit my views to the Food and Health Bureau with the hope that ultimately we can turn our vision of building a robust primary care system into reality.

My views on primary care will be presented under two sections. Section I is Primary Care as a Government Policy — From Primary Medical Care to Primary Health Care. Section II is Primary Health Care in Action.

In Section I, attention will be focused on defining the context and parameters of primary care from a policy perspective. Section II will address the ways and means of putting the proposals into action including managing, commissioning, inter-professional working, inter-agency working, public and private involvement and public health.

## **SECTION I PRIMARY CARE AS A GOVERNMENT POLICY —FROM PRIMARY MEDICAL CARE TO PRIMARY HEALTH CARE**

### Definition and application of Primary Care in Hong Kong Policy

In the first instance, it is necessary to examine the term of primary care and to define our use of it. In paragraph 2.1 of the document, it has been mentioned that “while no uniform and universally applicable definition of primary healthcare exists, primary healthcare is usually taken to mean the first point of contact individuals and the family have with a continuing healthcare process and constitutes the first level of care in the context of the healthcare system.”

The above statement needs some clarification because it is based on a biomedical model of health care — individual pathology and individual interventions. The emphasis is on the role of the doctor and the treatment of illness.

In the Report of the Working Party in Primary Health Care (December 1990), it has been clearly set out in paragraph 3.2 that “Primary Health Care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country’s health system of which it is the nucleus and of the overall social and economic

development of the community” (Report of the International Conference on Primary Health Care Alma Ata, 1978).

The World Health Organization has also pointed out that essential health care includes eight elements namely : —

- Maternal and child health
- Family Planning
- Immunization
- Drug Supply
- Prevention of Endemic Diseases
- Environmental Hygiene and Safe Water Supply
- Health Promotion
- Primary Medical Care

From the above, one can realize that primary medical care is only one aspect of primary health care. The consultation document has used the term “Primary Care” which refers only to the medical part of primary health care. This is not enough. We should expand the biomedical model to include the socio-economic factors, lifestyle and behavior which in the 21<sup>st</sup> century are important social determinants of health. For Primary Medical Care, the targets are individuals who are sick and seek treatment. For Primary Health Care, it is population-based. The targets are the healthy population — the 7 million people in Hong Kong, who need health promotion, and disease prevention to contribute to their own health and participation in promoting the health of the community.

Therefore, the health policy in primary care in Hong Kong should be to shift the emphasis from Primary Medical Care to Primary Health Care. Looking further ahead, we should shift our healthcare policy from a treatment-oriented and hospital-based secondary care to placing primary health care at the centre of our healthcare development in Hong Kong.

## **SECTION II PRIMARY HEALTH CARE IN ACTION**

Having reviewed the necessity and the importance of incorporating primary health care into the health care policy, we need to establish a management and organizational structure which is capable of responding promptly and positively to changing needs and aspirations of the community.

My proposals to put Primary Health Care in Action are as follows —

### **(1) ESTABLISH A PRIMARY HEALTH CARE AUTHORITY**

The existing primary health care services in Hong Kong are very fragmented. In the area of primary medical care, the private practitioners provide some 70 % of the total number of general out-patient consultations in Hong Kong. The Governmental general out-patients clinics provide 15%, while charitable clinics and traditional Chinese medicines clinics provide the remaining 15 % (1989 General Household Survey, Appendix 4, Report of the Working Party on Primary Health Care, December 1990). Since 2003, the Hospital Authority took over the

management of the general out-patient clinics from the Department of Health. The Department of Health is responsible for various personal health services including family health, infants and children, students, women and the elderly. It is also responsible for health promotion and disease prevention for the general population. Unlike the Hospital Authority, there is no management and organizational structure to direct and co-ordinate the various primary health care services provided by the private and public sectors. There is also no way to develop a collective culture of primary health care, to promote innovation, education and training of the providers in primary health care, and participation of the community.

The Working Party on Primary Health Care recommended that “an independent statutory Primary Health Care Authority with a strengthened Department of Health within the civil service as its executive arm”, be set up. Such a structure will allow adequate opportunities for community participation, sufficient flexibility for pioneering different schemes which may involve collaboration with the private sector.

If we are to ensure the successful implementation of the proposals for Enhancing Primary Care as recommended in the Health Care Reform Consultation Document, the establishment of a Primary Health Care Authority is even more deserving and justified in to-day’s circumstances. Such an organizational structure will give Primary Health Care a distinct identity and makes for a better co-ordinated and integrated development of promotive, preventive, curative and rehabilitation services, closer

collaboration between the providers in the public and private sectors, and greater participation by the community in planning and development of Primary Health Care services.

## **(2) ESTABLISH A HEALTH PROMOTION BOARD**

Health Promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. Health Promotion is a core function of public health and contributes to targeting communicable and chronic non-communicable diseases and emerging threats to health. It is an effective investment in improving health and human development. It contributes to reducing both health and gender inequities. (The Bangkok Charter for Health Promotion in a globalized world, 2005).

In Hong Kong, health promotion and education is conducted by a great variety of organizations and agencies. These include the Department of Health, the Hospital Authority, various Government departments, such as the Department of Environmental Health and Food, medical associations, NGOs and advisory councils such as the Council on Smoking and Health, the AIDS Advisory Council, the Action Committee Against Narcotics (ACAN) and the Occupational Safety and Health Council. The Government also created the Health Care and Promotion fund, the Beat Drug Fund and the AIDS Trust Fund to provide funding support to various non-profit making organizations and NGOs to assist them to carry out various health promotion and health education activities. In all, Hong

Kong has a wide range of health promotion and health education activities, some of which are patients-centred, others are population-based, targeting towards different diseases, major public health problems and different groups of people. Again, these activities are unco-ordinated and sometimes duplicated. The impacts of such activities are difficult to access.

The Bangkok Charter for Health Promotion in a globalized world, 2005 has laid down five strategies for health promotion in a globalized world namely

ADVOCATE for a rights-based approach to health promotion.

INVEST in sustainable policies, actions and infrastructure to address the determinants of health.

BUILD capacity for policy development, leadership, health promotion practice, knowledge and research, and health literacy.

PARTNER and build alliances with public, private and non-governmental organizations to create sustainable actions.

REGULATE AND LEGISLATE to ensure a high level of protection from harm and enable equal opportunity for health and well being for all people.

The Bangkok Charter called for commitments to health for all including the following:

- Make the promotion of health central to the global development agenda.



- Make the promotion of health a core responsibility for all of government.
- Make the promotion of health a key focus of communities and civil society.
- Make the promotion of health a requirement for good corporate practices.

In order to make the above strategies and commitments happen, it is most appropriate for the Government of Hong Kong to establish a high-level Health Promotion Board with the Department of Health as its executive arm to develop partnership, alliance, networks and collaboration among governmental departments, NGOs and the private sector in joint actions around common goals to improve the health of the people in Hong Kong. The Central Health Education Unit of the Department of Health is too small to formulate directions and provide resources for public health education. The establishment of a Health Promotion Board will help to ensure more effective and efficient utilization of resources, better monitoring of performance and evaluation of results through appropriate indicators and targets. The Ministry of Health in the Republic of Singapore has for some years established a huge headquarter known as “HEALTH ZONE” for the country’s Health Promotion Board. It is an excellent example of a country’s commitment to improve health. The creation of a Health Promotion Board in Hong Kong will help to strengthen our partnership and collaboration with the neighboring health authorities in Mainland China, particularly in the Pearl River Delta Region to improve health through improved mechanism for regional

surveillance, enhanced information technology and communication, and joint health promotion activities such as the WHO Framework Convention for Tobacco Control.

### **(3) PROMOTE COMMUNITY INVOLVEMENT**

The term community includes not only living community such as villages, cities or districts, it also covers functional community such as organizations, occupational groups, professional bodies, social and leisure clubs.

In paragraph 2.20 of the consultation document, under the heading of “Public Health Promotion Through Community Involvement”, it has mentioned that “Through the Department of Health, the Government should continue to strengthen the promotion of healthy lifestyles and the prevention of diseases, with greater involvement of the healthcare professionals in the private sector, the NGOs and the local community.

In Hong Kong some years ago, we have started a very successful programme of community involvement in health promotion. The programme adopted a settings-based approach to health promotion – in the places where we work, live or learn. Examples of such settings include the following:-

- Healthy cities
- Healthy and Safe Housing Estates
- Healthy schools
- Healthy workplaces
- Health promoting university

The healthy cities movement in Hong Kong was initiated in the 1990s. The first healthy city was started in Tseung Kwan O in 1998. At present out of a total 18 Districts in Hong Kong, about 15 Districts have established Steering Committees on Healthy Cities to plan, monitor and co-ordinate the health promotion activities in the districts. In 2007, five districts in Hong Kong have joined the Western Pacific Alliance on Healthy Cities supported by the WHO.

The Healthy Schools programme provides very good environment to equip students with ability to enhance their physical, mental and social health. Many schools have now participated in the programme and many teachers have attended the post-graduate training courses in health promotion organized by the School of Public Health of the Chinese University of Hong Kong.

In 2007, the 1<sup>st</sup> Asia Pacific Conference on Health Promoting Universities was held in Hong Kong. The Conference was organized by the Chinese University of Hong Kong which is the first health promoting university in Hong Kong.

As it can be seen from the above, the settings-based approach on health promotion has been successfully promoted in Hong Kong. What we need is the policy and resources commitment and support from the top level of the Hong Kong Government so that the activities could be sustained and the health promotion movement can be extended to more districts, more schools, more housing estates, more workplaces and more universities. We would like to see ultimately a Healthy and Active City of Hong Kong.

#### **(4) DEVELOP COMMUNITY HEALTH SERVICES**

The consultation document has not given details on how the basic models for primary health services are to be developed. The document only set out the following guiding principles for the development of the basic models (Para 2.12):-

- Life – course approach
- Holistic health
- Essential services for prolonging life and functional independence
- Evident based
- Need and risk based

It is suggested that the basic models for primary health care should adopt the Ten principles of developing community health services, namely:-

- Primary health care as the main objective
- Family medicine as the base
- People's health centred
- Family as units
- Community as scope
- According to needs (women, children, elderly, people with chronic illness and disability)
- Resolve community health problems, satisfy basic health service needs
- Integrated services (prevention, treatment, health promotion, rehabilitation, health education, health protection, family planning)
- Effective, economic, convenient, integrated, continuing primary health care services.

In order to achieve the above goals and guidelines, our community health services should be developed to include the following Eight components of services:-

- Primary medical care
- Health promotion
- Health protection
- Maternal and child health
- Disease prevention
- Care of group of people with special needs
- Community-based rehabilitation
- Capacity building and empowerment of the community, and equity.

#### **(5) DEVELOP PRIMARY HEALTH CARE TEAM**

One of the recommendations in “Building a Healthy Tomorrow” document to improve the health care system is “Encouraging and Facilitating medical professionals to provide co-ordinated services” (Para 2.8). The most effective form of implementing this recommendation is to promote the concept and implement the practice of teamwork in primary care. A primary health care team (PHCT) is a group of people working at or from a primary health care centre with common goals and objectives relating to patient care. This team should include professionally trained and qualified clinical staff including doctors, nurses and allied health staff.

In Hong Kong, most of the general practitioners are on solo-practice, it will be difficult for them to be actively involved in health

promotion and disease prevention work. The establishment of the primary health care team(s) will provide the most effective form of support especially to doctors in private practice to achieve the common goal of patient care. The PHCT could also undertake the role of linking primary care with social services for the underprivileged and the elderly as recommended in para 2.19 (C). In order to cement the concept and practice of primary health care team, it is necessary to examine the various details such as location of the PHC team, team identity, roles and responsibilities of team members, and training and qualification of the team staff. It is suggested that the Department of Health and the Hospital Authority could jointly study this idea. A good way to start is to introduce this concept as a pilot project in one of the Government General out-patient clinics.

## **CONCLUSION**

### **Integrating Public Health into the Healthcare System –**

The Harvard Report has pointed out that the weakness of our healthcare system is too treatment oriented and hospital-based. Public Health is the science and art of promoting health, preventing disease and prolonging life through organized society efforts. Since the late 1980s, many developed countries have realized that treatment-oriented and hospital-based delivery system for healthcare is costly and ineffective. A new public health movement has emerged that seeks to shift the emphasis from specialist and hospital care to primary and preventive care, and to integrate public health considerations into the healthcare delivery system.

Health is everybody's responsibility, the Government, the community, individuals and other concerned sectors should work together to improve people's health.

The Government should maintain a policy of easy accessibility to health care, introduce alternatives for expanding health-care financing, and shift the emphasis to primary and community health care.

The Government should also safeguard public health by strengthening infectious-disease surveillance and collaborating with academic and professional bodies on research and education.

Education, training and research in public health are important. These activities should be supported by the Government so that programmes for training health-care professionals and for evaluating the effectiveness of health-care services can be developed. We also need long-term plans for monitoring health trends in Hong Kong.

Integrating public health into health-care reforms will go a long way towards tackling the new challenges Hong Kong will face in the 21<sup>st</sup> century.