

3rd ESP Asia Conference

14-17 December 2021 | Nagasaki, Japan

Eco-health and ecosystem services in Asia:
Bottom-up aspects for planetary health

ONLINE

BOOK OF ABSTRACTS

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I. SESSION DESCRIPTION

ID: T9a

Primary Health Care in Asia: A community-based healthcare system possibly most sustainable and closer to Planetary Health

Hosts:

	Title	Name	Organisation	Email
Host:	Dr	Rie Ogasawara	Friends of WHO Japan, Osaka University UNESCO Chair	r.ogasawara@hus.osakau.ac.jp
Co-host:	Prof	Yasuhide Nakamura	Friends of WHO Japan	president@japan-who.or.jp

Abstract:

WHO and UNICEF (1978) defines that Primary Health Care (PHC) is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment. PHC recognizes health as a basic human right and guarantees residents’ proactive participation and right to self-determination. Its basic activities include 1) health education, 2) water and sanitation, 3) nutrition, 4) maternal and child health, 5) immunization, 6) infectious disease prevention and control, 7) simple treatment, and 8) supply of basic medicines.

Medicine in nature cannot abandon the lives that can be saved, nor can we go back to the days of zero antibiotics; however, it is essential to seriously explore the possibility and method of how man-made medicine for human health and planetary health can coexist for the future. In the midst of the modern medicine where highly advanced medicine is attracting much attention, PHC, which is based on limited resources and the inherent resilience and immunity of human beings, can be considered one of the most “sustainable” forms of medicine in terms of planetary health. In our session, we will invite 4-5 presenters to present PHC practices in their local community in Asia. We have candidates from Indonesia and the Philippines, and welcome other presenters from all over Asia. We will share good PHC practices from various Asian countries and explore how we can think of the balance between human health and planetary health.

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Goals and objectives of the session:

This session aims to let participants:

- to understand what is PHC and how PHC can be sustainable and closer to Planetary Health
- to know good PHC practices in Asian countries
- to have his/her own view point about how human health and planetary health can coexist in terms of the PHC as well as the lessons learnt from Asian communities.

Planned output / Deliverables:

Through this session, participants can:

- be aware the “tradeoff” relation between man-made healthcare/medical system and planetary health
- obtain knowledge on the concept of PHC and good practices in various Asian communities
- think closely how human health and planetary health can coexist with the PHC as a starting point

Voluntary contributions accepted:

Yes

Related to ESP Working Group/National Network:

TWG 9 – ES & Public health

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II. SESSION PROGRAM

Date of session: Wednesday, 15 December 2021

Time of session: 15:30 – 17:00

List of abstracts and speakers

Time	First name	Last name	Title of presentation
15:30-15:40	Rie	Ogasawara	Introduction of the session
15:40-15:55	Yasuhide	Nakamura	Primary Health Care might be one of the key factors to sustain planetary health in remote community in Japan
15:55-16:10	Narila Mutia	Nasir	Primary Health Care Approach in Indonesia: A Case Study of Community-Based Fighting Initiative against COVID-19 (PARC-19)
16:10-16:25	Calvin	de los Reyes	Profiling Survey of Traditional and Alternative Health Care (TAHC) Practitioners in Four Provinces in the Philippines
16:25-16:40	Sayaka	Horiuchi	Utilizing available resources at frontline health facilities toward the Universal Health Coverage in Laos
16:40-17:00			Panel Discussion and Q&A

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III. ABSTRACTS

Primary Health Care might be one of the key factors to sustain planetary health in remote community in Japan

Presenting author: Yasuhide Nakamura

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The Alma-Ata Declaration (1978) said that Primary Health Care (PHC) involves all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors. São Paulo Declaration on Planetary Health (2021) mentioned that we need a fundamental shift in how we live on Earth, what we are calling the Great Transition requiring rapid and deep structural changes across most dimensions of human activity.

The History of Medicine tell us that the Great transition always occurs in a small community. Japan has two good practices from the perspective of PHC.

One is Sawauchi Village, a poor remote village with rich snow in North Japan. Zero infant mortality rates in the village were achieved 16 years before the Alma Ata Declaration. The Newsweek magazine praised it as a miracle of small village.

The second good practice is Goto Islands in Nagasaki Prefecture. Its population is about 35,000 and its total fertility rate was 1.93. It is an environment where it's easy to raise children. The medical care in Goto is by no means an advanced medical care. However, it is exactly the medical care based on appropriate technology by PHC.

The two areas are far apart. However, they have in common that they are blessed with nature, while they have limited health resources. We may learn from remote small communities how human health and planetary health can coexist with PHC.

Primary Health Care Approach in Indonesia: A Case Study of Community-Based Fighting Initiative against COVID-19 (PARC-19)

Presenting author: Narila Mutia Nasir

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Indonesia, an archipelago country with more than 270 million people, faces many health problems. It is burdened by both communicable diseases and non-communicable diseases. The prevalence of obesity, hypertension, diabetes mellitus, kidney disease, stroke, and coronary heart disease have increased while Tuberculosis, Dengue, and other infectious diseases have remained problems in Indonesia. Furthermore, maternal and child health issues also need more attention. It is a big challenge to tackle those health problems and improve the health status of Indonesian people.

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Primary Health Care (PHC) is an important component of public health measures in a developing country such as Indonesia. It provides individual health efforts and community health efforts through Public Health Center (Puskesmas) and Integrated Health Post (Posyandu). The ability to empower the people is the key of PHC. Currently, all country including Indonesia is struggling to combat COVID-19. Prevention behavior at the community level is crucial. They should receive health promotion and education about this matter and they need to be empowered. It is potential to carry out Community-Based Fighting Initiative against COVID-19 (Perang Akar Rumput COVID-19/PARC-19) approach which is community-based to empower the community. A Case Study of the implementation of PARC-19 in Jakarta City and Tangerang Selatan District showed that this approach has helped to increase community awareness about COVID-19, enhance the prevention behavior, and support community empowerment in handling COVID-19. PARC-19 approach has adapted the five levels of prevention. It is recommended that this approach might be applied to other health problems to encourage public health culture that will impact to planetary health.

Profiling Survey of Traditional and Alternative Health Care (TAHC) Practitioners in Four Provinces in the Philippines

Presenting author: Calvin S. los de Reyes

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The lack of official recognition and information on traditional and alternative health care (TAHC) practitioners hinder the provision of appropriate research, training, and development. This study aimed to determine the number and profile of TAHC practitioners in four provinces in the Philippines and to determine the feasibility of integrating TAHC in the health service delivery system including the acceptability of TAHC in the community, recommending strategies to effectively promote the registration of TAHC practitioners, and providing policy and research recommendations. Profiling survey, with key-informant interviews (KII) and focus group discussions (FGD), was conducted in the provinces of Quirino, Oriental Mindoro, Samar and Agusan del Sur. All practitioners in the randomly selected municipalities or cities in each province were interviewed. There were also focus group discussions conducted with TAHC practitioners and patients or consumers, and key informant interviews with government and non-government organizations. Stata Version 12 were used to process quantitative data, while NVivo 12 was utilized for qualitative analysis. Among the four provinces, a total of 2,691 practitioners were listed and profiled. Most TAHC practitioners are of the aging population, female, married, a Roman Catholic believer, and have a different occupation aside from healing. Additionally, most have 20 to 39 years of experience, tends up to 100 patients per month and demands a minimum amount, sometimes free. Meanwhile, FGD and KII reveal that TAHC is accessible and affordable especially in geographically isolated areas, yet participants observe a decline in the number of practitioners in recent years. Support is visible within the health system, especially from those who have had childhood experiences with TAHC. However, knowledge and practice could be improved through training and standardization. Lastly, registration is viewed as a key to removing taboos associated with TAHC and provides a platform for the enhancement and improvement of knowledge.

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Utilizing available resources at frontline health facilities toward the Universal Health Coverage in Laos

Presenting author: Sayaka Horiuchi

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In recent years, it has been recognized that improving the service coverage alone is not enough to improve health outcomes, and the importance of quality improvement is emphasized. It is estimated that more than 8 million people die from treatable conditions in low- and middle-income countries annually: 60% of them are due to poor-quality care, whereas non-utilization of the health system contributes to the remaining deaths. Therefore, it is important to improve the quality of care along with the expansion of the service coverage.

In Lao People's Democratic Republic (Lao PDR), the Health Sector Reform (HSR) was endorsed in 2014 to achieve universal health coverage (UHC) by 2025. In the second phase of the HSR, the minimum package of essential health services was defined to ensure people will have access to necessary health services wherever they live. Ensuring its implementation at each health facility at every level is necessary to achieve the UHC. As for newborn care, the Early Essential Newborn Care (EENC) has been implemented in central and provincial hospitals as a simple and cost-effective clinical method to prevent newborn deaths. EENC does not require advanced medical equipment and can be practiced at community hospitals where the medical resource is limited. Given a large number of childbirths occur at district hospitals or health centers, introducing the EENC in the district hospitals was required to improve newborn health. I will introduce self-managed continuous monitoring that is a set of continuous actions including repeated peer reviews and feedback meetings in each district hospital. It was developed to complement supervision visit that requires substantial human resource and budget. Self-managed continuous monitoring can be embedded in routine activities with few additional costs. Feasible and sustainable measures using available resources to improve quality at district hospitals will be a key to achieving the UHC.