

OT20-5

Development of A Model for Communicable Disease Surveillance System in Health Centres in A Province in Northeastern Thailand

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This action research aimed to develop a model for communicable disease surveillance system at the health centres, by selecting to study purposively 11 health centres, 1 District Health Office, 1 community hospital and 8 sub-district administrative organizations. There were two distinct sets of observations. The first was based on medical records from 11 local health centres during 2006. The second was 50 local officers from that work place. Quantitative data were collected through reviewing medical records. Qualitative data were obtained through four focus groups and 18 interviews. The results of the early stage showed the health officers lacked knowledge, confidence in some disease diagnosis and using less definition in reporting. The data could explain real situations occurred in local areas only 50.8%. Sensitivity was low for common diseases. Moreover, the supporting system was at a low level. However, through participating, the health officers gained vital knowledge in system. They also learn how to report cases, diagnose disease in reporting systematically and continuously to provide knowledge to do their work. They demonstrated a greater sense of consciousness and were able to improve the surveillance system. Moreover, they learned to communicate and cooperate with others to strengthen the surveillance networking. This study illustrated that the surveillance system at the health centres must be improved because it is to become an important mechanism for sustainable prevention and control of diseases. This study could be an example for the health officers to apply the model to fit each particular setting.

OT20-6

Attitudes and Behavior towards the Use of Traditional Chinese Medicine amongst Western Medical Doctors in Hong Kong

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Background: With the reunification of mainland China and Hong Kong in 1997, the government has launched policy initiatives in developing traditional Chinese medicine (TCM). This study aims to describe the attitude and clinical behaviour of western medical doctor (WMD) toward TCM.

Method: A three waves, cross sectional mail survey amongst WMD using a random sample drawn from the

full and limited registration lists of the Hong Kong Medical Council (n=3320). Results: The response rate was 34%. Acupuncture is the TCM modality that most WMD had ever referred their patients (13.8%). Multinomial logistic regressions showed that favorable attitude on TCM knowledge and evidence, personal use of TCM, and prior TCM education were the major positive predictors for referral. Public sector environment seemed to hinder referrals to TCM. Qualitative comments on the areas of (1) paradigm differences between WM and TCM, (2) facilitators for and barriers in collaboration and integration, and (3) need in policy level initiatives for integration was observed. Discussion: Our findings suggested that Hong Kong WMD tended to express concerns on the lack of, or inaccessibility to, the clinical evidence on TCM. Patients' choice on TCM seemed to be of secondary importance. The link between personal use of TCM, prior TCM education and favorable behavior towards integration implies the potential benefits of adopting experiential TCM educational strategies for WMD. In longer term policy makers may consider the establishment of a TCM-WM inter-professional collaboration platform such that cross modality service coordination could be improved.

OT20-7

Population Stabilization Efforts in India

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In perfect tandem with Comprehensive Health Care Delivery efforts Key to Health, Peace and Harmony By Pramod Samantaray Principal Program Coordinator National Population Stabilization Fund A Govt. of India Society Ministry of Health & Family Welfare New Delhi-110066 India Early marriages and subsequent early pregnancies with married couples especially in rural areas, have been significantly contributing to high MMR/ NMR/ IMR in India through out, in the recent decades. Most families welcome frequent child births as means to compensate for the tragic impact of high IMR; thereby directly contributing to high TFR in a number of states, needing special attention of the Federal / state Govt.s. National Rural Health Mission, launched in April 2005 in India has been a historic initiative towards removing regional disparities with regard to said health indices. The National level of MMR of 301 in the years 2001-03 has dropped down to 254 by the year 2006. The IMR figure for the year 2004 has since been reduced from 59 to 55 in 2008. The crucial figure of TFR 3.1 in the year 2004 has been reduced to 2.7 by end of 2008. India is thus poised to emerge as a global example with regard to Peace, Health and Harmony. The presentation offers a comprehensive country's health scenario in the context of acceptable parameters of multi-sectoral development on one hand and reasonable degree of demographic stability in the country by the next decade, on the other.