



Opening speech at China's General Practice Conference

Dr. Margaret Chan, Director-General of the World Health Organization

Dear Chen Zhu, Vice Chairman of the National People's Congress, Li Bin, Director of the National Health and Family Planning Commission of PRC, officials of the Chinese Medical Association, members of the General Practice Branch of the Chinese Medical Association, representatives of general practice, ladies and gentlemen:

For the first time in history the world's urban population outnumbered those living in rural areas, the number of people over 60 years of age is greater than those under 5 years of age, and chronic non-communicable diseases have overtaken communicable diseases as the main causes of death in the world. All of this is true for China too.

We have seen a revolution in information and communications technologies, the rise of social media and increased access to information in general, contributing to increased expectations and demands among the general public with regard to public

health services. In China the development of universal coverage of health insurance has spurred people's demand for health care in recent times also.

We can all understand this. When we or our loved ones have health problems, we all expect to receive the best level of care possible.

All of these factors have increased the burden on health care systems. Meanwhile the cost for new therapies and new technologies is rising. For example, the cost of each new anti-tumor drug approved by the United States Food and Drug Administration in 2014 was over \$120 thousand dollars per year per patient. Many new therapies are only effective for moderately prolonging patients' lives for relatively short periods. All of these factors have far-reaching impacts on the organization, delivery and financing of health care services.

I am very pleased to be addressing you today at the China General Practice Conference. The conference is being held during a key phase of China's health care reform initiative.



Worldwide, health care workers are looking to China to see how it goes about achieving its desire to provide safe, effective, convenient and affordable health care services to its 1.3 billion citizens.

Achieving this target will require in-depth health care reforms involving health care insurance, hospital management, essential drug policies, reimbursement systems, etc., but particularly the development of primary health care systems.

I am very grateful to Mr. Chen Zhu, Vice Chairman of the National People's Congress, and Ms. Li Bin, Director of the National Health and Family Planning Commission of the PRC and all the government officials and leaders attending this conference who have been leading these important reforms. I applaud you and thank you for leading this great health care reform process in China.

Like most countries in the world, China's health system focuses on acute disease management and hospital services. As disease burden is mainly because of chronic disease, which has taken over from acute disease, we should carry out real reforms from the initial idea to the organization and the delivery of health care.

Although China covers a vast geographic area, the distribution of health resources is uneven. The demands between urban and rural areas are different and this should be taken into consideration. China pioneered the 'barefoot doctor' service system. The system in its essence is similar to the concept of General Practice; our mission is to further develop the 'barefoot doctor' into a modern system of General Practice. I thank the representatives present here. Thank you for your contribution to our country and thank you for establishing the system of General Practice at the grass-roots level. This new system has the opportunity to be an example to the whole world.

Primary health care is the basis of the classification treatment model whereby diseases are classified according to their severity and difficulty-level for treatment. Different health institutions are responsible for diseases of different severity or difficulty-level. Most less-serious diseases will be treated in primary health care institutions which China is developing;

the key point for success is a well-trained and energetic general practitioner community. China is fortunate to have the General Practice Branch of the Chinese Medical Association, devoted to developing the curriculum, standards and performance evaluation mechanisms for the discipline. The Chinese Medical Association is also developing a professional network platform. This platform will not only play a role in mainland China, but also in other regions. Dr. Meng-Chih Lee has successfully promoted the development of General Practice in Taiwan and I will continue to follow his work with great interest.

The establishment of a well-trained and motivated general practitioner community is a sensible method to help address the specific health challenges of the 21st century effectively and in a cost efficient manner. General practitioners provide both treatment and preventive services. They support early disease detection and treatment before patients develop complications resulting in the need for higher cost therapies and long-term hospitalizations. As the first point of access to health services, general practitioners have the ability to treat patients with minor conditions and thus prevent them from presenting at hospital emergency rooms and draining acute resources. They know that ill health can have medical or social causes, and thus they have the advantage of being able to provide primary prevention and enhance patient outcomes, they are best placed to provide real health care by focusing on the patients first.

Those who have paid attention to health care reform in China will have noticed that the lack of well-trained general practitioners is a major obstacle in decreasing the overuse of hospital health care services. This is because in China, medical education focuses on specialist physicians rather than on general medicine. Having identified the obstacle, it has been analyzed and evaluated through a pilot study. Most will be aware of the outcome. I would like to mention two of the findings here:

First, the general practitioner is regarded as 'second class citizen' compared with hospital doctors within the medical profession. This also influences the public's opinion; people can perceive the service provided by the general practitioner



as similarly second-rate. This problem will persist for as long as this perception exists. General practice needs to be regarded and established as an independent discipline. As I already said, China is fortunate to have the Chinese Medical Association playing a leading role in the general practice arena.

Second, the general practitioner receives lower pay than those working in hospitals. The current reward model incentivizes over-prescription and over-intervention, instead of stimulating primary health care and prevention. Likewise most primary health institutions do not take full advantage of nurse practitioners. Giving adequately trained nurses the right to prescribe would be a valuable use of their skills for example.

Ladies and gentlemen, health care reform faces various difficulties and challenges. It requires the participation and efforts of the whole society. I congratulate Li Bin, Director of the National Health and Family Planning Commission of the PRC who is leading the reform team. I also congratulate all of you in trying to help me realize my dream for China. My dream is that when I retire from the position of Director-General of the World Health Organization and return to China, there will be an excellent general practitioner waiting to take care of me in my later life.

Thank you all!

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