

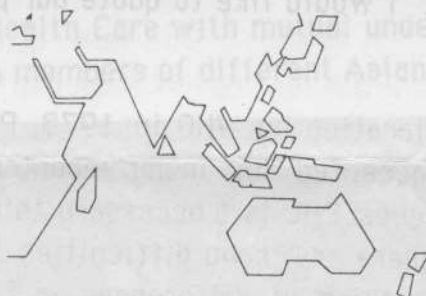
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AMDA NEWSLETTER

Association of Medical Doctors for Asia

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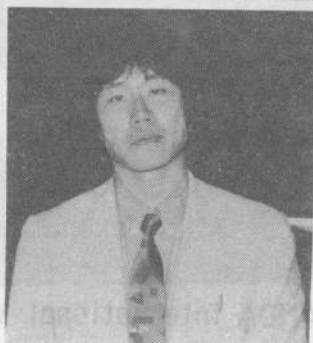
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<<< Dr. Kohei Toda
M.D.
Regional Co-ordinator,
AMDA - JAPAN

Message

Dear Members,

This is the first time for me to contribute my article to this news letter. First of all I would like to introduce myself. I was the chairman of the second AMSA conference with Dr. Smai, now a neuro-surgeon, in Thailand in 1981. After graduation I majored in general surgery and now I am studying pathology. Last summer I met AMDA members in Hongkong and I took charge as the regional co-ordinator in Japan. It is my great honor to have an opportunity to introduce our AMDA Japan's activities.

I would like to tell you two things; First is about the purpose of AMDA Japan and the second is about the coming AMDA international conference.

In Japan, still there are very few who understand the real medical situation in other Asian countries. Almost all doctors in Japan are now forgetting what the real relationship between patient and doctor should be; how let the people keep their own health by themselves. We all Japanese members now have something in common with Primary Health Care (PHC).

We made up our mind to promote PHC not only in Japan but also in each Asian Country. Our final purpose is to cultivate the doctors who really understand PHC and work among the people voluntarily in each Asian country. Now in order to promote our purpose, we are looking for the young doctors as our counterpart in each Asian country. I wish AMDA graduate members be the nice counterparts of PHC. Next I would like to quote our purpose from AMDA Japan constitution.

" Since Alma-Ata Declaration by WHO in 1978, Primary Health Care (PHC) has been accepted in many countries, including developing and developed ones. PHC is a necessary thing for medical care progress. However, there are many difficulties if we practice PHC uniformly without thinking of differences in climate, races, cultures, economy, social organization and preceding system or traditional medicine. These difficulties are more serious in international medical co-operation.

In 1984, AMDA international was found to purpose better settlement for these difficulties in medical care in Asia. Beyond the borders or occupation, members of AMDA exchange opinions and enlighten each other.

AMDA Japan is a branch of AMDA international. We promote the development of PHC together with partners in each Asian country. We pursue the improvement in health care level of Asian people and better medicine for a better future in Asia."

Now we started to publish Japanese news letter. Members are not so many, foundation is not so much. But continuing is the only way to build up our own way.

The second is about the coming AMDA international conference; I had a good opportunity to see Dr. Krasae, who is the chief director of the Asian Training Centre (ATC) in Thailand. I told him our activities. He understood well about it and suggested to have the meeting at Asian Training Centre. We have a Japanese member who now works at Asian Training Centre, Dr. Matsuda, so we may easily communicate about the coordination. My tentative theme is " The role of the young doctors in Asia in Primary Health Care (PHC) field."

Now I am discussing about it with Dr. Pancho who is the Chairman of AMDA international. Soon I would be able to tell you about the conference in more detail.

If you have any opinion, please let me hear about it.

I hope to see you again in this news letter soon.

Thank you
Kohei Tohda

2nd Annual Conference of International Health Care Society, Japan

Regional Co-ordinator of AMDA-Japan, Dr. Kohei Toda participated in the second annual meeting of International Health Care Society, Japan which was held in Tokyo recently. Dr. Toda presented the history of AMDA and spoke on the aims and objectives. He briefed the attempts of AMDA to implement the concepts of Primary Health Care with mutual understanding and co-operation among the young AMDA members of different Asian Countries.



Photo shows Prof. Maruchi Nobuhiro, Associate Professor in the Department of Public Health at Tokyo University Medical School speaking in the conference. Prof. Maruchi was instrumental to arrange the first AMSC at Bangkok, Thailand in August 1980 with the co-operation of Prof. Debanon Muangman, Dean of Faculty of Public Health, Mahidol University.

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PRIMARY HEALTH CARE (PHC) - A SPECIAL REPORT

--courtesy by Dr. O.P. Dava
Officer in charge, CCHP
Bay, Laguna PHILIPPINES

PHC 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.

PHC addresses the main health problems in the community providing promotive, preventive, curative and rehabilitative services accordingly. Since these services reflect and evolve from the economic conditions and social values of the country and its communities, they will vary by country and community, but will include at least promotion of proper nutrition and an adequate supply of safe water; basic sanitation; maternal & child care including family planning, immunization against the major infectious

diseases; prevention & control of locally endemic diseases; education concerning prevailing health problems and the methods of preventing and controlling them; and appropriate treatment for common diseases and injuries.

In order to make PHC universally accessible in the community as quickly as possible, maximum community and individual self reliance for health development are essential. To attain such self-reliance requires full community participation in the planning, organization and management of PHC. Such participation is best mobilized through appropriate education which enables communities to deal with their real health problems in the most suitable ways. They will thus be in a better position to take rational decisions concerning PHC and to make sure that the right kind of support is provided by other levels of the national health system. These other levels have to be organized & strengthened so as to support PHC with technical knowledge, training, guidance and supervision, logistic support, supplies, information, financing and referral facilities including institutions to which unsolved problems and individual patients can be referred.

PHC is likely to be most effective if it employs means that are understood and accepted by the community and applied by community health workers at a cost the community and the country can afford. These community health workers, including traditional practitioners where applicable, will function best if they reside in the community they serve and are properly trained socially and technically to respond to its expressed health needs.

Since PHC is an integral part both of the country's health systems and of overall economic and social development, without which it is bound to fail, it has to be coordinated on a national basis with the other levels of the health system as well as with the other sectors that contribute to a country's total development strategy.



<<< Photo shows participants of the second AMDA conference in front of the CCHP centre with Dr. O.P. Davao, officer in charge (extreme right). More details of PHC programme can be obtained from the editor of AMDA news letter.