

สาธารณสุขมูลฐาน กับ อนาคตระบบสุขภาพไทย

สาธารณสุขมูลฐาน

ยุทธศาสตร์ โครงสร้าง หรือ รูปแบบ

สมศักดิ์ ชุณหรัศมิ์

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อนุสรณ์แห่งชีวิต

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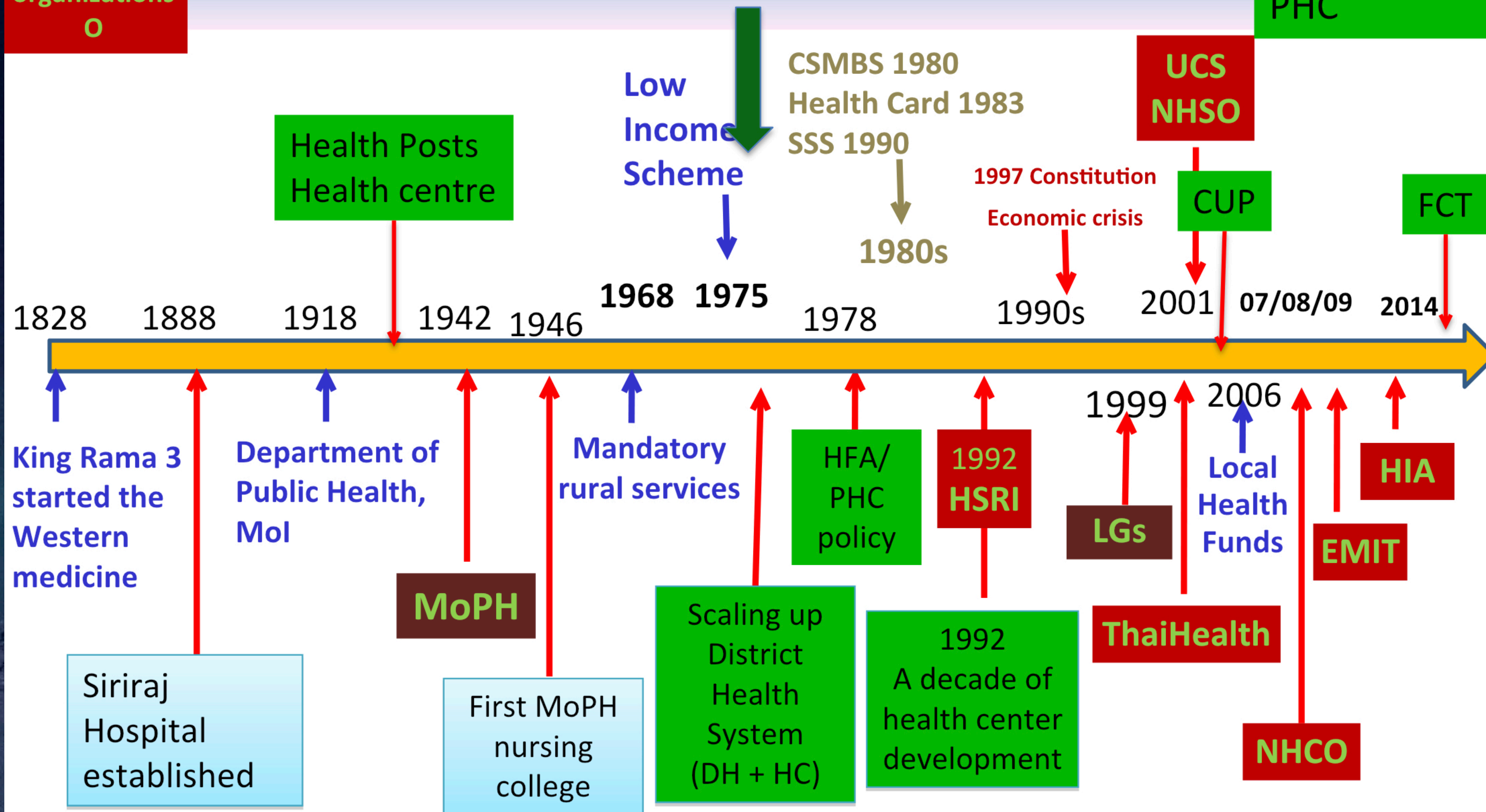
สถาบันวัคซีน
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Autonomous
public
organizations
O

Evolution of the Thai Health System

Key Events
on
PHC



MoPH = Ministry of Public Health, HSRI = Health System Research Institute, LGs = local governments
ThaiHealth = Thai Health Promotion Foundation, NHSO = National Health Security Office,
NHCO = National Health Commission Office, EMIT = Emergency Medical Institute of Thailand,
HAI = Hospital Accreditation Institute, CUP = contracting Unit for primary Care, FCT = Family Care Team

Astana declaration

Health care and beyond

- Health systems = all for health
- Primary health care as the core of health care systems and not only one level of health care systems
- Enabling, empowering and health promoting environment
- Government and not market playing key roles

Global Conference on Primary Health Care

From Alma-Ata towards universal health coverage
and the Sustainable Development Goals

Astana, Kazakhstan, 25 and 26 October 2018

We, Heads of State and Government, ministers and representatives of States and Governments¹, participating in the Global Conference on Primary Health Care: From Alma-Ata towards universal health coverage and the Sustainable Development Goals, meeting in Astana on 25 and 26 October 2018, reaffirming the commitments expressed in the ambitious and visionary Declaration of Alma-Ata of 1978 and the 2030 Agenda for Sustainable Development, in pursuit of Health for All, hereby make the following Declaration.

We envision

Governments and societies that prioritize, promote and protect people's health and well-being, at both population and individual levels, through strong health systems;

Primary health care and health services that are high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed;

Enabling and health-conducive environments in which individuals and communities are empowered and engaged in maintaining and enhancing their health and well-being;

Partners and stakeholders aligned in providing effective support to national health policies, strategies and plans.

¹ As well as representatives of regional economic integration organizations.

How far and well have we fared?

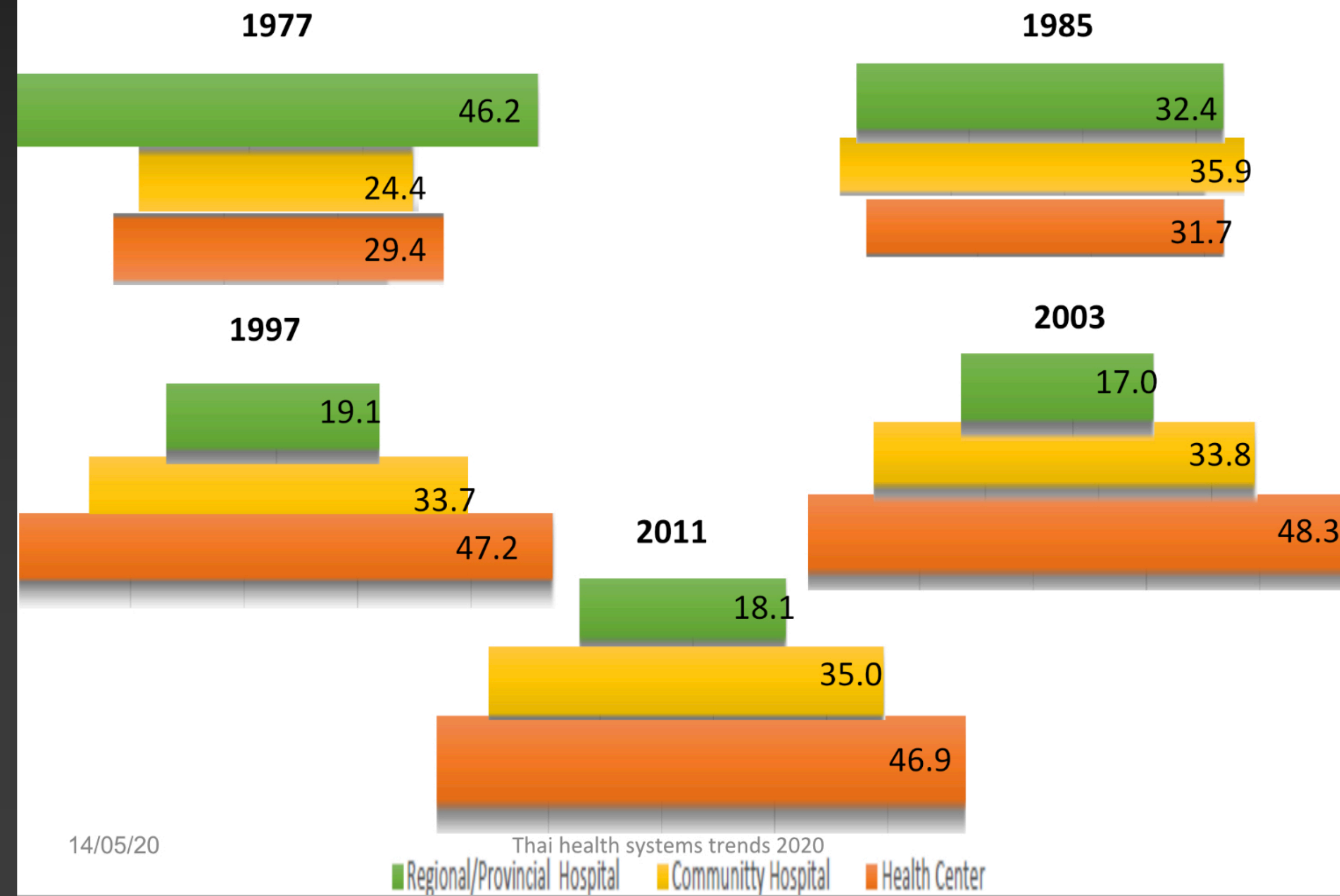
Pride and predicaments

- Thai VHV hailed as exemplary by other countries but criticized domestically since Ama Alta
- The recent resurgence of VHV against covid19
- District health systems as a game changer for comprehensive health systems based on PHC
- The debate of vertical vs health systems approach
- Family care team as a focus for the future of people-centered health care
- Primary Care Legislation and district QoL committee

Our earlier experiences VHV and DHS

- VHV turnover and weak supervision
- DHS helped to reverse care seeking triangle
- Continuous volunteer spirits despite better economic condition
- VHV as informal leaders in communities

Percentage of access to care by level of care, Thailand



No One Knows What Thailand Is Doing Right, but So Far, It's Working

Can the country's low rate of coronavirus infections be attributed to culture? Genetics? Face masks? Or a combination of all three?

By [Hannah Beech](#) Photographs by Adam Dean July 16, 2020



BANGKOK — No one knows exactly why Thailand has been spared.

Is it the social distancing embedded in Thai culture — the habit of greeting others with a wai, a prayer-like motion, rather than a full embrace — that has prevented the runaway transmission of the coronavirus here?

Did Thailand's early adoption of face masks, combined with a robust health care system, blunt the virus's impact? Was it the outdoor lifestyle of many Thais, or their relatively low rates of pre-existing conditions?

Is there a genetic component in which the immune systems of Thais and others in the Mekong River region are more resistant to the coronavirus? Or is it some alchemy of all these factors that has insulated this country of 70 million people?

One thing is certain. Despite an influx of foreign visitors early in the year from countries badly hit by the coronavirus, Thailand has recorded fewer than 3,240 cases and 58 deaths. As of Thursday, there had been no cases of local transmission for about seven weeks.

VHV and Covid control

Reflecting strong health systems foundation

- VHV working with tambon health promoting hospital and district QoL com
- Versatility of VHV - from 10 elements to NCD then outbreak control
- Integrated health care systems brought about by MOPH structural reform since 1971

A million volunteers help curb coronavirus infections

PUBLISHED : 9 JUN 2020 AT 10:27

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Village health volunteers wearing face masks and shields ride a motorcycle during visits to houses to prevent the spread of the coronavirus disease (Covid-19) in Ang Thong province, May 27, 2020. (Reuters file photo)

Thailand is banking on an army of volunteer community health workers, tight border controls and acceptance of social distancing to reopen its economy, after a lockdown prevented a large novel coronavirus outbreak.

Calls for Change

Signals from NCD

- More and more people need continuous and not episodic care
- Existing health care systems is designed for acute episodic care
- Health technologies have become more and more me-too and cannot offer “cure for chronic conditions” the way they can do for acute illnesses
- NPI is more important than pharmaceuticals
- Coordination of care is increasingly important
- Care needs to take place beyond “professional care” available only in institutions
- Communities and families are more and more important, if not self care

Calls for changes

Signals from UHC

- Financial burden needs to be seriously tackled and not only geographical distances (financial risk protection in addition to physical coverage)
- Hospital-based care can be very costly and unaffordable for the whole spectrum of care
- Sustainable and affordable UHC is possible in health systems based on PHC (not only primary clinical care provided by professional care but also health care provided by communities and families)
- Investment for prevention and health promotion is critical
- Value-based health care needs care design that set new relationship between people and professionals and among multidisciplinary professionals

Calls for changes

Signals from Covid19

- Good care does not necessarily means more visits
- Good care can be provided not necessarily thru actual physical contacts
- Tools exist that can help to add more health and well being if properly deployed
- Relationship with empathy and not necessarily physical/F2F contacts nor hi-tech brings quality, confidences and trust
- First level front line health workers are key to reduce spread and reduce patients loads in hospitals and needs for ICU and respirators

What actually is PHC – is it PC? Is it community health care?

Guided by Concepts & principles

- PHC should be strategy for health systems strengthening and **not merely a fixed set of health workers to provide a fixed set of “simple/basic” health care**
- PHC is about health development and not only about health care
- PHC can be operationalised in a health care systems with interlinked multi-level infrastructure and HRH with the right attitudes and systems competencies (not only technical competencies) at all levels (1ry to 3ry)
- Health systems based on PHC needs supports from all sectors and trust from the people.

Challenges for the future

Are we good or we need to do much more?

- Is our health systems future proof => speed of changes, disruptive technologies
- Is it well designed, equipped and supported for the increasingly aged society?
- What is the common goal of the country - health or wealth? What is the proper balance between lives and livelihood?
- What is the right mechanisms and process to strike a dynamic balances?
 - Strong government yet not too strong
 - Active citizen groups with positive disrupting power and potential

Thinking and Working Tools

New paradigm and competencies

- System thinking (system-based education and not only science-based)
- Design thinking
- task shifting to allow HRH to work at the top of their professionals
- Information and communication technologies and tools
- Empathy and compassion
- Participatory Interactive learning thru actions (PILA)
- Value care and value for money (money brings something but not everything)

Practical strategic systems leverage

A DHS that can transform, empower, enabling thru PILA

- DHS with the right structure and the right attitudes
 - Comprehensive health and integrated care (multilevel linked)
 - Community oriented and linked
 - Multisectoral partnership
- Active citizen as key partners of DHS
- Dynamic systems redesign and coordination in DHS as well as higher level
- Locally and nationally relevant common goals - local governance linked with national governance for health (and well being) => SDG could be a good starting point

Key competencies

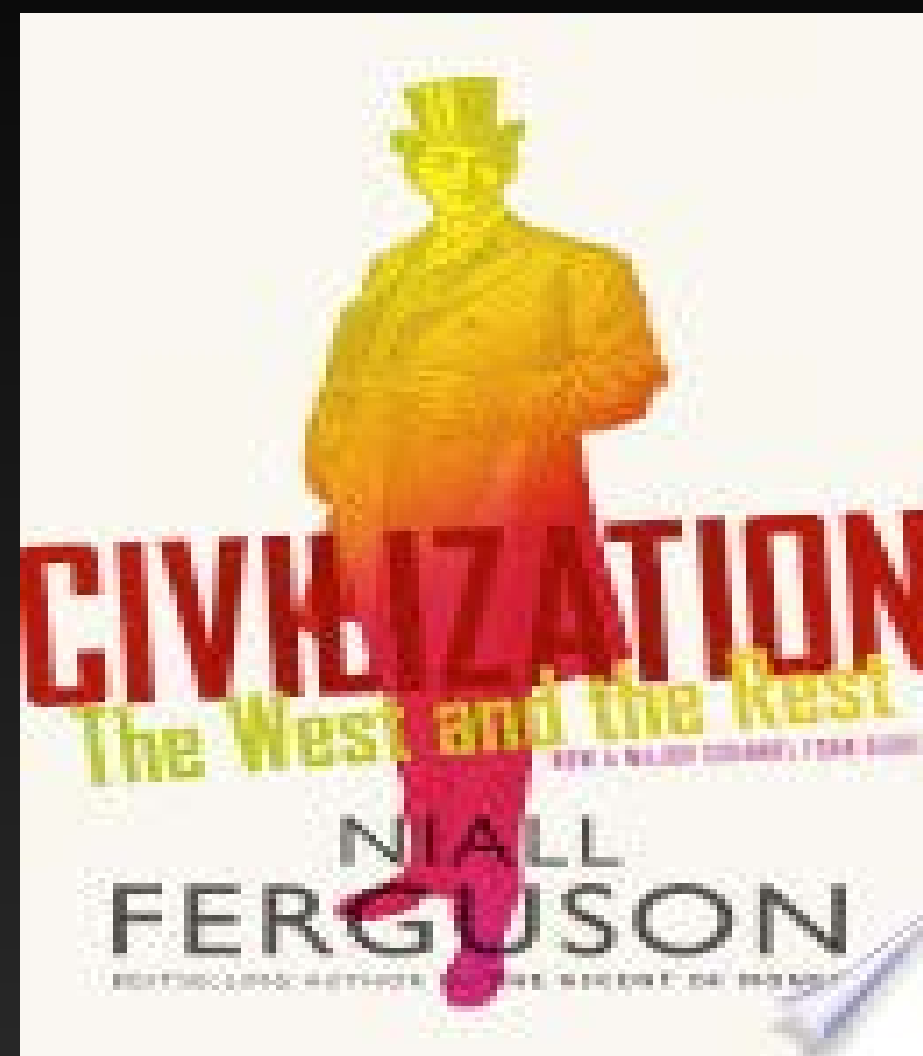
For the new MPHM

- Systems thinking and systems knowledge
- synthesis mind
- Disruptive creativity
- Human-centered design and development
- Participatory leadership
- Respects for others
- Learn, de-learn and relearn

**OPEN
MINDSETS**

Participatory Leadership for Health





ทุกสังคมมีอดีตเดียว
แต่มีอนาคตได้หลายแบบ

Yuval Noah Harari:
**"We had better
 understand what is
 happening and make up
 our minds about it
 before it makes up our
 minds for us."**

