HEALTH SITUATION

Over the past years, Thailand has seen a steady decrease in its mortality trends and an increase in per capita GDP. It has impressive achievements in economic and social development. With successful introduction of universal health care for Thai citizens in 2002. It has vibrant primary health care, innovative health system development and a progressive health promotion programme, leveraging alcohol and tobacco tax to finance health promotion activities.

Quality and universal security for all Thais is a main goal of the 11th National Development Plan, 2012-2016. Almost all health-related Millennium Development Goals have been achieved at the national level, but disparities remain sub nationally. Thailand was one of the first countries to ratify the FCTC and is also compliant with the minimum requirements of IHR 2005.

The incidence of poverty is 4-8 times greater in some regions as compared to Bangkok. To overcome this, over the last few years, the government has initiated a programme of non-conditional cash transfer for all Thais over 60 years of age as well as a similar programme for 0-6 year old children in lower income brackets.

An estimated 2.4 million migrants live in Thailand. They, along with the mobile populations have higher disease burden and remain more vulnerable to public health hazards. Many of the migrants work in the informal sector and most are not covered by UHC or social security schemes.

The major burden of mortality and morbidity in Thailand is noncommunicable diseases while there are still challenges regarding injuries and communicable diseases especially Artemisinin resistant malaria in the border provinces as well as TB and road traffic accidents. Thailand’s rapidly ageing population and decentralization policy create new public health and social challenges.

HEALTH POLICIES AND SYSTEMS

The Universal Health Care (UHC) policy of 2002 has resulted in a 99% universal coverage among Thai nationals using a mix of health protection schemes. The National Health Act of 2007 established a solid foundation for stronger civil society participation in health with the National Health Assembly as the key instrument. The health system of Thailand continues to be based on primary health care and the network of health institutions provides good overall coverage with solid evidence of its ‘pro-poor’ effect.

Challenges remain to strengthen disease prevention and health promotion, ensure adequate and high quality primary care, address some allocative inefficiencies due to incomplete system reform, and extend health care to migrants. The government has recently proposed a new insurance scheme for migrants, irrespective of their legal status; however, it is still too early to assess the impact of this scheme.

The government is in the process of aligning their national indicators to match some of the global indicators in particular those relating to NCDs and UHC monitoring.

COOPERATION FOR HEALTH

The agreed strategic agenda was developed after 2 years consultation with the Ministry and other autonomous organizations in Thailand. The focus of the discussion was to harmonize activities fits in with the UNDAF.

In 2013, the CCS underwent a major review which identified the need for prioritizing ageing and migrant health as two areas where further strategic support from WHO is possible. It also mentioned the need to sunset some of the lesser priority programmes such as the community health.

In addition to the Ministry of Public Health (MoPH) and its subsidiary institutions and programmes, other important autonomous public health bodies in Thailand include the National Institute for Emergency Medicine, Health Systems Research Institute, Health care Accreditation Institute (Public Organization), National Health Commission Office, National Health Security Office, and Thai Health Promotion Foundation.

Major foreign donors that WCO Thailand has interactions with include EU, Rockefeller Foundation, USAID and USCD.
WHO COUNTRY COOPERATION STRATEGIC AGENDA (2012-2016)

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<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| STRATEGIC PRIORITY 1: Community Health System | • Building up and strengthening the community health system. This is being done by utilizing following approaches:  
  - Developing and advocating for national policies on strengthening community health systems  
  - Supporting the decentralization policy  
  - Strengthen primary care  
  - Support social movements to gain support and public recognition for community health systems and  
  - Support development of new tools and social innovations.  
  • This programme had an ambitious mandate by trying to empower communities to make decisions about their own health. Initial plan was to empower over 4000 communities within the lifespan of the CCS. The CCS midterm review highlighted the vastness of the project and the difficulties in providing such services and recommended that the process should continue in other formats rather than CCS. |
| STRATEGIC PRIORITY 2: Multisectoral networking for NCD control (NCD Net) | • Building up networks for implementing integrated NCD control. This is being done by:  
  - Promoting collaboration and partnership among agencies.  
  - Networking integration and cooperation through existing mechanisms for strengthening policy, social communication and capacity building and  
  - Establishing linkages and increasing collaboration with regional and global NCD Networks |
| STRATEGIC PRIORITY 3: Disaster preparedness and response | • Strengthening national capacity and coordination in disaster management, particularly in the health area. The following approaches are used to achieve this focus area:  
  - Establishing a well-functioning agency network for maximum coordination, cooperation and collaboration in disaster health emergency management.  
  - Strengthening human resource capacity and resource planning  
  - Establishing a management structure and disaster response plan |
| STRATEGIC PRIORITY 4: International trade and health | • Building national capacity in trade and health negotiations. The following approaches are being used to accomplish this focus area:  
  - Generating knowledge on issues affecting health and trade and impact of bilateral and multilateral free trade agreements between Thailand and other countries  
  - Sharing the knowledge generated with other partners and line ministries to highlight both negative and positive impact of trade liberalization on health and hence allowing more informed decision making  
  - Developing national capacity in analyzing data on trade and health and creating a cohort of experts on the topic within the government  
  - Strengthening the Network of experts and interested parties on trade and health |
| STRATEGIC PRIORITY 5: Road Safety | • Improve national road safety programme effectiveness through multisectoral and intersectoral collaboration. The following approaches are used to achieve this:  
  - Identify a lead agency to guide national road traffic safety effort and a mechanism for intersectoral action  
  - Evaluate the road safety issues in term of magnitude, policy and institutional setting  
  - Strengthen national master plan on road safety and allocate the needed human and financial resources  
  - Implement specific actions to prevent road traffic crashes, minimize injuries and evaluate these actions as they relate to motorcycles  
  - Maintain high quality, real time on road traffic accidents to help with monitoring  
  - Support development of national capacity and multi sectoral cooperation |
| STRATEGIC PRIORITY 6: Migrant and Border Health | • Although WHO has been working on border and migrant health for many years, the CCS midterm review, highlighted the importance of this area as a priority area for both the MoPH and WHO. We are currently working on building consensus amongst all partners involved regarding the focus areas for CCS priority. |
| STRATEGIC PRIORITY 7: Ageing | • As the population structure of Thailand is changing, health of the ageing population is becoming strategically more important for the MoPH and as such WHO. Ageing is also an important multi sectoral issue which is being tackled by the UN as part of their activity under social protection. This was highlighted during the Midterm review. Currently WHO is discussing with MoPH to finalize the focal areas where WHO can provide assistance as part of CCS priority. |