

Progress Report

A: National Policy for Health System Development in Multicultural Areas in Southern Border Provinces (Resolution 1.3)

1. The members of the 1st National Health Assembly approved the guidelines for health system development in multicultural areas in the southern border provinces covering six areas: (1) reorganization of provincial and local administrations in southern border provinces, (2) justice system reform in southern border provinces, (3) education, (4) economy, (5) reform of social, traditional and cultural practices, and (6) health, medicine, environmental health and safety.

2. National Health Commission Office (NHCO) coordinated with mechanisms to develop policy proposals in the locality, especially academic mechanisms in universities to serve as the driving force, monitored and reported the results in cooperation with the academics who contributed to the development of policy proposals in each strategy.

3. A health assembly for a specific issue was organized in Pattani province on cooperation between local administrative organizations and the community through a process of social remedy. The objective was to come up with a *plan for social remedy* to be developed on the basis of cooperation from various sectors.

4. A public forum on the issue was organized, and information was disseminated through various public media channels.

Observations:

1. The scope of Resolution 1.3 of the 1st Health Assembly covers a lot of ground, including political and administrative dimensions, justice, education, culture and traditions. Each issue needs much further development regarding academic and technical information as well as body of knowledge.

2. The working mechanism to drive forward the national policy is academic/technical in nature and will need reinforcements from the policy and political sectors.

3. The work to drive forward is still rather limited.

B: Role of Local Administrative Organizations in the Management of Health, Natural Resources, and the Environment (Resolution 1.7)

Health Systems Research Institute (HSRI) conducted surveys and organized forums to exchange learning found that:

1. The Ministry of Public health has taken action to promote, support and monitor coordination efforts undertaken by local government organizations to improve and draft laws, rules, regulations and mechanisms so that they are conducive to the development of the community wellbeing and management of natural resources and

the environment by the community itself. Examples are issuance of local bylaws in accordance with Public Health Act B.E. 2535 (1992) and decentralization of power by transferring health stations to local government organizations.

2. The Ministry of Natural Resources and Environment has undertaken several important programs, e.g. conservation and management to ensure a balanced utilization of natural resources, development of curriculums that suit the local environment in the conservation, rehabilitation and care of natural resources and environment with added local wisdom, and survey and collection of information on biodiversity at local level.

3. Most local government organizations (LGO) have undertaken to develop their health personnel by joining projects with education institutes. The work they carried out corresponds and is connected to the Resolution by virtue of their missions. They have raised conscience and awareness of the people in the community to love, cherish and take care of the environment. They have also promoted efforts to apply the principle of self-sufficiency economy to the management of natural resources and environment. A public policy has been formulated, focusing on the participatory process in various forms, for example, organizing health assembly forums to raise the issues to the national health assembly level and creating several channels to listen to public opinions.

4. Some local government organizations have a health surveillance system already in place, by creating environmental volunteer groups, developing community health database in a systematic manner, and conducting health and environmental impact assessments in the community in cooperation with NGOs and other academic agencies known for environmental impact assessment.

5. Some local government organizations have integrated their efforts to solve health problems with other localities nearby, including garbage, waste water and pollution which almost reach the critical level.

Observations:

1. The scope of this resolution covers a wide area with no specific focus. It is not a policy issue.

2. LGO personnel still have a rather limited knowledge and understanding of the health assembly process, laws and contents pertinent to health impact assessment and management of health, natural resources and environment. On top of this, there are constraints about budgetary support.

3. Although public health and environment have now been decentralized to LGOs, most LGOs still face shortage of health and environment personnel. This is not clearly spelled out in the development plans. In addition, there is lack of clarity in the policy, regulations and laws, not to mention lack of position or job security.

C. Impacts from media on Children, Youth and Family (Resolution 1.9)

The National Health Commission Office (NHCO) organized forums to exchange learning and found that:

1. Every sector has given cooperation to drive forward the creation of a “**Safe and Creative Media Fund**”. The action covers four aspects: (1) synthesis of body of knowledge in the creation of the fund, (2) movement to involve participation of the partner networks through brainstorming and public hearing on drafting a creative media fund law, including mobilization of seed money for the fund, (3) policy-oriented movement to try out the fund system, and (4) law reform in which a bill on the safe and creative media development fund was drafted by a fund-development subcommittee under the National Committee for Safe and Creative Media.
2. There are mechanisms for development, monitoring and learning about media awareness by agencies in the civil society and public sectors, including ICT Ministry and Ministry of Culture. There are also actions to campaign for and inspect codes of conduct or ethics of the media. Encouragement is given to good media producers; more media are supported and produced. Support is also given to creative public media programs. More opportunities are opened for children, youth and their families to receive training and participate in the sharing of opinions, production and monitoring of media designed for children, youth and families.
3. Improvement has been made in the rating of television programs, movies and print media to suit different groups of the audience, and there is a self-regulating practice among media organizations and professional organizations.
4. There are several relevant research projects, including a media reform project, project to study and monitor media for social wellbeing, action-oriented research project “White Game Shops for Youth”, and www.safeticyber.org. These projects are given support by a variety of organizations and education institutes.

Observations:

1. The process of drafting the bill on the safe and creative media development fund has been rather slow-moving.
2. It is still not very clear regarding the structure and budget that would enable the work to move on in a systematic manner. For example, there should be a lead agency with adequate personnel to take care of such matters as curriculum development and training in a comprehensive and continuing fashion, resource management, and exchange of learning between the networks.
3. There is limitation in the body of knowledge and channels to disseminate public media to children and youth. The channels for participation in the sharing of opinions on media are also limited. There is no clear and concrete monitoring process.
4. The media laws are yet to be effectively and really enforced.

D. sexual health: Sexual Violence, Unplanned Pregnancy and Sex issues relating to AIDS/Communicable Diseases

1. Action has been taken by several agencies, including Ministry of Education, Ministry of Public Health, Ministry of Social Development and Human Security, Ministry of Culture, Ministry of Justice, National Reproductive Health Development Committee, National Health Security Office (NHSO), local government organizations (LGO), Bangkok communities, Thai Health Promotion Foundation (ThaiHealth), Planned Parenthood Association of Thailand under the Patronage of Her Royal Highness the Princess Mother, Population and Community Development Association, PATH, Women Foundation, and hospitals.
2. A strategic plan for safe and creative media has been developed by the Safe and Creative Media Committee.
3. Attempts are being made to bring about a national reproductive health strategic plan.
4. Efforts have been made to include important contents on sexual health and reproductive health in the Statute on the National Health System Health B.E 2551 (2008) (Section 31)

Observations:

1. The text of the resolution covers a wide area with no specific focus.
2. There is great diversity in the work of agencies, organizations and partner networks for sexual health. There is little coordination in a systematic manner. There is no host organization that will lead the work. There is little integration, little promotion and protection in a comprehensive manner, and no clear guidelines, methods and good practice available.
3. Several projects still face budgetary constraints.
4. The study finds that secondary students still lack awareness of how to conduct themselves properly during sexual intercourse.
5. Most doctors do not want to be the ones to end pregnancy.
6. The general public, especially the male population, still do not understand the issue, take note of the problem, and lack general awareness, including having little knowledge about and participating in sexual health.
7. There is delay in the action to revise the Health Reproduction Health Protection Bill.

E: Public Health Policy for the Wellbeing of Informal Workers (Resolution 1.12)

1. Currently, there is no clear definition of “informal workers”, since different agencies provide different definitions of the term.

2. With regard to arrangements to establish centers to handle labor complaints, at present, there are a number of agencies that already have such mechanisms in place, e.g. Ministry of Labor and Thai Health Promotion Foundation (ThaiHealth).

3. Various agencies have been actively implementing programs on wellbeing of informal workers. For example,

- Ministry of Public Health and its networks are in the process of putting in place a system for risk surveillance at local level. They are also preparing to develop the potentials of primary care units and local government organizations (LGO) to support the provision of occupational health and safety services for informal workers, including developing the potentials of the informal community/workers so that they can self-manage health problems.

- Ministry of Labor has worked with informal worker networks as well as safety and occupational health agencies to train informal workers in the community.

- With regard to the plan to develop the quality of life of informal workers, Thai Health Promotion Foundation (ThaiHealth) is in the process of developing cooperation with 33 LGOs with a view to integrating the work for informal workers. The areas covered are occupational management with health dimensions, work safety, and social welfare in line with the problems and needs of occupational groups or workers in the community. Support was also given to networks of informal workers to establish a community welfare fund for informal workers.

- Non-governmental organizations cooperated with local communities in the areas of occupational management with health dimensions, work safety and social welfare in line with the problems and needs of occupational groups or workers in the community, focusing on informal workers as the target group. The work has not yet covered every province.

- National Health Commission Office (NHCO) has in place mechanisms for monitoring the drafting of various laws concerning informal workers and their progress. It coordinates with various agencies, organizations and partner networks concerned, especially those trying to get the laws passed.

Observations:

1. The recommendations as stipulated in the resolution do not mention a mechanism that serves as a coordinating center.

2. As far as the development of informal worker database is concerned, there is no coordinating center to link up the database of various different agencies that the public can utilize fully.

3. There is no clear government policy and budget for such development. Usually, the work is done by networks of individual organizations, individuals in the locality and civil society coordinating between one another.

4. There lacks a mechanism to link up with the agencies in the locality in order to integrate the knowledge to be imparted to informal workers in the locality.

5. Currently, relevant laws are yet to be enforced.

F: Economic Crisis and Protection of Wellbeing of Thai People (Resolution 1.14)

1. The cabinet has approved the readjustment of the differential capitation rate for the universal healthcare coverage scheme from the 2009 rate of 2,202 baht/population to 2,406.32 baht/population. It also approved budgetary appropriation for provision of services to 138,000 HIV/AIDS patients totaling 2.77 billion baht and budgetary appropriation for kidney transplant service for 9,454 patients with chronic renal failure at the terminal stage, totaling 1.45 billion baht.

2. The Committee of the Thai Health Promotion Foundation has approved the guidelines to drive forward the strategies designed to cushion health impacts of the economic crisis. There are six strategies: (1) knowledge and information management, (2) creation of skills to face the crisis, (3) creation of quality of life, (4) promotion of business establishments and strong community, (5) solution to serious adverse social impacts, focusing on raising awareness of various risk behaviors, and (6) determination to achieve sustainable development.

3. Agencies concerned have coordinated and cooperated in various programs, for example:

- Ministry of Public Health has appointed a committee responsible for surveillance and monitoring of impacts on health from the economic crisis. The committee's duties are to set a conceptual framework, directions, policy and operational guidelines for the surveillance and monitoring of the impact of the economic crisis on health and to take action in other related areas with a view to developing policy recommendations and submitting them to the administrators for consideration.

- National Health Security Office (NHSO), Social Security Office and Comptroller-General's Department, Ministry of Finance, have linked up information between the three funds, with the information being adjusted and updated every 15 days on a regular basis.

- Health Information System Office has developed a system for surveillance of health impacts of the economic crisis.

- National Economic and Social Development Board prepares social reports on a quarterly basis which contain health information as well as health indicators.

4. The government has announced its public health policy as follows: "To improve the health service system by investing in the development of the health service system in the public sector at every level so that it attains an acceptable standard, to upgrade health stations to district health-promoting hospitals, and to develop efficient referral networks at every level with linkages between the public and private sectors to ensure that the health security system provides quality service for all with several forms of service to choose from and covers health care and treatment in private medical establishments that join the scheme."

Observations:

1. Coordination in data collection from various sources is limited, as request for information for analytical purposes has to undergo a certain process and time is needed to prepare the information. Sometimes, a fresh round of data collection is needed, because some information on the surveillance of the economic crisis is limited or classified. As a result, data collection is never complete.