
Participatory health crisis management for pandemics

Pandemics are global public health and public disaster problems that result in several complex and interrelated dimensions. A public policy on participatory health crisis management for pandemics will be a driving force for the country to accomplish sustainable development of “everyone in Thailand to have good health and wellbeing”

The Thirteenth National Health Assembly,

Having considered a report on Participatory Health Crisis Management for Pandemics,¹

Realizing that most pandemics are emerging diseases with potential severity that can evolve to become a disaster with widespread impact in medical, public health, economic, social, and political dimensions, at individual, family, community and public levels, resulting in a “public crisis” that affects physical, mental, social and intellectual wellbeing.

Acknowledging that by moving forward with the 2nd National Health Assembly Resolution, 2009 on “Emerging infectious diseases” and the 6th National Health Assembly Resolution, 2013 on “Reinforcing multi-sectoral collaboration for One Health: Human-Animal-Environment”, Thailand has formulated National Strategic Plans on Emerging Infectious Disease Preparedness, Prevention and Problem-solving since 2013 until 2021.

Appreciating that Thailand’s strong public health system, together with cooperation from village health volunteers (VHVs), the public, community leaders, local government organizations, community organization networks, local public and private agencies, has earned Thailand international recognition for its efficient management of the coronavirus disease starting in 2019 (COVID-19), ranking first in the Global COVID-19 Recovery Index.

Concerned that health crisis management involves complex problems. In the context of Thailand’ current health system, there is an inclination towards division of work by using specialized expertise to support decision making processes that lead to participatory action.

Deeming that the ‘Participatory health crisis management for pandemics’ public policy will be a powerful tool that enables Thailand to successfully achieve sustainable development that allows “everyone in Thailand to have good health and wellbeing”. For this reason, management has not focused specifically on the COVID-19 situation only, but has also given consideration to management of potential future pandemics.

¹ Health Assembly Document 13/Main 4

Has passed the following resolutions:

1. Requesting the following agencies to integrate management efforts, make preparations regarding the capacity and resources of health service systems, secure international cooperation, and bring about active participation in health crisis management from all sectors, by using lessons learned from the COVID-19 pandemic; so that the country will have a well-defined decision making system for health crisis management at all levels, the capacity to respond to the crisis situation timely and systematically, and health crisis management with good governance:

1.1. The Ministry of Public Health to propose to the Cabinet to establish the Center for COVID-19 Situation Administration in order to respond to widespread outbreaks of the pandemic, with the Prime Minister as the Director of the Center and the Minister of Public Health as the Secretary. The structure of the Center shall be set to be appropriate, ready for immediate and comprehensive operations, and must include all relevant sectors. Relevant rules and regulations shall be amended to be appropriate for management of health crisis situations arising in the events as stated in the State Administration Act, B.E. 2534 (1991)

1.2 The Ministry of Public Health, Ministry of Interior, and affiliated networks to jointly formulate and propel national and provincial preparation plans concerning surveillance, prevention, control and treatment, and public relations measures in order to respond to the pandemic crisis in all dimensions, based on the principle of multisectoral collaboration, for short-term, mid-term and long-term implementation, in order to reinforce the country's sustainable security.

1.3 The National Communicable Disease Committee, through the Department of Disease Control, Ministry of Public Health to review and revise the Communicable Disease Act, B.E. 2558 (2015) and other agencies to amend relevant laws to be up-to-date and remove all weak points that are barriers to their enforcement.

1.4 The Customs Department, Ministry of Finance to be the main agency, together with the Food and Drug Administration, the Ministry of Public Health, and other agencies, to facilitate imports of goods such as medications for treatment, medical supplies, and emergency equipment in order that they will be sufficiently and timely available. For example, there must be sufficient personal protection equipment that is safe and readily accessible to disease outbreak investigation for officials and healthcare professionals at all levels, for the public sector and private sectors, and for the public in general, based on the principle of good governance. The Ministry of Commerce is requested to impose price and quantity control measures on goods related to communicable disease control in compliance with the Prices of Goods and Service Act, B.E. 2542 (1999).

1.5 The Ministry of Public Health and the National Health Security Office to be the main agencies, and, together with the Social Security Office, the Comptroller General's Department, Bureau of the Budget, Department of Local Administration, Local Government Organizations, Special Local Government Organizations, Office of Insurance Commission and other relevant agencies, to allocate and manage their budgets for surveillance, prevention, screening, treatment, rehabilitation, and control of disease outbreaks that keep up with the new normal way of life. Examples include disbursement for costs of remote medical care, screening tests, shipments of medications and medical supplies to patients by land, by sea, and by air, so that patients can have access to efficient medical treatment without any barriers. This includes other ongoing healthcare services besides the pandemic-related services that are equitably provided, without compromising their efficiency, both in government and private hospitals, especially for the elderly and patients from vulnerable groups.

1.6 The provincial governors, the Provincial Communicable Disease Committee, the Immigration Bureau and relevant agencies, to develop and strengthen local mechanisms by engaging civil society and the public to participate in surveillance, prevention, and control of disease outbreaks in local communities, at provincial and national borders, and to manage availability of consumables to be sufficient for and meet the needs of local agencies, organizations and people.

1.7 Private organizations, public benefit organizations, non-profit organizations, foundations, and relevant agencies, to make preparations for surveillance, prevention and control of disease outbreaks; and to provide assistance for recovery and remedies for those affected by disease outbreaks.

2. Requesting the following agencies to manage the communication, public relations, and information system, to result in accurate, speedy, and timely communication, which is an important factor that contributes to disease prevention and control, and serves as a foundation to build up understanding, health literacy, and appropriate behavior among the people and all parties involved:

2.1 The Office of the National Broadcasting and Telecommunications Commission to be the main agency and, together with the Government Public Relations Department, Ministry of Digital Economy and Society, Ministry of Public Health, media professional organizations, and relevant agencies, to create diverse public communication channels and alternative media channels at all levels, so that they are accessible to all members of the public; develop people's participation, and prevent infodemic crisis evident in distorted information that emerges in parallel with the pandemic, deal with fake news, reduce social stigmas, and promote capacity building for media personnel.

2.2 The Ministry of Digital Economy and Society to be the main agency and, together with the Ministry of Public Health, Ministry of Foreign Affairs, Ministry of Interior, Ministry of Labor, and relevant agencies, to develop a Big Data system and system management that enables connectivity among concerned agencies at the national level, to be used for decision making and surveillance at all levels. This is to be achieved by developing an information technology system equipped with main communication and backup communication system security.

2.3 The Thai Health Promotion Foundation to be the main agency and, together with the Ministry of Higher Education, Science, Research and Innovation, Ministry of Public Health, Ministry of Education, Ministry of Interior and relevant agencies, to promote health literacy for prevention of outbreaks and recurrent outbreaks.

3. Requesting the following agencies to provide adequate public health manpower and infrastructure which are deemed necessary for the purpose of disease surveillance, outbreak investigation, diagnosis and testing, prevention and treatment of the disease, as well as control of disease transmission and monitoring of the situation and trends of disease outbreaks:

3.1 The Office of the Civil Service Commission to review staff shortage problems and allocate more positions of frontline medical and public health personnel specialized in disease surveillance and outbreak investigation operations, such as medical epidemiologists, infectious disease doctors, and other epidemiologists so that there would be adequate personnel to perform disease surveillance and outbreak investigation functions in every province in Thailand.

3.2 The Ministry of Public Health to coordinate with relevant agencies to develop the structure of the incident command system as well as developing situation awareness teams, disease investigation and control teams, and state quarantine facilities; prepare and rehearse incident

response plans which are designed to counter pandemic-related emergency situations with ongoing follow-ups and evaluations.

3.3 The Department of Local Administration to be the main agency and, together with the Department of Health Service and Support, Department of Health, Department of Mental Health, Department of Disaster Prevention and Mitigation, civil defense volunteers, and relevant agencies, to ensure the preparedness of local government organizations to support the surveillance and management systems at all levels on incident action plans for public health emergency response and local quarantine facilities; and to embark upon capacity building for local staff and village health volunteers (VHVs) so that they will have knowledge and skills for management of local health crisis incidents, through integration with the public, people and private sectors, local business establishments and academic institutions.

4. Requesting the following agencies to implement measures to mitigate health, economic, social, and environmental impact during and after the health crisis:

4.1 The Department of Mental health, Ministry of Public Health, to be the main agency and, together with educational institutions, temples, religious facilities, and other relevant agencies, to define guidelines for surveillance and deal with mental health problems, during and after the health crisis, for both short and long term.

4.2 Public and private hospitals, the Bureau of Sanatorium and Art of Healing, Department of Health Service Support, Division of Public Health Emergency Response, Provincial Health Offices, Provincial Emergency Medicine Committee, and relevant agencies, to formulate plans to mitigate health, economic, social, and environmental impact happening during and after health crisis in local areas, and emergency preparedness plans to set up field hospitals as necessary.

4.3 The Ministry of Social Development and Human Security to be the main agency, together with private sector and other relevant agencies, to provide support to job creation and remedies for those affected so that they can be self-reliant.

4.4 The Department of Health, Ministry of Public Health to be the main agency and, together with the Department of Local Administration, Ministry of Interior; Department of Environment, Bangkok Metropolitan Administration; Department of Industrial Works, Ministry of Industry; Pollution Control Department, Ministry of Natural Resources and Environment and other relevant agencies, to develop strategies for infectious waste management in communities and make arrangements for the environment that complies with outbreak prevention standards.

5. Requesting the following agencies to have in place mechanisms and policies to support and promote knowledge management, research, and innovation development, in order to create new, timely knowledge as well as innovations to prevent sickness and deaths caused by pandemic-prone disease outbreaks:

5.1 The Ministry of Higher Education, Science, Research and Innovation to be the main agency and, together with the National Research Council of Thailand, Health Systems Research Institute, National Science and Technology Development Agency, Thai Health Promotion Foundation, and relevant agencies, to set directions and guidelines to provide budget in support of creation of new knowledge in basic and applied research, knowledge management, promotion of advanced surveillance innovation that requires the use of information technology for speediness in disease prevention, telemedicine system, diagnostic test kits, vaccines, medications, herbal

medicine, medical supplies, social innovation, as well as to develop a system to promote utilization of research works.

5.2 The Government Pharmaceutical Organization, Department of Medical Sciences, Department of Disease Control, Department of Medical Services, Ministry of Public Health to be the main agencies, and together with the Ministry of Higher Education, Science, Research and Innovation, National Vaccine Institute, National Science and Technology Development Agency, Consortium of Thai Medical Schools, Department of Livestock Development, Ministry of Agriculture and Cooperatives, Food and Drug Administration, Department of Industrial Works, and other relevant agencies, to create medicine, vaccine, and diagnostic test kit security through the development of a procurement system that is sufficient to meet the demand, and to support the country's vaccine industry, develop vaccines and diagnostic test kit service systems so that people in all target groups everywhere can have access to quality and timely services.

5.3 The Ministry of Higher Education, Science, Research and Innovation, the National Science and Technology Development Agency, private manufacturers of medical supplies and durable medical articles, and relevant agencies, to join forces to develop innovations and research which are up to the situations regarding health promotion and prevention, control and treatment of diseases.

6. Requesting affiliated health networks, civil society organizations, and relevant agencies to build up capacity and campaign for the people to perform self-care and strictly comply with the recommendations for disease prevention and control.

7. Requesting the Secretary-General of the National Health Commission to report the progress to the 14th Health National Assembly.