



14 February 2024

# Thailand UHPR: Global Peer Review



# Outline:

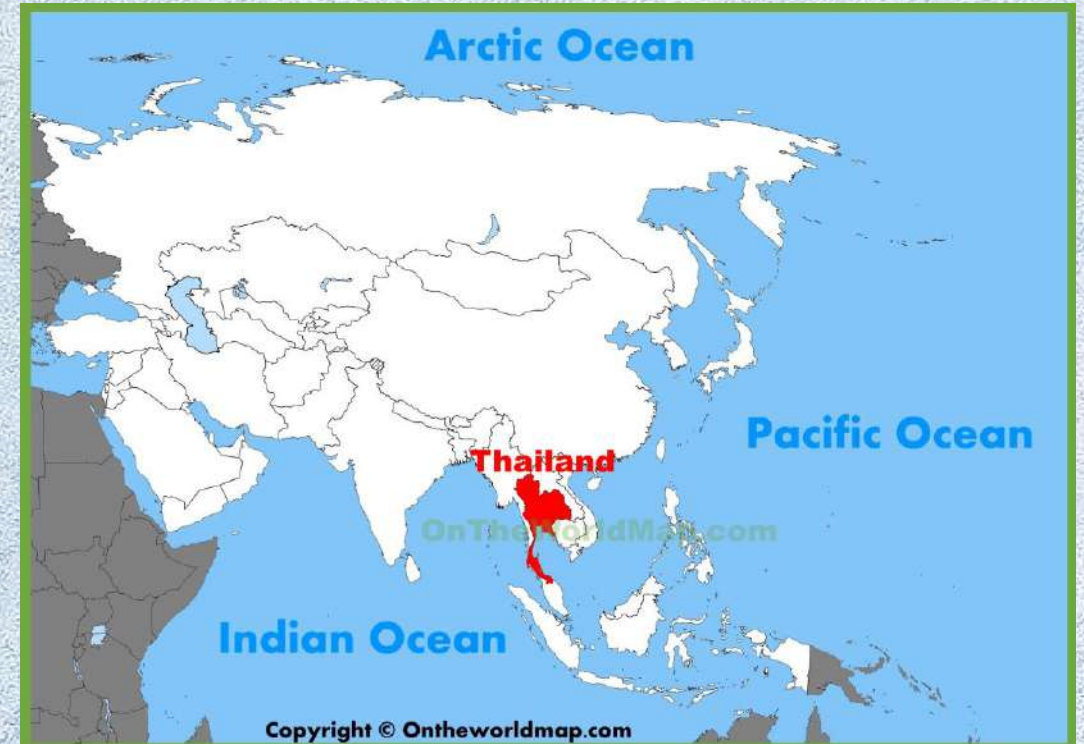
1. Thailand's profile
2. UHPR approach
3. Main findings
4. Best practices & challenges
  - a. Governance
  - b. Systems
  - c. Finance
5. Priority areas for cooperation with Member States
6. Remedial actions taken to address the identified challenges



# 1. Thailand's Profile

2021

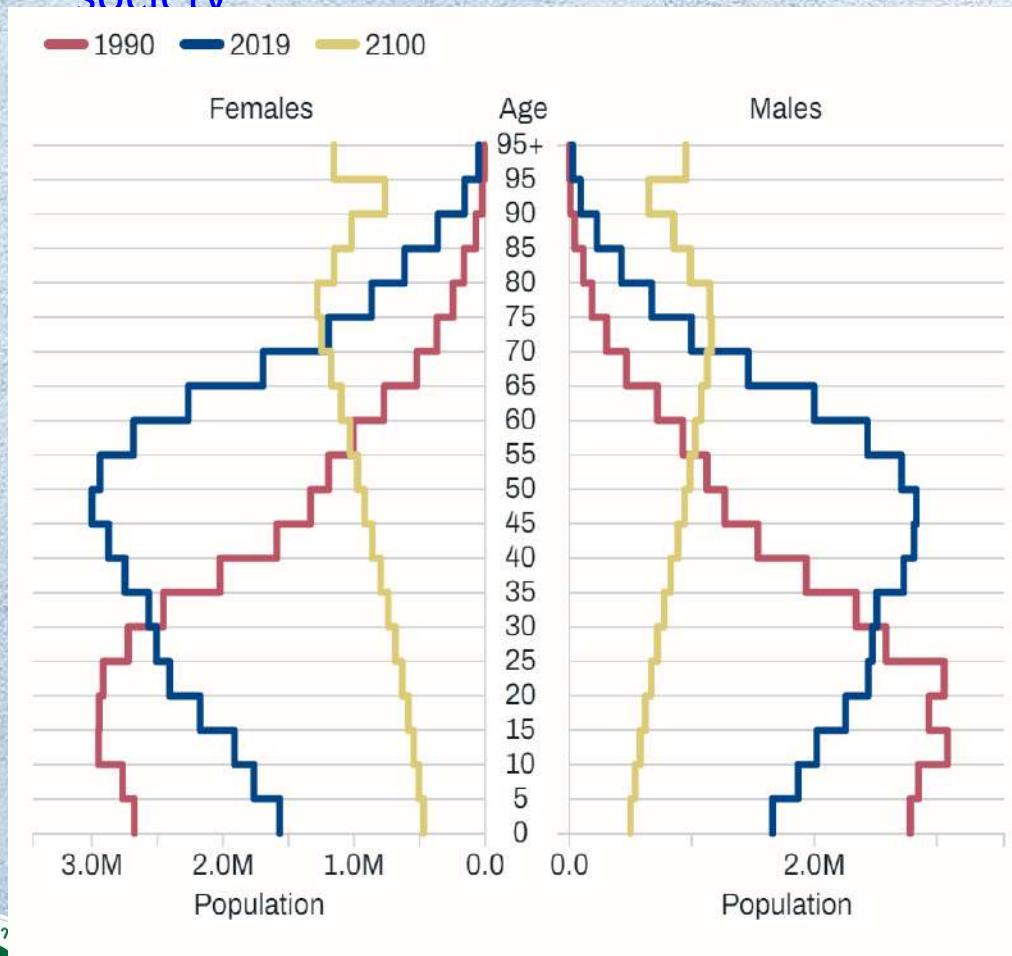
- Population 71.6 million
- GNI per capita \$US 7,090
- Health status
  - ⊙ U5MR 8.3/1,000 LBs
  - ⊙ MMR (2020) 29/100,000 LBs
  - ⊙ Life expectancy at birth 78.7 years
- Physicians (2020): 0.9/1,000 pop
- Nurse + midwives (2019): 3.1/1,000 pop
- UHC in 2002 with comprehensive package and almost no co-payment
- Gov. health spending (2020) 13.2 % GGE (UMIC average = 11.6 % GGE)
- Current Health Expenditure (2020) 4.4 % GDP (UMIC average = 7.5 % GDP)
- Out of pocket payment (2020) 10.5 % CHE (UMIC average = 29.8 % CHE)





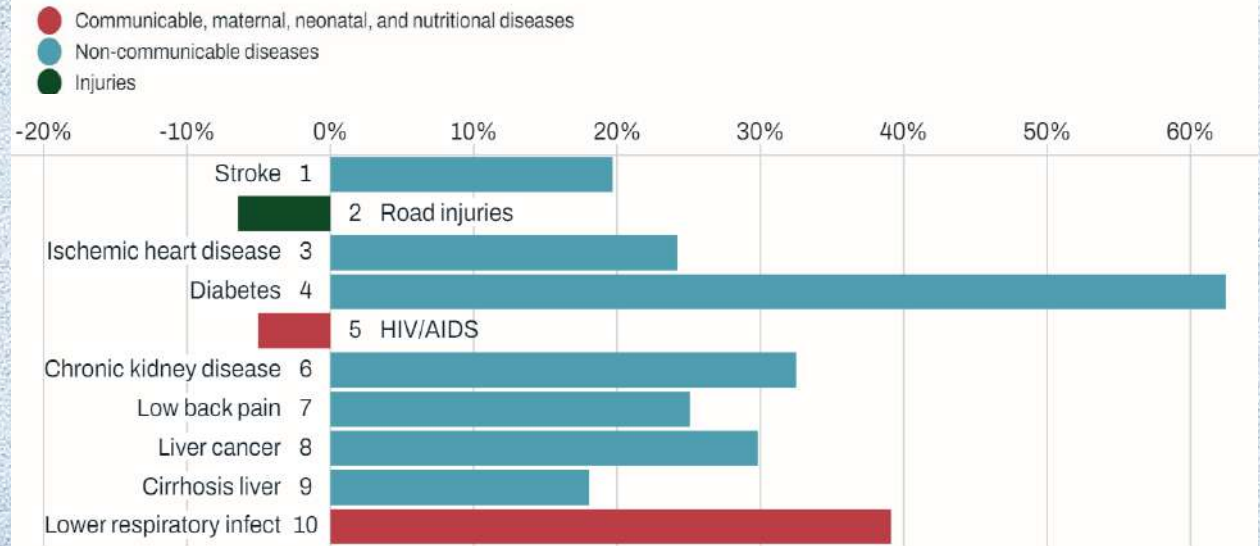
# Demographic Transitions

- Rapid demographic transitions: significant increase of life expectancy result in **ageing society**



- NCDs and road injuries were top 10 causes of DALYs loss in 2019
- The ageing society with high rates of chronic diseases is vulnerable to emerging infectious diseases.

## Top 10 causes of death and disability (DALYs) in 2019 and percent change 2009–2019



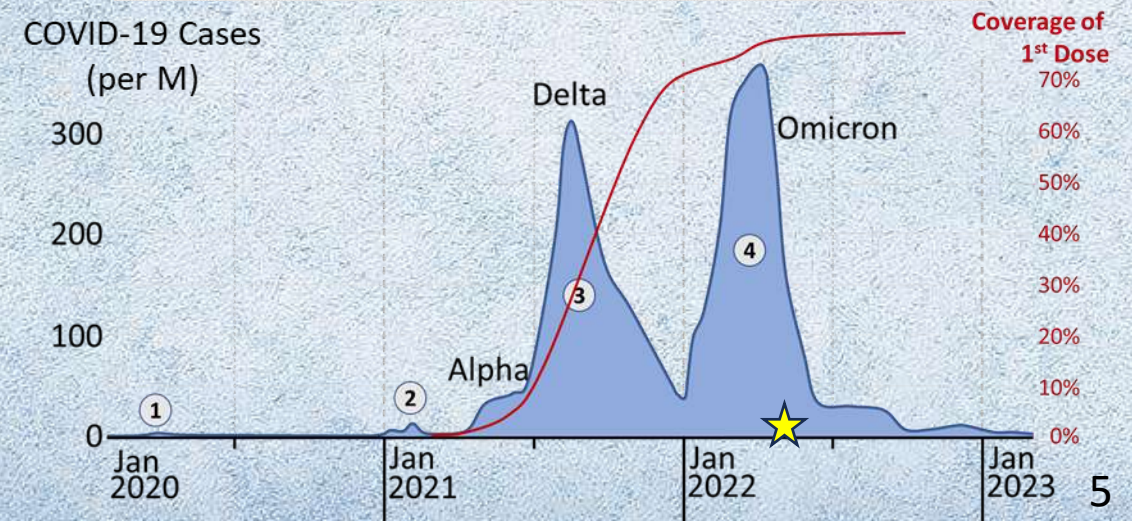
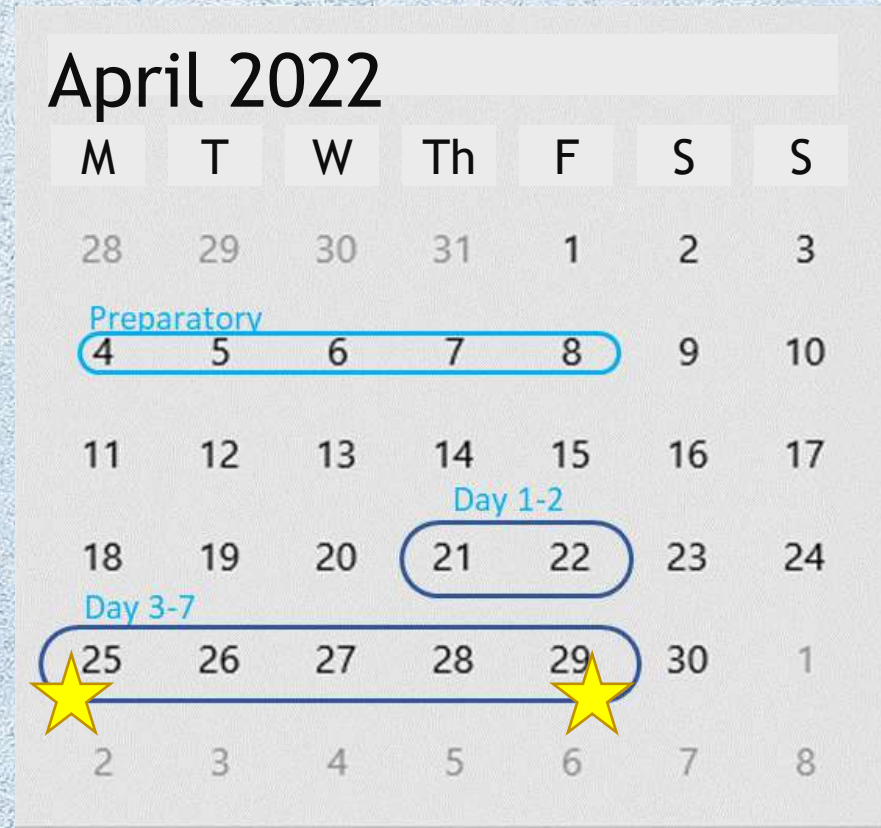
Source: IHME. <https://www.healthdata.org/research-analysis/health-by-location/profiles/thailand>, as of 8 Feb 2024



## 2. UHPR approaches

### Timeline

- 2021 Thailand MOPH committed to participate in pilot UHPR
- 2022
  - Jan-Mar: tele meeting to prepare the activities
  - 4-5 Apr : onsite preparation
  - 21-29 Apr : UHPR week
- July 2022: multi-sectoral meeting of the National Review Phase





# Topics for Simulation Exercise

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1. Information

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2. Risk communication / public communication

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3. Essential health services

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4. Vaccines

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5. Point of entry & Quarantine



6



High-Level Meetings

2 Simulation Exercises

13

Site Visits



29

Interviews







## Thailand's strong commitment

to support global efforts to end the pandemic and better prepare for future health threats

- ❑ Universal access to COVID-19 vaccines
- ❑ Support cooperation to boost production capacity of medical supplies and pharmaceutical products
- ❑ further strengthen pandemic preparedness and response at all levels, national, regional and global

**Statement by His Excellency General Prayut Chan-o-cha,  
the Prime Minister of the Kingdom of Thailand**

at the Global COVID-19 Summit: Ending the Pandemic and Building Back Better  
on 22 September 2021







**Universal Health and Preparedness Review (UHPR)**  
**การทบทวนการเตรียมความพร้อมกรณีภาวะฉุกเฉิน**  
**ทางสาธารณสุขแบบภาพถ่วงน้ำหนัก**



- "With close collaboration between the Ministry of Public Health Thailand and WHO, this UHPR pilot will be very beneficial not only to Thailand but also to other WHO member states on its process, methods, and technical content."

Anutin Charnvirakul

Deputy Prime Minister and Minister of Public Health of Thailand

25 April 2022



- ☐ Ministry of Labour
- ☐ Ministry of Higher Education, Science and Innovation
- ☐ Ministry of Foreign Affairs
- ☐ National Health Security Office
- ☐ Social Security Office
- ☐ Thai Health Promotion Foundation













### 3. Main Findings: Strengths

#### Governance:

- High-level political commitment
- Effective whole-of-government and whole-of-society approaches, **authorize provincial governors** leading responses in province
- Agile, use of sciences and evidence informed decision

#### Health systems:

- Resilient health system, **based on decades of investment in PHC and UHC, >1000 SRRT, >1M village health volunteers**
- Full access to prevention, treatment with zero copayment by all including vaccine, no-fault compensation for moderate and severe AEFIs from COVID-19 vaccination.

#### Communities:

- Strong and meaningful social participation, mobilize social capital and social network



### 3. Main Findings: Challenges

#### Governance:

- **Cross sectoral integration of data** for timely management
- Inadequate and untimely **response to misinformation**, antivax and politicization of vaccines.

#### Health systems:

- Inadequate preparedness and PHC capacity in **urban areas**
- **Sustaining** capacity and sharing innovations **after a pandemic**
- Unknown medical waste management **in the community**

#### Communities:

- Large size of population in **vulnerable situations** especially urban congested areas
- Pandemic '**fatigue**' and public **complacency**



## 4. Best practices & challenges: Governance

### Best Practices

- High-level Commitment
- Efficient **multisectoral collaboration**
- Effective whole-of government and whole-of-society approaches
- Effective **public communications**
- Community involvement and National Health Assembly Mechanism

### Challenges

- Limited engagement with private sectors
- Politicization of covid vaccines by opposition parties





## 4. Best practices & challenges: Systems

### Best Practices

- Robust, agile, and national and inter-country coordination systems for **emergency preparedness**.
- Well-established functional **national and sub-national mechanisms** –
  - Centre for COVID-19 Situation Administration (CCSA): **National EOC**
  - National Communicable Diseases Committee,
  - Provincial Communicable Diseases Committees.
- Resilient **health system, UHC**, and extensive **PHC network**

### Challenges

- Inadequate **multi-sectoral data integration sectors** for policy decision by Emergency Operations Centres.
- Suboptimal medical waste management practices
- **Insufficient workforce** and surge capacity during health emergencies.
- Inadequate measures to **counteract fake news, mis-information**.
- **Urban setting**: vulnerable populations, slum dwellers, migrant workers.
- Limited engagement by private sector.





# 4. Best practices & challenges: Finance

## Best Practices

- **Total health expenditure for pandemic response\***
  - 2020 US\$ 328 million, \$4.6 per capita
  - 2021 US\$ 4,136 million, \$58 per capita
  - Source: internal loan US\$ 13.94 billion for all sectors: health, welfare, financial aid, economic rehabilitation.
- **Balancing health, economic and labour interest:** Innovation “bubble and seal’ in factories, continue production line instead of closing-down factories.

## Challenges

- Limited **domestic production capacity** for pandemic response products
- Rigid public **financial management** hinders
  - rapid timely budget execution
  - Advance market commitment of vaccine
- Inadequate **multi-sector coordination in providing financial support** to the needy population.



\*Source: IHPP National Health Account 2020, 2021  
<https://doi.org/10.1002/hpm.3464>



# 5. Priority areas for cooperation

Learning and sharing through WHO SEAR, WPR, ASEAN and others:

- ⦿ SOP on EOC, and pandemic management
- ⦿ Training of **multi-disciplinary workforce** on **epidemiology and public health**
- ⦿ Public health and social measures
- ⦿ **Risk communication**, infodemic management



Regional collaborations

- ⦿ **ACPHEED\***: boost capacity to detect, prevent, respond, and mitigate
  - Strengthen IHR core capacity, especially POE, border health collaboration
- ⦿ Upcoming training in **Public Health Emergency Management (PHEM)**
- ⦿ Strengthen genome sequencing capacity and interpretation
- ⦿ Integrate one health surveillance
- ⦿ Mapping regional manufacturing capacity of PPE, therapeutics and vaccine
- ⦿ Epidemiology data sharing

*\*ACPHEED = ASEAN Center for Public Health Emergencies and Emerging Diseases*



# Thailand's Key Success Factors of COVID-19 Pandemic Response





## 6. Actions: Ongoing actions to address the challenges





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### ■ Ongoing

- ⦿ Multi-disciplinary health workforce strengthening through in-service training.
- ⦿ Boost domestic production capacities of diagnostics, PPE, therapeutics, vaccines
- ⦿ Strengthen data interoperability, data integration.

### ■ Upcoming document and develop SOP

- ⦿ EOC management
- ⦿ Prevention, preparedness and response to different phase of pandemic
- ⦿ Medical waste management in health care facilities and communities and
- ⦿ Business continuity plan to maintain essential health services

### ■ Major challenges

- ⦿ Minimize vulnerability in population through strengthening social capital





# Thank You

