WHO WE ARE

World Health Organization (WHO) supports and adds value to the Royal Thai Government and other stakeholders in improving the health of all people living in Thailand and in promoting Thai expertise around the world. The WHO Country Cooperation Strategy (CCS) for 2017–2021 brings together more than 60 stakeholders in health, including Government, academia, civil society, and other sectors to work together on Thailand’s most pressing health issues. WHO’s work in Thailand focuses on six strategic priorities: (1) Antimicrobial Resistance (AMR); (2) Global Health Diplomacy (GHD); (3) International Trade and Health (ITH); (4) Migrant Health (MH); (5) Non-communicable Diseases (NCD); and (6) Road Safety (RS).

Key figures

The WHO Country Office has a team of 28 administrative and professional staff co-located at the Ministry of Public Health (MOPH). Circa 5.8 million USD were spent in 2018 on activities and personnel.

Highlights

The government decides to eliminate transfats (partially hydrogenated oils) from food products.

Thailand becomes first middle-income country to introduce plain packaging for tobacco products.
Introduction

Thailand is a middle-income country and over the years has made remarkable gains in public health. Its accomplishments are globally recognized – from achieving Universal Health Care (UHC) in 2002 to the Elimination of mother-to-child transmission (EMTCT) of HIV and syphilis in 2016, and the elimination of Lymphatic filariasis (LF) in 2017.

However, the country continues to grapple with myriad challenges, including an increasing burden of NCDs, growing AMR and one of the world’s highest rates of road traffic deaths. WHO supports addressing these pressing public health and other challenges through its innovative CCS, which was developed and approved in 2017.

In 2018, WHO launched a unique pooled funding mechanism to fund CCS priority programmes. The six programme areas identified are (i) antimicrobial resistance; (ii) global health diplomacy; (iii) international trade and health; (iv) migrant health; (v) non-comunicable diseases; and (vi) road safety. As per the pooled funding mechanism, WHO contributes under 30% of the total budget, with the MoPH and several quasi-government agencies contributing the rest. This unique funding model ensures country ownership and leadership of the programmes.

The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, made his first official visit to Thailand in 2018 as one of the co-hosts of the Prince Mahidol Award Conference (PMAC). He was accompanied by the Regional Director for South-East Asia, Dr Poonam Khetrapal Singh. At the Conference, the Director-General highlighted Thailand’s strong track record of UHC and cited it as proof that UHC is achievable by all countries, regardless of income level.

A key achievement in 2018 was that Thailand became the first country in Asia and the first middle-income country to introduce plain packaging for tobacco products. In a bold move in the fight against NCDs, the country also decided to eliminate the production, import and sale of partially hydrogenated oils, as well as food containing them.
Key activities and achievements in 2018

Making headway on antimicrobial resistance

Progress continued in 2018 towards the implementation of Thailand’s National Strategic Plan for AMR (2017–2021). The Plan has ambitious goals to reduce morbidity from AMR by 50% by 2022, reduce the use of antibiotics in humans and animals, and increase public awareness of AMR and the appropriate use of antibiotics. AMR has been estimated to be responsible for 38,000 deaths per year in Thailand.

As part of the CCS programme for AMR, work in 2018 included developing competency in antimicrobial stewardship and a competency assessment of community pharmacists in Thailand. This work underwent an external peer-review of the proposed arrangements involving experts from WHO headquarters. In addition, work also continued on establishing baselines to objectively measure the Plan’s goals.

Strengthening infection prevention and control

Infection prevention and control (IPC) is a key component of Thailand’s National Strategic Plan for AMR (2017–2021). In 2018, a joint external assessment of the country’s IPC programme was undertaken by national and international experts using WHO guidelines.

The purpose of the assessment was to identify how Thailand could strengthen its IPC programme, and by doing so, limit the spread of resistant microorganisms and reduce antimicrobial misuse and overuse. The assessment confirmed that there are adequate IPC activities at the health facility levels but highlighted that these activities were largely carried out by trained infection control nurses who experience insufficient support and have no clear career pathway. The experts recommended that Thailand’s IPC programme be formally mandated and strengthened to align with evidence-based recommendations to support all health facilities, both in the public and private spheres.

Increasing universal health coverage (UHC) for migrants

Ensuring that migrants and their families access UHC is a priority for Thailand and the WHO CCS. Thailand achieved UHC for its citizens in 2002 and, since then, progress has been made in extending it to migrants and their dependents.

Two health insurance schemes are available for migrant workers in Thailand: The Social Security Scheme (SSS), which targets documented migrants working in the formal sector, and the Migrant Health Insurance Scheme (MHIS) which targets all other migrants – documented or otherwise – not covered by the SSS. For the first time in 2018, baseline data revealed that 60% of the 3.3 million documented migrants are enrolled in one of the two health insurance schemes.
However, 40% of documented migrants are without coverage, in addition to an estimated 800 000 undocumented migrants who are eligible for the MHIS. Monitoring migrant health insurance coverage is one of the critical programme indicators of the WHO CCS Migrant Health Programme. To increase health insurance coverage, the WHO Country Office for Thailand supported Thailand in 2018 to identify innovative strategies to improve health insurance coverage in migrants, which is one of the key CCS deliverables. To this end, the WHO Country Office for Thailand is working with the Health System Research Institute to support the MoPH in examining the quality of health insurance data.

**Exploring the global health impacts of the Belt and Road Initiative (BRI)**

WHO Country Office for Thailand supported the organization of the fifth International Trade and Health Conference on 15–16 November in Bangkok under the theme, “Belt and Road Initiative: Opportunity and Challenges for Health”. The Conference discussed the BRI’s potential impact on health and health systems in Thailand, regionally and beyond. Several messages emerged from the two-day conference including: (i) BRI countries should conduct independent analysis to monitor the impacts from BRI constructions on health and environments; (ii) BRI should shift its focus on health to research and development for specific diseases that are global problems such as HIV/AIDS, TB and malaria; and (iii) BRI has the potential to increase countries’ capacities of disease surveillance, Human resources for health (HRH) and sustainable responses to public health emergencies.

**On track to eliminating malaria by 2026**

Thailand is on track to meet its goal of eliminating malaria by 2026. It recorded a reduction of almost half of reported cases in 2018 compared with the previous year. In 2017, Thailand recorded 14,680 malaria cases; by 2018, cases had dropped to 7,219.

On World Malaria Day, Thailand marked its progress by celebrating the fact that 35 of its 77 provinces were malaria-free. Following the successful pilot of integrated drug efficacy surveillance (iDES) in three provinces in 2017, iDES was scaled up to five provinces with active malaria transmission in 2018. After an evaluation by WHO in March, it was decided that iDES – which enables every malaria patient on treatment to be followed up and monitored – will be gradually scaled up to all provinces with active malaria transmission.
Advancing the national NCD agenda

A joint mission of the United Nations Interagency Task Force (UNIATF) on NCDs consisting of representatives from 10 UN agencies and Thai experts was conducted on 28–30 August 2018. The joint mission met with the Prime Minister of Thailand, a number of ministries and government agencies, as well as civil society and academic institutions. The joint mission proposed a set of recommendations designed to take Thailand to the next level of its response to the NCD epidemic. To follow up on the recommendations, a Joint UN Task Force on NCDs for Thailand has been established with membership from the government and UN agencies. The Task Force will meet twice a year for two years to track progress.

Meanwhile, in another important step to address NCDs, the food industry agreed to set voluntary targets for sodium reduction in packaged foods. The food industry agreed to reduce sodium by 5% in the first year after engagement with the MoPH, civil society groups and academic institutions. The agreement catalyses Thailand’s commitment to reduce sodium consumption by 30% by 2035.

The WHO Country Office for Thailand also catalysed the establishment of a Strategic Technical Advisory Group (STAG) on hypertension to strengthen hypertension care and treatment. Hypertension is a major risk factor for the two leading causes of death in Thailand: stroke and ischaemic heart disease. The WHO Country Office for Thailand helped convene four STAG meetings in 2018. Because of these meetings, hypertension awareness materials were developed; a social media campaign was launched jointly by the MoPH and WHO; and work on the new hypertension treatment guidelines was completed.

Thailand bans partially hydrogenated oils (transfats)

Industrially produced transfats are manufactured by partial hydrogenation of vegetable or fish oils. Globally, industrial transfat intake is estimated to cause 540,000 deaths every year from cardiovascular disease. Industrially produced transfats are contained in hardened vegetable fats such as margarine and are also present in baked and fried foods, including cakes, doughnuts and fries.

Based on surveys carried out in 2007 and 2017 by the Institute of Nutrition at Mahidol University, high levels of transfats were found in popular foods in Thailand. These include doughnut frying fat oil (46.54 g/100 g), shortening (23.34–43.38 g/100 g), and margarine (15.32 g/100g).

In July the government announced a ban on the production, import and sale of partially hydrogenated oils, as well as foods containing them, from January 2019. The decision to ban transfats was the result of open communication among stakeholders, including the Thai Food and Drug Administration (FDA) and Institute of Nutrition at Mahidol University; strong leadership and commitment of the Thai FDA; strong scientific
Eviden to support regulatory processes; availability of alternatives that are accessible and affordable; and good technical capacity of local producers.

Elimination of industrially produced trans fats from the global food supply has been identified as one of the priority targets in the 13th General Programme of Work (GPW13). Thailand is one of a growing number of countries to ban industrially produced trans fats, illustrating that it is possible to achieve this goal in a middle-income country.

Going forward, the government will closely monitor industry compliance by carrying out periodic surveys to ensure that transfat content is less than 0.5 g per serving. Non-compliance with the law will be punishable by imprisonment for 6 to 24 months and/or a fine ranging from 5000 Thai Baht to 20 000 Thai Bhat (≈US$ 150–600).

**Thailand introduces plain packaging for tobacco products**

In late 2018, Thailand became the first country in Asia and the first middle-income country to adopt plain packaging for tobacco products. The new legislation, which comes into effect in September 2019, further signals Thailand’s vision to curb tobacco use.

The country already has graphic health warnings covering 85% of the package of tobacco products. The introduction of plain packaging – an evidence-based policy advocated by WHO Framework Convention on Tobacco Control (WHO FCTC) – is expected to boost the country’s tobacco control efforts targeting current and new users.

In recent years, Thailand has taken strong steps to strengthen tobacco control, including passing the Tobacco Control Act 2017, which enforces 20 years as the minimum age for purchasing tobacco, bans the sale of “loose” cigarette sticks and bans tobacco advertisement, promotion and sponsorship.

There are 11 million smokers in Thailand. A major concern is the high use of tobacco among young people – one in every six Thais aged between 13 and 17 years uses tobacco products. Addressing tobacco is a critical part of Thailand’s efforts to reverse its NCD epidemic, which accounts for over 70% of all deaths. It is also critical to the country fulfilling its economic potential. In 2009, the economic loss from tobacco was estimated to be 0.78% of GDP.

Thailand hopes it has paved the way for similar steps to be taken by other low- and middle-income countries.

**Thai emergency medical teams gearing up for international deployment**

The WHO Emergency Medical Teams (EMT) Initiative assists organizations and Member States to build capacity and strengthen health systems by coordinating the deployment of quality-assured medical teams in emergencies. In 2018, WHO Country Office for Thailand supported Thailand to develop its national and international EMTs, through a national sensitization workshop.
WHO also supported other ASEAN countries through the Thai Secretariat on the “Project for Strengthening ASEAN Regional Capacity on Disaster Health Management” – or the ARCH Project – which aims to strengthen regional coordination and cooperation in ASEAN countries on disaster health management.

**Making progress on road safety**

The MoPH and the WHO Country Office for Thailand jointly launched the 4th Global Status Report on Road Safety (GSRRS) in December 2018. Thailand had the ninth-highest rate of road fatalities globally in 2018, which is an improvement from the second-highest rate recorded in the 2015 report. But Thailand has the highest global rate of road fatalities among drivers and passengers of motorized two- and three-wheelers. In 2016, more than 22,000 people had lost their lives from road traffic crashes.

For the first time, WHO road traffic fatality estimates in the 4th GSRRS are very close to numbers reported by Thailand. This is the result of successful efforts between WHO and the MoPH to develop software that enables data amalgamation from various sources, such as police, medical insurance and health records. This is a significant step forward in.

Thailand’s commitment to reducing road crash deaths because it can now adequately track its progress. With WHO support and advocacy, Thailand has made significant progress since the previous GSRRS in 2015. It substantially strengthened road safety laws in 2016, such as reducing blood alcohol limits to curb drink–driving, reducing local speed limits, and imposing mandatory and strict seat-belt requirements.

**Partnerships**

The WHO Country Office for Thailand engages regularly with a wide range of national and international partners. Examples of these partnerships in 2018 include the following:

- Collaboration with the Embassy Friends of Road Safety, an alliance of embassies in Thailand led by the Ambassador of the United Kingdom of Great Britain and Northern Ireland. The group continues to help WHO in its road safety advocacy efforts with the Thai Government.

- Among the numerous collaborations with international partners, WHO worked with the CDC and the American Red Cross to support a review of the measles elimination and rubella control programme.
Looking ahead

WHO will focus on CCS priority areas, harnessing the intellectual and social capital by collaborating with Thai governmental and nongovernmental partners. Some of the major activities being planned include the following:

- **World Health Organization (WHO) Country Office for Thailand**
  - 88/20 Permanent Secretary Building 3, 4th Floor Ministry of Public Health, Tiwanon Road Tambon Talad Khwan, Muang, Nonthaburi 11000
  - setharegistry@who.int
  - +66 (0)25470100
  - +66 (0)25918199
  - WHO.int/Thailand
  - WHOThailand
  - WHOThailand

WHO also works in close partnership with UNICEF, the Thai–US CDC Collaboration and UNAIDS to assist Thailand in maintaining its status as having achieved EMTCT of HIV. To address the issue of adolescent pregnancies and the provision of youth-friendly health-care services, WHO continues its partnership with UNFPA and UNICEF.

A nationwide survey of IPC activities at health-care facilities will be carried out in 2019 as part of the WHO Global Survey on IPC and Hand Hygiene. In addition, a systems analysis of the arrangements in place for monitoring AMR-related morbidity in Thailand will be carried out.

WHO will further strengthen multisectoral coordination on NCD action by establishing a UN-led forum for multisectoral engagement chaired by the UN Resident Coordinator. Participants will include representatives from key government ministries (including health, finance, education, labour and civil society) with WHO as the Secretariat.

In terms of emergency preparedness, Thailand’s emergency medical team system will be formally accredited in 2019 in alignment with WHO’s international standards.

On the road safety agenda, WHO will concentrate on advocating for the completion of the remaining legislative amendments following the strengthening of laws in 2016. WHO will also support the Ministry of Transportation to finalize the recommendations of the Motorcycle Safety Working Group for presentation to the Cabinet.