

5-Year National NCDs
Prevention and Control Plan
(2017-2021)

Title: 5-Year National NCDs Prevention and Control Strategic and Action Plan (2017-2021)

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Preface

Currently, non-communicable diseases or NCDs are the No.1 health issue around the world, including Thailand, both in terms of number casualties and burden of disease. The burden of disease of Thailand derives from major NCDs i.e. cardiovascular disease, diabetes, cancer, and chronic obstructive pulmonary disease (COPD). Risk-prone demographics have increased rapidly and continuously. In addition, social changes such as urban expansion, marketing strategies, and technological and communications advances have impact toward the way of life and cause more people to suffer from NCDs. In this regard, the current standards, criteria, and surveillance approaches are neither sufficient to handle such issues nor decrease the effect from NCDs in a comprehensive and efficient manner.

The Ministry of Public Health develops key policies to ensure review and preparation of 5-Year National NCDs Prevention and Control Strategic and Action Plan (2017-2021) in alignment with the 20-year national strategy of Thailand in the area of human potential development while ensuring the balance and development of the public management system and the 20-year national strategy (with regards to public health) through collaboration with various alliance networks to determine the direction to decrease NCDs with the vision of “Healthy Citizens, Free from the burden of disease of NCDs.”

Ministry of Public Health

Part 1:

Situation and Background

NCDs situation

In the past decade, NCDs have been the cause of death of over 75 percent of all Thai mortalities or around 320,000 persons per year. Half of such number or around 55 percent was the death of people at the age of less than 70 years, which is considered by the World Health Organization (WHO) as premature death. Upon consideration of severity of the 4 major NCDs, which are the cause of premature death i.e. cerebrovascular disease, Ischemic heart disease, diabetes, and chronic obstructive pulmonary disease (COPD) between 2012 and 2015 with reference on the death register of the Bureau of Registration Administration, Ministry of Interior which contained the cause of death given based on the medical standard, it was found that the deaths of people between 30 and 69 years of age caused by these 4 diseases are trending up. The highest increase was from the premature death from cerebrovascular disease i.e. from 33.4 to 40.9 per 100,000 population. Second in rank was Ischemic heart disease which rose from 22.4 to 27.8 per 100,000 population, followed by the premature death from diabetes which rose from 13.2 to 17.8 per 100,000 population. Lastly, the premature death from COPD increased from 3.8 to 4.5 per 100,000 population. Based on consideration of variance between deaths of each gender, it was found that deaths from cerebrovascular disease, Ischemic heart disease, and COPD in male were 2-3 times higher than female counterparts. However, deaths in female at the age between 30 and 69 years of age were higher than male counterparts as seen in the table 1.

Table 1: Deaths at the age between 30 and 69 years of age during 2012 and 2015 caused by 4 major NCDs

4 Major NCDs	2012			2015		
	Total	Male	Female	Total	Male	Female
1. Cerebrovascular disease (I60-I69)	33.4	46.3	21.3	40.9	56.8	25.9
2. Diabetes (E10-E15)	13.2	11.8	14.5	17.8	17.0	18.5
3. Ischemic heart disease (I20-I25)	22.4	32.5	12.9	27.8	40.5	15.8
4. Chronic obstructive pulmonary disease	3.8	6.0	1.7	4.5	7.4	1.7

Source: Bureau of Non-Communicable Diseases processed the data from death register retrieved from the Bureau of Policy and Strategy, Office of the Permanent Secretary: Ministry of Public Health

NCDs resulted in the burden of disease due to the loss of DALYs of Thai population. Based on the 2013 data, it was found that the major cause of loss in male was alcohol addiction, followed by road accidents and cerebrovascular disease at 8.8%, 8.0%, and 6.9%, respectively. Female deaths were caused by cerebrovascular disease, followed by diabetes and depression at 8.2%, 7.9%, and 5.4%, respectively. The report on the 5th survey of the health of Thai population through physical check-up in 2014 indicated the increase of NCDs. One-third of Thai people at the 15 years of age and above suffered from NCDs. Prevalence of diabetes rose from 6.9 percent in 2009 to 8.9 percent or 4.8 million people in the past 5 years, or an increase of around 300,000 people per year. Prevalence of hypertension increased from 21.4 percent in 2009 to 24.7 percent or 13 million people in the past 5 years, or an increase of approximately 600,000 persons. Moreover, prevalence of overweight condition ($BMI \geq 25 \text{ kg/m}^2$) increased from 34.7 percent in 2009 to 37.5 percent, respectively. In addition, social changes such as urban expansion, marketing strategies, and technological and communications advances all impacted the way of life and caused more people to suffer from NCDs.

The latest Behavioral Risk Factor Surveillance System (BRFSS) in 2015 indicated that prevalence of overweight condition was 30.5 percent, obesity was 7.5 percent, current smoking rate was 21.3 percent, alcohol consumption rate was 36.2 percent, heavy drinking in the last 30 days was 7.3 percent, alcohol binge drinking in the last 30 days was 13.6 percent, and consumption of fruit and vegetable of more than 5 standard units in the past 7 days was 24.3 percent as per table 2.

Table 2: Prevalence and NCDs behavioral risk factors for 2005, 2007, 2010, and 2015

Overall prevalence (%)	2005	2007	2010	2015
Targeted group	15-74 years	15-74 years	15-74 years	15-79 years
Subjects (persons)	130,301	65,542	130,849	22,502
1. Overweight ($BMI > 25.0 \text{ kg/m}^2$)	16.1	19.1	21.3	30.5
2. Obesity ($BMI > 30.0 \text{ kg/m}^2$)	3.0	3.7	4.4	7.5
3. Current smoking	22.3	21.5	18.7	21.3

4. Current alcohol consumption	37.4	36.1	29.5	36.2
5. Heavy alcohol drinking in the past 30 days	3.6	3.6	4.3	7.3
6. Alcohol binge drinking in the past 30 days	14.0	13.7	9.2	13.6
7. Consumption of fruit and vegetable of more than 5 standard units in the past 7 days	17.4	22.5	21.7	24.3
8. Global Physical Activity Questionnaire (GPAQ)	91.5	92.5	82.2	36.1 (CDC)*

Source: Behavioral Risk Factor Surveillance System (BRFSS)

*Remarks: 1. In 2015, Bangkok was excluded.

2. In 2005, 2007, 2010 and 2015, data weight and height was given by particular person // In 2015, both weight and height were actually measured.

3. GPAQ: Global Physical Activity Questionnaire, CDC, BRFSS Physical Activity Question 2008

Summary of current situation and issues which should be further developed in the next phase

The summary of NCDs evaluation during 2010 and 2014¹ consists of the following summary and recommendations.

Mechanisms, roles of related agencies, action plans, and implementation measures

1. On national overview, there was a lack of clear and ongoing mechanism to monitor and determine direction for implementation of national policies. The existing mechanism focused more on health services than risk factors and increase of people's awareness.
2. Activities and implementation of the Ministry of Public Health was project-based, resulting in the lack of continuity. These projects were specific campaigns which run for a periodical basis while the strategic thinking and strategies were neither clear nor specific as they were expected.
3. Implementation lacked evaluation of result and impact, leading to the lack of lessons learned and clear direction for further development.
4. Operations were carried out in a project-based nature where each topic was assigned under responsibility of each agency. Integration of goals and measures were achieved

only in some parts. Albeit integration of the age groups in the Ministry of Public Health, internal activities were assigned separately and the operations approaches were not clearly integrated, both between intra or inter-agencies. Most of these agencies encountered limitations in terms of budget management, management, determination of goals and cascading thereof, and communication from the central management unit were mostly made in a form of minor activity rather than the main measure implemented collaboratively with related agencies such as schools, local agencies and businesses. Furthermore, there is neither clear action plan nor agreement on coordination with organizations such as Thai Health Promotion Foundation (ThaiHealth), National Health Security Office (NHSO), and professional networks.

5. There lacked a clear system for determination of strategies and measures which are effective for each target and align with the Thai context, including sound support system to allow flexibility for adjustment in line with the main goals.
6. It was found that the lessons learned of ThaiHealth, which worked with the alliance agencies, as well as those of NHSO supported management agencies and health service units to enhance the potential of the service system and expand the coverage of specific health services in various areas. However, these lessons were not synchronized with the operations of the operations under responsibility of the Ministry of Public Health, resulting in limited coverage in different areas and hindering optimal efficiency.

¹ Report on evaluation of NCDS action plan for Thailand for the fiscal year 2010-2014.

Recommendations for development of NCDS control operations

Based on the situation, risk, and service systems discovered during the evaluation, the Researching party would like to propose the following recommendations.

1. The focus group for implementation in the current and following periods are youth and working ages, whose risks increased in all aspects, including smoking, alcohol consumption, fruit and vegetable intake, insufficient exercise, and inactive lifestyle as well as the rising trend of deaths of people between 30 and 39 years of age.
2. The male group which is of working age and those with less access to the health service and less use such service for medical screening should be considered a risk-prone group. Therefore, improvement should be made to the service approaches and communication should be enhanced for this group.
3. A risk which should be focused to ensure proper movement is obesity, which should be monitored; and at the same time, awareness should be raised and surveillance should be made in a more systematic manner.
4. Regarding measure and implementation, communication should be focused more while awareness and recognition should be continually raised on risk conditions of NCDSs, especially in respect of food.
5. More intensive measures to ensure coordination on a policy level to prevent and control diseases in other sectors, namely educational institutions, businesses, advertisement and food production. A specific agency should be assigned to ensure clear and continuous implementation as well as to launch a variety of activities and measures to achieve the goals.
6. It is critical to continue deploying measures to promote basic self-care for disease prevention among different demographics while more effective measures should be further developed.
7. Measures relating to medical treatment services should target each group of patients and they should be designed to provide inclusive treatment to each group, with a focus on social behavior hand in hand with the medical treatment to enhance efficiency and effectiveness of management (with a review of treatment result and the improved service of the new format of NCDs clinic).

Recommendations for implementation mechanisms and system management

1. **NCDS management data system** Currently, there are interests and investments in electronics database. However, confusion still looms over the current result and there are issues about correctness and completeness of the information, discrepancy of data from different sources. Moreover, the data for reference in forecasting, planning, and service evaluation was rather limited as the database management was for reporting to top management rather than case management. As such, the Researching party would like to provide the following proposals in respect of data system.
 - 1.1. Options should be developed for database management i.e. sentinel surveillance data system management, which can manage correctness and completeness of the data in certain areas for evaluation of different situations in various contexts.
 - 1.2. Surveillance may be arranged for certain demographics which indicate significant changes such as groups of people at 40-59 years of age, working age, and youth as their changes relating to illness and risk are faster than those of other groups.
 - 1.3. The data analytic system and data use of involved parties should be developed to enhance the potential of data use for optimal results on an area level. In addition, data should be utilized to determine proper implementation targets as well as the right area of development, both on central and regional levels.
 - 1.4. An agency should be established and developed to coordinate for data management from various databases for the purpose of surveillance and monitoring of disease evaluation as well as overall NCDs risks on a national level and regional level with enhanced clarity and quality.
2. **Management and implementation relating to medical screening and service provision**

Based on the evaluation, it was found that the most medical service stations were experiencing higher workloads regarding continuous treatment and the medical screening services and various medical treatments based on different diseases were provided. This could probably result from the increase of NCDs prevalence by 50 percent while population has more access to the health service. Although the death rate was higher but less than the increase of prevalence rate. As a result, there are more accumulated patients, but at a

slower rate than that of prevalence. Also, it was found that the service quality for the past 5 years did not improve if no new management format was introduced. Thus, the following recommendations for development of the NCDs health service system are proposed.

2.1. In the area where risk and medical screening has been provided on an ongoing basis for a long period of time, the existing health screening procedures should be improved by officials so as to enhance the potential of self-screening by citizens. Furthermore, importance should be placed to groups of people lacking access to the medical services such as migrants and working age by modifying the screening approaches to be more fit to them.

2.2. Coordination and connection of data and check-up results should be made with related agencies of businesses in areas where there are migrated labors working at factories, businesses or outside residence zone.

2.3. The NCDs clinical services should emphasize on services provided at primary service networks by means of enhancing potential of the network and increasing collaborative efforts with them.

2.4. A review and analysis of targeted service recipients should be made so as to identify which groups need an improved service and which approaches would be more effective. General or one-approach-fits-all mechanism should not be adopted.

2.5. Personnel or agencies should be assigned to provide consultancy regarding the change of behavior, socio-psychological behavior to complement medical treatment at clinics in a clear and complete manner.

3. Prevention and reduction of NCDs risk, which are primary prevention

The study revealed that works in this area which were carried out by agencies under the Ministry of Public Health were neither intensive nor continuous due to policy and budget limitation. In this regard, the works of ThaiHealth are carried out by capturing specific patterns of certain groups in certain areas. However, no systematic coordination was made with agencies of the Ministry of Public Health. Hence, we would like to propose the following recommendations.

3.1. Regarding the risk reduction policies and measures, the Ministry of Public Health should coordinate with primary agencies, namely ThaiHealth, local administrative

organizations, business-related agencies, and educational institutions, to develop a continuous, long-term risk reduction plan.

3.2. An agency of the Ministry of Public Health for central and provincial zones, namely the Health Promotion Department and the Consumer Protection Section should be assigned to act as coordinators for NCDs prevention and risk reduction.

3.3. Management should be ensured to reduce NCDs in certain settings in a more systematic manner i.e. to coordinate for management of NCDs and risk reduction in businesses, workplaces, and different levels of educational institutes. The Ministry of Public Health should adjust its role in terms of policy and laws to enhance efficiency.

3.4. Regarding communication and creating common understanding of the public relating to NCDs, rebranding should be conducted and social marketing should be deployed to develop the current communications.

3.5. Services should be improved; in other word, measures should be developed to provide knowledge, understanding, and consultancy to enhance effectiveness of risk reduction, both to general population and risk-prone groups.

3.6. Coordination should be made for budgetary resources related to social security and public official welfare, which should invest more in promotion, prevention, and control of NCDs.

4. Overall management and budget management

The following recommendations are proposed in order to ensure the efficiency and alignment of the operations for prevention and control of risk factors.

4.1. A central agency should be established in the Ministry of Public Health to act as coordinator for agreement about direction and guideline for integrated operations of all involved agencies as well as coordination with external agencies.

4.2. Integration could begin with determination of targeted population and mutual goals.

Then, roles and responsibilities of each agency will be assigned so as to jointly achieve goals.

4.3. The situation data of disease and systems, experience, lessons learned, and 360-degree operations should be referred to in determination of the national implementation guideline.

4.4. To determine the direction and action plan, consideration should be made on difference of areas in the context of social and physical aspects of population as well as potential and concepts of involved parties, both in managerial and servicing levels.

4.5. Budget allocation of each area should be flexible so that each area is allowed to make adjustment in line with its context.

4.6. Management should be put in place to enable monitoring and evaluation of projects implemented each year in a continuous and systematic manner to serve as a lesson learned in the development for enhanced effectiveness and efficiency.

5. Study and research

In the past, there was no overall knowledge management for NCDs in respect of research as well as long-term planning. Consequently, there is a lack for decision-making data for planning and development of prevention, control and treatment system. As such, the following recommendations are made for study and research.

5.1. Research plan should be developed to progress NCDs operations both in short and long term in a clear and continuous manner, since these problems are complicated and time-consuming in terms of obtaining understanding and finding solutions.

5.2. Research on economics and impact from NCDs management should be further conducted by means of clinical research. For example;

5.2.1. Study for estimated figures of total risk of population having NCDs

5.2.2. Study of budget for operations relating to secondary and tertiary services when compared to expenses for prevention and control of disease and study of cost and expense for care and treatment of each NCDs.

Part II:

5-Year National NCDs Prevention and
Control Strategic and Action Plan
(2017-2021)

5-Year National NCDs Prevention and Control Strategic and Action Plan (2017-2021)

Preparation of the 5-Year National NCDs Prevention and Control Strategic and Action Plan (2017-2021) are the continuous development of the Thailand Healthy Lifestyle Strategic Plan 2011-2020, with certain adjustments for clearer goals and strategies and implementation strategies that align with the Global Action Plan for the Prevention and Control of NCDs 2013-2020 by WHO. The gap of the National NCDs Strategic Plan was the lack of main focal point and clear implementation. As such, the Bureau of Non-Communicable Diseases and the Office of Healthy Lifestyle Management were assigned to be the main responsible parties.

Development of this plan aims to respond to the disease prevention and control to achieve 9 global goals, which are adjusted to align with the situation of Thailand and the No. 12 National Economic and Social Development Plan and the 20-year National Strategic Plan (in relation to public health). The content of the Plan focuses on creating participation of population, communities, local administrations, and various sectors, improving the operating efficiency with the use of data, and enhancing potential of people to enable self-care of their health. Moreover, it will emphasize on integration with other strategic plans and avoid redundancy with other related national strategic plans as well as NCDs situation analysis and the situation of NCDs implementation system in the past 5 years.

Vision

“A country free of the avoidable burden of non-communicable diseases”

Objective

To reduce the avoidable burden of illness, death, and disability results from NCDs by means of cooperation between various alliance networks and collaboration on a national, regional, and global level to ensure population are of good health, to optimize the productivity of all age groups, and to ensure that these NCDs do not hinder the quality of life and economic development by 2021.

KPIs (by 2021)

1. Reduction of premature mortality from NCDs when compared to 2010
2. Volume of harmful use of alcohol decrease to not more than 6.7 liters per capita per year
3. Prevalence of physical inactivity decreases to 8 percent when compared to 2010
4. Average salt/sodium intake of population decreases by 24 percent when compared to 2010
5. Prevalence of tobacco use in population of not more than 15 years of age decreases to not more than 15.7 percent
6. Prevalence of raised blood pressure decreases by 20 percent
7. Prevalence of diabetes and obesity does not increase when compared to 2010
8. Population at 40 years of age and above who are prone to cardiovascular diseases are provided with consultancy to ensure their proper behavior; and to be provided with drug therapy to prevent heart attack and stroke if their cardiovascular disease indicators are not less than 50 percent
9. Necessary drugs and basic medical treatment technology are put in place to treat/serve NCDs patients are available at public and private medical station at 80 percent.

Chart 1: The 9 goals for NCD prevention and control within 2025 and the goals within 2021

Decrease harmful use of alcohol 10% (6.7 liters / person/year)	Decrease tobacco use 30% (15.7%)	Decrease Raised blood pressure 25% (20%)	CVD prone population receives drugs and consultancy 50%	Reduce premature death from NCDs 25% (20%)
Decrease physical inactivity 10% (8%)	Decrease salt/sodium intake 30% (24%)	Diabetes and obesity at same rate	Extensive necessary drug and technology 80%	

Objectives

1. To enhance the priority of NCDs prevention and control in the national development agenda by strengthening international collaboration and alignment of policy making
2. To strengthen the national potential, governance leadership, and joint operations between various alliance networks and expedite response to NCDs prevention and control
3. To reduce the risk factors and social factors impacting the NCDs risks
4. To strengthen and improve the health services in a form that such practice takes into account and responds to the NCDs prevention and control, including related basic social factors with reference to the basic public health principles through primary service, which are people-centric as well as to ensure that such services are accessible by all
5. To promote and support the capability in terms of high-quality research and development of NCDs prevention and control; and
6. To monitor the trend and factors impacting NCDs prevention and control as well as evaluate the prevention progress.

The objectives consist of the following 6 strategies

Strategy 1: Development of public policies and laws that support NCD prevention and control

Strategy 2: Expedition of social drivers to communicate about risks on an ongoing basis

Strategy 3: Potential development for community / local administrations, and alliance networks

Strategy 4: Development of monitoring and data management systems

Strategy 5: Management reform to reduce risk and control the diseases in line with their situation and local context

Strategy 6: Development of system to support and drive integrated implementation

Details of strategies and strategic plan under each strategy

Strategy 1: Development of public policies and laws that support NCDs prevention and control

Strategic plan

- 1.1 Expedite the national public policy which focuses on NCDs management
- 1.2 Develop measures relating to finance, treasury, tax, production, marketing, and consumption relating to reduction of NCDs risks

- 1.3 Promote public policies on institutional and organizational level to create an environment that promote behavioral changes of targeted groups in a sufficient manner
- 1.4 Develop laws and strengthen the enforcement thereof for NCDs prevention and control purposes
- 1.5 Promote consent and obedience of laws by all

Strategy 2: Expedition of Social drivers to communicate about risks on an ongoing basis

Strategic plan

- 2.1 Develop management of communication to the public regarding health promotion and reduction of NCD risks on a continuous basis
- 2.2 Develop the networks to transfer knowledge on communication of risks for the purpose of promoting health care and reduction of NCD risks
- 2.3 Develop content of communication and increase communications channels which matches the targeted groups
- 2.4 Monitor and respond to information which causes harm to NCDs

Strategy 3: Potential development for community / local administrations, and alliance networks

Strategic plan

- 3.1 Develop mechanism for people, local organizations, and alliance networks to participate in surveillance and promotion of health as well as disease control and prevention
- 3.2 Develop potential of health leader of the community in respect of health promotion as well as NCDs prevention and control

Strategy 4: Development of monitoring and data management systems

Strategic plan

- 4.1 Develop connection of information on district, provincial, regional, and national levels
- 4.2 Develop potential of data management and analysis to monitor NCDs on a national, provincial and district levels

4.3 Develop the NCDs and risk factor surveillance system on an organizational level and for targeted group

Strategy 5: Management reform to reduce risk and control the diseases in line with their situation and local context

Strategic plan

5.1 Service reform for the purpose of screening and risk reduction in general population and various risk-prone groups in alignment with the specific nature of each risk-prone group

5.2 Reform of health service for chronic patients (with or without complications) at medical service stations to ensure efficiency and support patients' self-management

Strategy 6: Development of system to support and drive integrated implementation

Strategic plan

6.1 Develop mechanism to drive implementation of strategies engaged by various alliances in an efficient manner

6.2 Develop the monitoring system for evaluation of NCDs prevention and control result on a national, regional, and provincial levels

6.3 Develop personnel of all related alliances to be able to deploy the strategies

6.4 Integrate research, knowledge management, and innovations to support the NCDs prevention and control system

Strategic objectives, productivity, and KPIs

Strategy 1: Development of public policies and laws that support NCDs prevention and control

Objectives/KPIs	Strategies/Productivity	KPIs
<p>Strategic objective Decrease of NCDs risky behavior among population due to policies and law and enforcement thereof which facilitates NCDs risk reduction</p> <p>KPIs Percentage of population with reduced 4-NCDs risks (food, exercise, tobacco, and alcohol)</p>	<p>Strategy 1.1 Expedite the national public policy which focuses on NCDs management</p> <p>Productivity 1.1.1 Appointment of National NCDs Public Policy Management Committee</p> <p>Productivity 1.1.2 Availability of public policy focusing on NCDs management</p> <p>Productivity 1.1.3 Framework for international collaboration of trade and health in relation to NCDs</p>	<p>KPIs of strategy 1.1</p> <ol style="list-style-type: none"> 1. Percentage of policies undergoing evaluation of impact toward risk factors of NCDs 2. Percentage of policies and recommended measures out of implemented management of environment which facilitates reduction of risk factors
	<p>Strategy 1.2 Develop measures relating to finance, treasury, tax, production, marketing, and consumption relating to reduction of NCDs risks</p> <p>Productivity 1.2.1 Financial or fiscal measures are put in place to provide more support to health organizations to focus more on promotion of disease</p>	<p>KPI for strategy 1.2</p> <ol style="list-style-type: none"> 1. Percentage of financial and treasury measures which are developed as determined

	<p>prevention and control.</p> <p>Productivity 1.2.2 There are measures relating to tax and others to promote access to healthy goods and to control products having health risk.</p> <p>Productivity 1.2.3 There are guidelines to promote alternative, healthy food choices.</p>	
	<p>Strategy 1.3 Promote public policies on institutional and organizational level to create an environment that promote behavioral changes of targeted groups in a sufficient manner</p> <p>Productivity 1.3.1 Local administrative organizations, educational institutes, businesses, workplaces, and religious institutions have determined policies to create the environment to reduce risks.</p> <p>Productivity 1.3.2 There are</p>	<p>KPI of strategy 1.3</p> <p>1. Percentage of organizations putting in place the policies and measures on an organizational level where they are implemented to adjust the behavior of the targeted group in a sufficient manner on an institutional as well as organizational levels</p>

	recommended guidelines / standards for development of public policy on an organizational level.	
	<p>Strategy 1.4 Develop laws and strengthen the enforcement thereof for NCDs prevention and control purposes</p> <p>Productivity 1.4.1 New laws are put in place for NCDs prevention and control.</p> <p>Productivity 1.4.2 There are review of related laws.</p>	<p>KPI for Strategy 1.4</p> <p>1. Seventy percent of laws and requirements related to risk factors are reviewed, developed, and considered by the parliament (new laws about risk factor such as ingredients of food, food labels, and food tax)</p>
	<p>Strategy 1.5 Promote consent and obedience of laws by all</p> <p>Productivity 1.5.1 There are manuals and media to ensure that the laws are promoted to all audience.</p> <p>Productivity 1.5.2 Population are aware of laws.</p> <p>Productivity 1.5.3 Personnel</p>	<p>KPI for Strategy 1.5</p> <p>1. Percentage of result for law enforcement per risk reduction (the laws are enforced in a comprehensive and efficient manner)</p> <p>2. Percentage of complaints relating to negligence of law enforcement, which are resolved and settled</p>

	<p>of related agencies understand the laws and enforcement thereof.</p> <p>Productivity 1.5.4 There are reports on monitoring and evaluation of law enforcement.</p>	
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Strategy 2: Expedition of social drivers must be expedited to communicate about risks on an ongoing basis

Objectives/KPIs	Strategies/Productivity	KPIs
<p>Strategic objective Population obtains health knowledge.</p> <p>KPIs An increase of 30 percent of population obtaining health knowledge when compared to 2017.</p>	<p>Strategy 2.1 Develop management of communication to the public regarding health promotion and reduction of NCDs risks on a continuous basis</p> <p>Productivity 2.1.1 Appointment of NCDs Risk Communication Working Group to minimize NCDs and risks thereof</p> <p>Productivity 2.1.2 Proactive communication plan is put in place to reduce the risk factors.</p>	<p>KPIs of strategy 2.1</p> <p>1. Percentage of proactive communications plan which is implemented on an ongoing basis</p>

	<p>Strategy 2.2 Develop the networks to transfer knowledge on communication of risks for the purpose of promoting health care and reduction of NCDs risks</p> <p>Productivity 2.2.1 There is an additional network of organizations working on communication about NCDs.</p> <p>Productivity 2.2.2 Personnel and networks on public health obtain proper knowledge to promote health and reduce the NCDs risk factors</p> <p>Productivity 2.2.3 There are guidelines to promote alternative, healthy food choices.</p>	<p>KPI for strategy 2.2</p> <p>Percentage of alliance networks (public sector, private sector, and civil society) can transfer knowledge to minimize NCDs risks in a correct manner</p>
	<p>Strategy 2.3 Develop content of communication and increase communications channels which matches the targeted groups</p> <p>Productivity 2.3.1</p>	<p>KPI of strategy 2.3</p> <p>Percentage of targeted groups which are aware of how to minimize NCDs risk-prone behavior.</p>

	<p>Series of knowledge and information for risk communication to minimize NCDs risks for targeted groups are available.</p> <p>Productivity 2.3.2 NCDs communications channel for various targeted groups</p>	
	<p>Strategy 2.4 Monitor and respond to information which causes harm to NCDs occurrence</p> <p>Productivity 2.4.1 There is intra and inter-connection for surveillance information of the internal and external agencies whose roles involve surveillance and response of information</p> <p>Productivity 2.4.2 There is a system to consider and approve advertisement (which places significance on channels, content, and possible negative impact without any conflict of</p>	<p>KPI for Strategy 2.4</p> <ol style="list-style-type: none"> 1. Percentage of response to public media which incurs negative impact toward health 2. One hundred percent of implementation as per the advertisement consideration and approval system

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Strategy 3: Potential development for community / local administrations, and alliance networks

Objectives/KPIs	Strategies/Productivity	KPIs
<p>Strategic objective</p> <p>Communities can engage in management and promotion of health as well as NCDs prevention and control.</p> <p>KPIs</p> <p>Percentage of communities which can engage in management of health promotion as well as NCDs prevention and control (50 percent)</p>	<p>Strategy 3.1 Develop mechanism for people, local organizations, and alliance networks to participate in surveillance and promotion of health as well as disease control and prevention</p> <p>Productivity 3.1.1 Agendas of various levels of committees, which are engaged by the people alliance network, include health promotion as well as NCDs prevention and control</p> <p>Productivity 3.1.2 There are health management communities conducting health promotion as well as NCDs prevention and control</p> <p>Productivity 3.1.3 There are alliance networks to promote and support</p>	<p>KPIs of strategy 3.1</p> <ol style="list-style-type: none"> 1. Percentage of sub-districts engaging in integrated health management (70 percent by 2017, 100 percent by 5 years) 2. At least 1 community in the urban area per municipality/special municipality engage in integrated health management

	operations of communities	
	<p>Strategy 3.2 Develop potential of health leader of the community in respect of health promotion as well as NCDs prevention and control</p> <p>Productivity 3.2.1 There are health management volunteers</p> <p>Productivity 3.2.2 There are more health leaders undergoing potential development for surveillance, health promotion as well as NCDs prevention and control</p> <p>Productivity 3.2.3 There are guidelines to promote alternative, healthy food choices.</p>	<p>KPI for strategy 3.2</p> <ol style="list-style-type: none"> 1. There are at least 30 health management volunteers/sub-district in 2021. 2. There are at least 4 million family health volunteers by 2021.

Strategy 4: Development of monitoring and data management systems

Objectives/KPIs	Strategies/Productivity	KPIs
<p>Strategic objective</p> <p>Related agencies can identify the risk-prone demographics, patient groups, risk area, and environments which are considered risk factors in a correct, accurate, and timely manner, leading to necessary support for the launch of measures and implementation of NCDs prevention and control and NCDs risk minimization in an efficient manner.</p> <p>KPIs</p> <p>Percentage of related agencies which can identify the risk issues so as to determine measures for NCDs prevention and control in correct, accurate, and timely manner</p>	<p>Strategy 4.1 Develop connection of information on district, provincial, regional, and national levels</p> <p>Productivity 4.1.1</p> <p>There are mechanisms for development and monitoring of NCDs surveillance for data integration.</p> <p>Productivity 4.1.2</p> <p>There is surveillance information on illness and risk-prone behavior on a service unit level, which extends from the existing data system and reports in a complete, correct, and timely manner.</p> <p>Productivity 4.1.3</p> <p>There is a sentinel surveillance system for treatment profiles of patients suffering from type 2 diabetes and hypertension of hospitals under the umbrella of Ministry of Public Health</p>	<p>KPIs of strategy 4.1</p> <p>Percentage of related agencies on national, regional, provincial, and district level whose operations meet the NCDs surveillance standard.</p>

	<p>and medical institutes in Bangkok.</p> <p>Productivity 4.1.4 There is an information system with correct and complete data on death related to NCDs.</p> <p>Productivity 4.1.5 There is data integration for NCDs, risk-prone behavior, and health-smartness in the population survey database to enable monitoring of situation on a provincial level</p> <p>Productivity 4.1.6 There is connection between related data (environment, risk-prone behaviors, illness, deaths, and abnormalities (5 dimensions)) to ensure an integrated, systematic surveillance for NCDs and related risk factor on district and national levels.</p> <p>Productivity 4.1.7 There is evaluation of data system for NCDs service</p>	
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	<p>provision of public medial institutes to monitor the quality of reporting and to enable systematic development.</p> <p>Productivity 4.1.8</p> <p>There is a correct and complete registration of population with cancer on a national level.</p>	
	<p>Strategy 4.2 Develop potential of data management and analysis to monitor NCDs on a national, provincial and district level</p> <p>Productivity 4.2.1</p> <p>Personnel in medical statistics and NCDs-related information undergoing NCDs data management training</p> <p>Productivity 4.2.2</p> <p>Personnel who are disease managers or regional / provincial / district NCDs system managers undergoing training for NCDs</p>	<p>KPI for strategy 4.2</p> <p>1. Percentage of personnel in related agencies who can manage data and analyze NCDs information</p>

	data management, analysis, and result processing in alignment with the 5-dimension surveillance framework	
	<p>Strategy 4.3 Develop the NCDs and risk factor surveillance system on an organizational level and for targeted group</p> <p>Productivity 4.3.1 There is a system to observe NCDs risk factors at educational institutions</p> <p>Productivity 4.3.2 There is a system to observe NCDs risk factors at businesses</p>	<p>KPIs for Strategy 4.3</p> <ol style="list-style-type: none"> 1. Percentage of educational institutions which can conduct NCDs-risk surveillance on student and undergrads on a timely manner 2. Percentage of businesses which can conduct NCDs-risk surveillance on employees on a timely manner

Strategy 5: Management reform to reduce risk and control the diseases in line with their situation and local context

Objectives/KPIs	Strategies/Productivity	KPIs
<p>Strategic objective</p> <p>Overall risk-prone demographics and NCDs patients can minimize risk conditions and have sound</p>	<p>Strategy 5.1 Service reform for the purpose of screening and risk reduction in general population and various risk-prone groups in alignment</p>	<p>KPIs of strategy 5.1</p> <ol style="list-style-type: none"> 1. Percentage of service organizations and units which can conduct screening and minimize

<p>control over their illness which can deter complications.</p> <p>KPIs</p> <ol style="list-style-type: none"> 1. Decreasing percentage of population with risk-prone conditions (obesity, hypertension, hyperlipidemia, diabetes, smoking, excessive alcohol consumption) 2. Percentage of NCDs patients (cardiovascular disease, cerebrovascular disease, diabetes, cancer, and emphysema) who can access to standard health care 	<p>with the specific nature of each risk-prone group</p> <p>Productivity 5.1.1 There are options for integration of screenings of NCD risks in health service and improved connection to the risk and disease minimization system.</p> <p>Productivity 5.1.2 There are guidelines for arrangement of service and media for integrated risk minimization in the community, schools, workplace, businesses, and medical institutions.</p> <p>Productivity 5.1.3 There is a health service unit / provider giving consultancy to minimize NCDs risks on an individual and organizational levels</p> <p>Productivity 5.1.4 There is an information There is an efficient risk minimizing service formats.</p>	<p>NCDs risks of targeted groups in a manner that meets the standard</p>
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	<p>Strategy 5.2 Reform of health service for chronic patients (with or without complications) at medical service stations to ensure efficiency and support patients' self-management</p> <p>Productivity 5.2.1 Development of chronic disease clinic, clinic for change of behavior/ risk minimization at hospitals to enable management of disease, risk minimization, and complications in a manner that meets the standard</p> <p>Productivity 5.2.2 The interdisciplinary team with knowledge and skills to provide service on prevention of chronic disease and complications, which supports self-care and promotes risk minimization to service recipients</p>	<p>KPI for strategy 5.2</p> <p>1. Percentage of service units which have developed an efficient management formats for chronic diseases and support self-care of patients with complication with quality that meets standard</p>

	<p>Productivity 5.2.3</p> <p>There is a system to provide continuous care for patients and it is linked to service provision units.</p>	
	<p>Productivity 5.2.4</p> <p>The services for chronic diseases at primary health stations are comprehensive and efficient.</p>	

Strategy 6: Development of system to support and drive integrated implementation

Objectives/KPIs	Strategies/Productivity	KPIs
<p>Strategic objective</p> <p>Implementation is driven and efficient support is given to NCDs prevention and control</p> <p>KPIs</p> <p>Percentage of success as per the strategy</p>	<p>Strategy 6.1 Develop mechanism to drive implementation of strategies engaged by various alliances in an efficient manner</p> <p>Productivity 6.1.1</p> <p>There are mechanisms for continuous management and administration of strategic implementation on national, regional, provincial, and district levels with the engagement of alliance networks</p>	<p>KPIs of strategy 6.1</p> <p>1. Percentage of projects which were integrated as planned which lead to implementation</p>

	<p>Productivity 6.1.2</p> <p>Integration of action plans from all sectors and implementation as planned.</p>	
	<p>Strategy 6.2 Develop the monitoring system for evaluation of NCDs prevention and control result on a national, regional, and provincial level</p> <p>Productivity 6.2.1</p> <p>Monitoring and evaluation plan and mechanism for strategic plans and action plans</p> <p>Productivity 6.2.2</p> <p>The system to manage series of information which covers and connects to all sectors as per the strategy</p>	<p>KPI for strategy 6.2</p> <p>1. Percentage of NCDs prevention projects which are monitored and evaluated on each level</p>
	<p>Strategy 6.3 Develop personnel of all related alliances to be able to deploy the strategies</p> <p>Productivity 6.3.1</p> <p>The efficient chronic disease system manager on national,</p>	<p>KPI for Strategy 6.3</p> <p>1. Percentage of key personnel on each level whose implementation meets the standard</p>

	<p>regional, provincial, district, and sub-district levels</p> <p>Productivity 6.3.2 Teams of public health and interdisciplinary personnel with knowledge and skills to provide consultancy, change behaviors, and care for chronic patients in an inclusive manner</p> <p>Productivity 6.3.3 Personnel of organizations and networks such as educational institutions, businesses, local administrative organizations, and civil society have knowledge and skills for NCDs surveillance, prevention, and control</p>	
	<p>Strategy 6.4 Integrate research, knowledge management, and innovations to support the NCDs prevention and control system</p> <p>Productivity 6.4.1 There are networks and</p>	<p>KPIs for Strategy 6.4</p> <ol style="list-style-type: none"> 1. Percentage of NCDs research and knowledge management, which are implemented as planned 2. Percentage of research, series of knowledge and

	<p>research plans, knowledge management, and innovation development for appropriate applications</p> <p>Productivity 6.4.2 There is a long-term plan for development of NCDs management system.</p> <p>Productivity 6.4.3 There are extension of research and innovations for the purpose of policy making or commercial application</p>	<p>innovations which are distributed and applied</p>
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Unofficial translation

Part III:

Action Plan under 5-Year

National NCDs Prevention and

Control Strategy (2017-2021)

Strategy 1: Development of public policies and laws that support NCDs prevention and control

Objectives: Decrease of NCDs risky behavior among population due to policies and law and enforcement thereof which facilitates NCDs risk reduction

KPIs: Percentage of population with reduced 4-NCDs risks (food, exercise, tobacco, and alcohol)

Productivity	2017	2018	2019 – 2021	Responsible units	
				Primary	Secondary
Strategy 1.1 Expedite the national public policy which focuses on NCD management					
KPIs: 1. Percentage of policies undergoing evaluation of impact toward risk factors of NCDs					
2. Percentage of policies and recommended measures out of implemented management of environment which facilitates reduction of risk factors					
1.1.1 Appointment of National NCDs Public Policy Management Committee	1. Appointment of Public Policy and Law Development Committee which focuses on national NCDs management 2. Appointment of Public Policy and Law	1. Two meetings of National NCDs Public Policy Development Committee 2. Four meetings of Public Policy and Law Development	1. Two meetings of National NCDs Public Policy Development Committee 2. Four meetings of Public Policy and Law Development Sub-Committee and	- Bureau of Policy and Strategy, Office of Permanent Secretary, Ministry of Public Health - Thailand	- The National Health Commission Office - ThaiHealth - NHSO - Office of the National

	<p>Development Sub-Committee and Working Groups, which focus on the following aspects</p> <ol style="list-style-type: none"> 1. National NCDs management 2. Food management 3. Body and mind activity management 4. Alcohol beverage management 5. Tobacco management 6. Service system management <p>3. Meeting of National NCDs Public Policy Development Committee</p>	<p>Sub-Committee and Working Groups, which focus on the various aspects.</p>	<p>Working Groups, which focus on the various aspects</p>	<p>Healthy Strategic Management Office</p>	<p>Economic and Social Development Board</p> <ul style="list-style-type: none"> - Ministry of Commerce - Ministry of Foreign Affairs - Customs Department - Ministry of Finance - Fiscal Policy Office - Ministry of Education - Department of Local Administration, Ministry of
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					<ul style="list-style-type: none"> Interior - Department of Labor Protection and Welfare - Legal Center, Department of Disease Control - Bureau of Non-Communicable Disease - Bureau of Tobacco Control Bureau, Department of Disease Control
1.1.2 Availability of public policy focusing on NCDs management	Support for study, review, synthesis of related information together with relating agencies and alliance networks in an integrated	1. Support for study, review, synthesis of related information together with relating agencies and alliance	1. Support for study, review, synthesis of related information together with relating agencies and alliance	- Ministry of Public Health (Department of Disease Control, Health	All related agencies.

	<p>manner to prepare the proposal on development and improvement of public policies and laws</p>	<p>networks in an integrated manner to prepare the proposal on development and improvement of public policies and laws, including law enforcement and overall communication to the public.</p> <p>2. Driving and moving forward the public policy, including the measures to enforce the laws in actual practice of all sectors</p> <ul style="list-style-type: none"> - By means of meetings to provide clarification via 	<p>networks in an integrated manner to prepare the proposal on development and improvement of public policies and laws, including law enforcement and overall communication to the public.</p> <p>2. Driving and moving forward the public policy, including the measures to enforce the laws in actual practice of all sectors</p> <ul style="list-style-type: none"> - By means of meetings to provide clarification via channels and 	<p>System Research Institute, IHPP, HITAP)</p> <ul style="list-style-type: none"> - NHCO - ThaiHealth - External agencies of related agencies 	
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		<p>channels and mechanisms of agencies, organizations, and related sectors to drive and move forward the public policies as well as law enforcement in actual practices of all sectors.</p> <p>3. Creating engagement mechanism for private sectors and civil society in respect of development of public policy for NCDs management</p> <ul style="list-style-type: none"> - Support for the provincial health 	<p>mechanisms of agencies, organizations, and related sectors to drive and move forward the public policies as well as law enforcement in actual practices of all sectors.</p> <p>3. Creating engagement mechanism for private sectors and civil society in respect of development of public policy for NCDs management</p> <ul style="list-style-type: none"> - Support for the provincial health conference 		
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		conference			
1.1.3 Framework for international collaboration of trade and health in relation to NCDs	Appointment of Working Group for preparation of framework for collaboration of trade and health between countries related to NCDs	<ol style="list-style-type: none"> 1. Four meetings of Working Group 2. Preparation of framework for collaboration of trade and health between countries related to NCDs for a specific aspect each year 3. Preparation of report on study of impact assessment from entering into the international trade agreement with the focus on 5 health impacts 4. Promotion of report on study of impact 	<ol style="list-style-type: none"> 1. Four meetings of Working Group each year 2. Preparation of framework for collaboration of trade and health between countries related to NCDs for a specific aspect each year 3. Preparation of report on study of impact assessment from entering into the international trade agreement with the focus on 5 health impacts 4. Promotion of report on study of impact assessment 	<ul style="list-style-type: none"> - Ministry of Public Health, Department of Disease Control - IHPP - FDA - Department of Health - Ministry of Commerce - Ministry of Foreign Affairs - Ministry of Finance - ThaiHealth - The Office of International 	All related agencies

		assessment		Affairs on Health Consumer Protection - Food and Drug Administration - Department of Health - Ministry of Commerce - Ministry of Foreign Affairs - Ministry of Finance - ThaiHealth - IHPP - HITAP	
Strategy 1.2 Develop measures relating to finance, treasury, tax, production, marketing, and consumption relating to reduction of NCDs risks					

KPI: Percentage of financial and treasury measures which are implemented as planned

<p>1.2.1 Financial or treasury measures are put in place to provide more support to health organizations to focus more on promotion of disease prevention and control.</p>	<p>Development of measures relating to finance and treasury to support and promote healthy food and agricultural products</p>	<p>1. Development of measures relating to finance and treasury to support and promote healthy food and agricultural products</p> <p>2. Development of measures relating to finance and treasury to prevent access to products with negative impact toward health</p>	<p>1. Development of measures relating to finance and treasury to support and promote healthy food and agricultural products</p> <p>2. Development of measures relating to finance and treasury to prevent access to products with negative impact toward health</p>	<ul style="list-style-type: none"> - Ministry of Public Health (Department of Disease Control, Food and Drug Administration , Department of Health, IHPP) - Ministry of Commerce - Ministry of Finance - NHCO - ThaiHealth - NHSO 	
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<p>1.2.2 There are measures relating to tax and others to promote access to healthy goods and to control products having health risk.</p>	<p>Development of measures/guidelines to control products with negative impact toward health</p> <ul style="list-style-type: none"> - Appointment of Working Group on Development of Measures to focus on measure development 	<ol style="list-style-type: none"> 1. Development of measures/guidelines to control products with negative impact toward health 2. Revision of one law and enforcement thereof for advertisement of products with no health benefit for each year 	<ol style="list-style-type: none"> 1. Revision of one law and enforcement thereof for advertisement of products with no health benefit for each year 2. Limiting advertisement of products with no health benefit (Preparing 1 criteria for food advertisement) 	<ul style="list-style-type: none"> - Ministry of Public Health (Department of Disease Control, Food and Drug Administration, Department of Health, IHPP) - Ministry of Commerce - Ministry of Finance - NHCO - NBTC 	
<p>1.2.3 There are guidelines to promote alternative, healthy</p>	<ol style="list-style-type: none"> 1. Support study and innovation for production of healthy food products 	<ol style="list-style-type: none"> 1. Support study and innovation for production of healthy 	<ol style="list-style-type: none"> 1. Support study and innovation for production of healthy food products 	<ul style="list-style-type: none"> - Ministry of Science and Technology 	<p>All related agencies</p>

<p>food choices.</p>	<p>as alternative choices</p> <p>2. Promotion of prototype organizations relating to control of food shops to sell healthy food such as food which reduced sweet or salty flavor and fat; and promotion of use of seasonings made of natural ingredients</p>	<p>food products as alternative choices</p> <ul style="list-style-type: none"> - Provide support in a form of research grant <p>2. Promotion of prototype businesses relating to production of healthy food as alternative choices</p> <ul style="list-style-type: none"> - Provision of training for 250 businesses <p>3. Promotion of prototype organizations relating to control of food shops to sell healthy food such as food which reduced sweet or salty flavor and fat; and promotion of use</p>	<p>as alternative choices</p> <ul style="list-style-type: none"> - Provide support in a form of research grant <p>2. Promotion of prototype businesses relating to production of healthy food as alternative choices</p> <ul style="list-style-type: none"> - Provision of training for 250 businesses <p>3. Promotion of prototype organizations relating to control of food shops to sell healthy food such as food which reduced sweet or salty flavor and fat; and promotion of use of seasonings made of natural ingredients</p>	<ul style="list-style-type: none"> - Ministry of Commerce - Ministry of Public Health - Ministry of Industry - Thailand Research Fund (TRF) National Research Council of Thailand (NRCT) 	
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		<p>of seasonings made of natural ingredients</p> <ul style="list-style-type: none"> - Promotion for organizations to participate as prototype organizations 	<ul style="list-style-type: none"> - Promotion for organizations to participate as prototype organizations 		
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Strategy 1.3 Promote public policies on institutional and organizational level to create an environment that promote behavioral changes of targeted groups in a sufficient manner

KPI: Percentage of organizations putting in place the policies and measures on an organizational level where they are implemented to adjust the behavior of the targeted group in a sufficient manner on an institutional as well as organizational levels

1.3.1 Local administrative organizations, educational institutes, businesses, workplaces, and religious institutions	1. Development of guideline for the launch of public policy on an organizational level in a manner that encourage engagement and build leaders as driving force for local administrative	1. Development of guideline for the launch of public policy on an organizational level in a manner that encourage engagement and build leaders as driving force for local	1. Development of guideline for the launch of public policy on an organizational level in a manner that encourage engagement and build leaders as driving force for local administrative	<ul style="list-style-type: none"> - Ministry of Interior - Ministry of Public Health (Department of Health, Department of Disease 	All related agencies
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<p>have determined policies to create the environment to reduce risks.</p>	<p>organizations, educational institutions, and religious institutions so as to adjust the behavior pattern to benefit the NCDs prevention and control</p> <ul style="list-style-type: none"> - By means of providing training and knowledge to leaders of local administrative organizations, educational institutions, and religious organizations - By means of providing support for building prototype organizations for behavioral adjustment to enable NCDs 	<p>administrative organizations, educational institutions, and religious institutions so as to adjust the behavior pattern to benefit the NCDs prevention and control</p> <ul style="list-style-type: none"> - By means of providing training and knowledge to leaders of local administrative organizations, educational institutions, and religious organizations - By means of 	<p>organizations, educational institutions, and religious institutions so as to adjust the behavior pattern to benefit the NCDs prevention and control</p> <ul style="list-style-type: none"> - By means of providing training and knowledge to leaders of local administrative organizations, educational institutions, and religious organizations - By means of providing support for building prototype organizations for behavioral adjustment to enable NCDs 	<p>Control, HSSD)</p> <ul style="list-style-type: none"> - Ministry of Education - Ministry of Industry - ThaiHealth - Department of Religious Affairs 	
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	<p>control and prevention and to arrange for memorandum of understanding for prototype organizations for behavioral adjustment to enable NCDs control and prevention</p> <p>2. Management of knowledge for building of the environment for the purpose of behavioral changes to enable NCDs prevention and control and knowledge sharing</p> <p>- By means of providing support for knowledge management on</p>	<p>providing support for building prototype organizations for behavioral adjustment to enable NCDs control and prevention and to arrange for memorandum of understanding for prototype organizations for behavioral adjustment to enable NCD control and prevention</p> <p>2. Management of knowledge for building</p>	<p>control and prevention and to arrange for memorandum of understanding for prototype organizations for behavioral adjustment to enable NCDs control and prevention</p> <p>2. Management of knowledge for building of the environment for the purpose of behavioral changes to enable NCDs prevention and control and knowledge sharing</p> <p>- By means of providing support for knowledge management on</p>		
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	<p>building the environment for the purpose of behavioral changes to enable NCDs prevention and control</p> <p>3. Driving the public policy for the local administrative organizations, educational institutions, businesses, workplaces, and religious institutions to build an environment that facilitates NCDs reduction</p> <ul style="list-style-type: none"> - By means of meeting to drive the public policy 	<p>of the environment for the purpose of behavioral changes to enable NCDs prevention and control and knowledge sharing</p> <ul style="list-style-type: none"> - By means of providing support for knowledge management on building the environment for the purpose of behavioral changes to enable NCDs prevention and control <p>3. Driving the public policy for the local administrative</p>	<p>building the environment for the purpose of behavioral changes to enable NCDs prevention and control</p> <p>3. Driving the public policy for the local administrative organizations, educational institutions, businesses, workplaces, and religious institutions to build an environment that facilitates NCDs reduction</p> <ul style="list-style-type: none"> - By means of meeting to drive the public policy 		
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		<p>organizations, educational institutions, businesses, workplaces, and religious institutions to build an environment that facilitates NCDs reduction</p> <ul style="list-style-type: none"> - By means of meeting to drive the public policy 			
<p>1.3.2 There are recommended guidelines / standards for development of public policy on an organizational level.</p>	<p>1. Appointment of a committee to prepare guideline / standard for development of public policies in organizations</p> <ul style="list-style-type: none"> - By means of a meeting every 3 months <p>2. Preparation of proposals for guidelines / standards for public policy development of</p>	<p>1. Arrange for a meeting every 3 months</p> <p>2. Preparation of proposals for guidelines / standards for public policy development of each organizations i.e.</p> <ul style="list-style-type: none"> - Local administrative organizations 	<p>1. Arrange for a meeting every 3 months</p> <p>2. Preparation of proposals for guidelines / standards for public policy development of each organizations i.e.</p> <ul style="list-style-type: none"> - Local administrative organizations - Educational institutions 	<ul style="list-style-type: none"> - Ministry of Interior - Ministry of Public Health (Department of Health, Department of Disease Control, Department of 	<p>All related agencies</p>

	<p>each organizations i.e.</p> <ul style="list-style-type: none"> - Local administrative organizations - Educational institutions - Businesses - Workplaces - Religious organizations 	<ul style="list-style-type: none"> - Educational institutions - Businesses - Workplaces - Religious organizations 	<ul style="list-style-type: none"> - Businesses - Workplaces - Religious organizations 	<p>Health Service Support)</p> <ul style="list-style-type: none"> - Ministry of Education - Ministry of Industry - ThaiHealth - Department of Religious Affairs 	
<p>Strategy 1.4 Develop laws and strengthen the enforcement thereof for NCDs prevention and control purposes</p> <p>KPI: Seventy percent of laws and requirements related to risk factors are reviewed, developed, and considered by the parliament (new laws about risk factor such as ingredients of food, food labels, and food tax)</p>					
<p>1.4.1 New laws are put in place for NCDs prevention and control.</p>	<p>Review of related laws and proposal of new laws which correspond to the current situation</p> <ul style="list-style-type: none"> - Appointment of the working group whose meetings will be held to review the related laws 	<p>Review of related laws and proposal of new laws which correspond to the current situation</p>	<p>Review of related laws and proposal of new laws which correspond to the current situation</p>	<ul style="list-style-type: none"> - Ministry of Public Health (Department of Health, Department of Disease Control, Thai 	<ul style="list-style-type: none"> - Ministry of Interior - Ministry of Finance - Ministry of Foreign Affairs

	and propose the new laws			FDA) - Ministry of Commerce - Ministry of Agriculture and Cooperatives	
1.4.2 There are review of related laws.	Review of related laws and proposal of new laws which correspond to the current situation Appointment of the working group whose meetings will be held to review the related laws for the purpose of amendment	Review of related laws	Review of related laws	- Ministry of Public Health (Department of Health, Department of Disease Control, Thai FDA) - Ministry of Education - ThaiHealth - Ministry of	All related agencies

				Interior	
Strategy 1.5 Promote consent and obedience of laws by all KPI: - Percentage of result for law enforcement per risk reduction (the laws are enforced in a comprehensive and efficient manner) - Percentage of complaints relating to negligence of law enforcement, which are resolved and settled					
1.5.1 There are manuals and media to ensure that the laws are promoted to all audience.	1. Preparation of manual and communication for law enforcement relating to NCDs prevention and control for the civil sector - Appointment of working group whose meetings will be held for preparation of the manual	1. Preparation of manual and communication for law enforcement relating to 1 aspect of NCDs prevention and control for the civil sector 2. Building mechanism or civil networks for communication as well as public relation to ensure common understanding among population and enable connection with related public agencies - By means of financial	1. Preparation of manual and communication for law enforcement relating to 1 aspect of NCDs prevention and control for the civil sector 2. Building mechanism or civil networks for communication as well as public relation to ensure common understanding among population and enable connection with related public agencies - By means of financial support for communications of		

		support for communications of civil network	civil network		
1.5.2 Population are aware of laws.	Distribution and public relations about laws relating to NCDs prevention and control by creating knowledge corner, boards or public relations via media such as television broadcast, local radio stations, Internet, Line, and SMS to increase easy accesses and channels for personnel to obtain knowledge	Distribution and public relations about laws relating to NCDs prevention and control by creating knowledge corner, boards or public relations via media such as television broadcast, local radio stations, Internet, Line, and SMS to increase easy accesses and channels for personnel to obtain knowledge - By means of financial support for public relations on laws relating NCDs prevention and control	Distribution and public relations about laws relating to NCDs prevention and control by creating knowledge corner, boards or public relations via media such as television broadcast, local radio stations, Internet, Line, and SMS to increase easy accesses and channels for personnel to obtain knowledge - By means of financial support for public relations on laws relating NCDs prevention and control	- Ministry of Public Health (Department of Health, Department of Disease Control, Thai FDA) - Ministry of Interior	All related agencies
1.5.3 Personnel of	Development of potential of	Development of potential of	Development of potential of	- Ministry of	All related agencies

<p>related agencies understand the laws and enforcement thereof.</p>	<p>personnel involving in enforcement of related laws</p>	<p>personnel involving in enforcement of related laws</p> <ul style="list-style-type: none"> - By means of supporting training arrangement 	<p>personnel involving in enforcement of related laws</p> <ul style="list-style-type: none"> - By means of supporting training arrangement 	<p>Public Health (Department of Health, Department of Disease Control, Thai FDA)</p>	
<p>1.5.4 There are reports on monitoring and evaluation of law enforcement.</p>	<p>Building mechanism for monitoring of evaluation on law enforcement on community level which is connected to the provincial level</p> <ul style="list-style-type: none"> - Determining mechanism and providing support for monitoring and evaluation of law enforcement on community and civil levels which are connected to the provincial level 	<p>Building mechanism for monitoring of evaluation on law enforcement on community level which is connected to the provincial level</p> <ul style="list-style-type: none"> - Determining mechanism and providing support for monitoring and evaluation of law enforcement on community and civil 	<p>Building mechanism for monitoring of evaluation on law enforcement on community level which is connected to the provincial level</p> <ul style="list-style-type: none"> - Determining mechanism and providing support for monitoring and evaluation of law enforcement on community and civil levels which are connected to the provincial level 	<ul style="list-style-type: none"> - Ministry of Public Health (Department of Health, Department of Disease Control, Thai FDA) 	

	<ul style="list-style-type: none">- Developing and moving forward to reduce risky behaviors in teenagers (The Office of Alcohol Control Committee 2017)- Developing and driving forward the laws to reduce risky behaviors among teenagers (The Office of Tobacco Products Control Committee)	levels which are connected to the provincial level			
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Unofficial translation

Strategy 2: Expedition of social drivers to communicate about risks on an ongoing basis

Objective: Population obtains health knowledge.

KPIs: An increase of 30 percent of population obtaining health knowledge when compared to 2017

Productivity	2017	2018	2019 - 2021	Responsible units	
				Primary	Secondary
Strategy 2.1 Develop management of communication to the public regarding health promotion and reduction of NCDs risks on a continuous basis					
KPIs: Percentage of proactive communications plan which is implemented on an ongoing basis					
2.1.1 Appointment of NCDs Risk Communication Working Group to minimize NCDs and risks thereof	<ol style="list-style-type: none"> Appointment of a NCDs Risk Communication Working Group to minimize NCDs and risks thereof Meeting of the NCDs Risk Communication Working Group to reduce NCDs risk factors in order to 	<p>Meeting of the NCDs Risk Communication Working Group to reduce NCDs risk factors in order to determine the strategic plan and guideline to drive the action plan. A meeting is to be held every 3 months and progress monitoring is to be put in</p>	<p>Meeting of the NCDs Risk Communication Working Group to reduce NCDs risk factors in order to determine the strategic plan and guideline to drive the action plan. A meeting is to be held every 3 months (for each year) and progress monitoring is to be put in</p>	<ul style="list-style-type: none"> - Department of Risk Communication and Health Behavior Development, Department of Disease Control - Center for Public 	<ul style="list-style-type: none"> - Bureau of Information, Office of Permanent Secretary, Ministry of Public Health - Department of Mental Health - Department of

	<p>determine the strategic plan and guideline to drive the action plan. A meeting is to be held every 3 months and progress monitoring is to be put in place.</p>	<p>place.</p>	<p>place.</p>	<p>Communication - , Department of Health</p>	<p>Medical Services - Health Education Division, Department of Health Service Support - Thai FDA - Department of Thai Traditional and Alternative Medicine - Ministry of Social Development and Human Security - Department of Public Relations</p>
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Unofficial translation

- Ministry of Digital Economy and Society
- Thai NCD Alliance Network
- Raipoong Network
- Major Risk Factor Control Section, ThaiHealth
- Office of The National Broadcasting and Telecommunications Commission (NBTC)
- BAOT Network

					- Bureau of Public Relations for Society, NHSO
2.1.2 Proactive communication plan is put in place to reduce the risk factors.	<ol style="list-style-type: none"> 1. Preparation for proactive risk reduction communication plan in collaboration with related agencies 2. Arrangement for workshop to review the proactive risk communication plan (every 6 months) 3. Arrangement for a meeting to monitor progress 	<ol style="list-style-type: none"> 1. Preparation for proactive risk reduction communication plan in collaboration with related agencies 2. Arrangement for workshop to review the proactive risk communication plan (every 6 months) 3. Arrangement for a meeting to monitor progress 	Arrangement for a meeting to monitor progress		All related agencies.
Strategy 2.2 Develop the networks to transfer knowledge on communication of risks for the purpose of promoting health care and reduction of NCDs risks KPI: Percentage of alliance networks (public sector, private sector, and civil society) can transfer knowledge to minimize NCDs risks in a correct manner					
2.2.1	1. Arrangement for training	1. Arrangement for	1. Arrangement for training	- Ministry of	- Ministry of

<p>There is an additional network of organizations working on communication about NCDs.</p>	<p>on development of potential of network for communicating about risks, health promotion, and NCDs risks for central agencies of the Ministry of Public Health and other agencies on ministerial level</p> <p>2. Arrangement for meetings in collaboration with other agencies to expand engagement of network for public relations and to build full-scale data management system on a ministerial level</p>	<p>training on development of potential of network for communicating about risks, health promotion, and NCDs risks for regional agencies</p> <p>2. Arrangement for meetings in collaboration with other agencies to expand engagement of network for public relations and to build full-scale data management system on a regional level</p> <p>3. Arrangement of annual meeting/seminar for networks and</p>	<p>on development of potential of network for communicating about risks, health promotion, and NCDs risks for provincial agencies</p> <p>2. Arrangement for meetings in collaboration with other agencies to expand engagement of network for public relations and to build full-scale data management system on a provincial level</p> <p>3. Arrangement of annual meeting/seminar for networks and organizations responsible for risk reduction</p>	<p>Public Health</p>	<p>Education</p> <ul style="list-style-type: none"> - Ministry of Interior - Ministry of Social Development and Human Security - Department of Public Relations - Ministry of Digital Economy and Society
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		<p>organizations responsible for risk reduction communication</p>	<p>communication</p>		
<p>2.2.2 Personnel and networks on public health obtain proper knowledge to promote health and reduce the NCDs risk factors</p>		<ol style="list-style-type: none"> 1. Arrangement for 2 workshops on health promotion and NCDs risk reduction to provide knowledge to health personnel and networks on a ministerial level 2. Arrangement for training pre-test and post-test 3. Arrangement for refresher course those personnel who do not pass the first training session 	<ol style="list-style-type: none"> 1. Arrangement for 2 workshops on health promotion and NCDs risk reduction to provide knowledge to health personnel and networks on a ministerial level 2. Arrangement for training pre-test and post-test 3. Arrangement for refresher course those personnel who do not pass the first training session 	<p>- Ministry of Public Health</p>	

Strategy 2.3: Develop content of communication and increase communications channels which matches the targeted groups

KPI: Percentage of targeted groups which are aware of how to minimize NCDs risk-prone behavior.

<p>2.3.1 Series of knowledge and information for risk communication to minimize NCDs risks for targeted groups are available.</p>	<p>Development of series of knowledge which address the 3 main targeted groups having NCDs risks i.e. teenagers, working age, and older adult and aging groups in a manner that corresponds to each area</p>	<ol style="list-style-type: none"> 1. Preparation of series of knowledge for communicating about risks as well as reduction of risks and NCDs 2. Testing of the series of knowledge for communicating about risks as well as reduction of risks and NCDs in 2 actual areas to where they will be applied 3. Creation of health messages for 3 main targeted groups having NCDs risks i.e. 	<p>Arrangement for workshop to provide correct health knowledge, including support and coordination with other agencies to expand the network for public relation and broadcasting of news update and information in a comprehensive manner that match the targeted groups.</p>	<ul style="list-style-type: none"> - Ministry of Public Health 	<ul style="list-style-type: none"> - Ministry of Education - Ministry of Interior - Ministry of Social Development and Human Security - Department of Public Relations - Ministry of Digital Economy and Society
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		<p>teenagers, working age, and older adult and aging groups</p> <p>4. Arrangement for selection process to ensure standardized series of information</p> <p>5. Arrangement for meeting to certify the series of information and trying out the health message for each targeted group</p>			
<p>2.3.2 NCD communications channel for various targeted groups</p>	<p>1. Arrangement of 5 meetings to select communication channels for NCD prevention and control for the 3 targeted groups i.e. teenagers, working age, and older</p>	<p>Development of diversification of communication channels for targeted groups, especially digital platforms which offer quick access to population.</p>			

	<p>adult and aging groups</p> <p>2. Five monitoring and evaluation of try-out result of communication channel for each targeted group</p>				
<p>Strategy 2.4 Monitor and respond to information which causes harm to NCDs occurrence</p> <p>KPIs: - Percentage of response to public media which incurs negative impact toward health</p> <p>- One hundred percent of implementation as per the advertisement consideration and approval system</p>					
<p>2.4.1</p> <p>There is intra and inter-connection for surveillance information of the internal and external agencies whose roles involve surveillance and response of information</p>	<p>1. Arrangement for meeting to establish standard and guideline for monitoring of news, which have negative impact toward NCDs occurrence and to provide correct health news</p> <p>2. Arrangement for training on surveillance method and how to respond to</p>	<p>- Monitoring and evaluation of method of surveillance and response to news which have negative impact on NCDs occurrence</p> <p>- Coordination with alliance network for monitoring and inspection of channels</p>	<p>1. Monitoring and evaluation of method of surveillance and response to news which have negative impact on NCDs occurrence</p> <p>2. Arrangement for a meeting on an annual basis to review the method of surveillance and response to news</p>	<p>- Ministry of Public Health</p> <p>- Office of The National Broadcasting and Telecommunicat ions Commission (NBTC)</p>	<p>- Ministry of Education</p> <p>- Ministry of Interior</p> <p>- Ministry of Social Development and Human Security</p> <p>- Department of Public Relations</p>

	<p>negative news for NCDs occurrence for community networks</p> <p>3. Arrangement for integrated meeting and the system connecting surveillance information between networks of internal and external agencies whose role is to conduct surveillance and response of news</p> <p>4. Monitoring and evaluation of surveillance and response of news which have negative impact on NCDs occurrence</p>	<p>and content for information, news, and advertisement which may have negative impact</p>	<p>having negative impact on NCDs occurrence and to develop the system connecting surveillance information between networks of internal and external agencies whose role is to conduct surveillance and response of news</p>		<p>- Ministry of Digital Economy and Society</p>
<p>2.4.2 There is a system to consider and approve</p>	<p>1. Amendment / review of laws and announcements relating to advertisement</p>	<p>1. Amendment / review of laws and announcements</p>	<p>Monitoring and evaluation of the system for advertisement consideration and approval</p>	<p>- Ministry of Public Health</p> <p>- Office of The</p>	<p>- Ministry of Education</p> <p>- Ministry of</p>

<p>advertisement (which places significance on channels, content, and possible negative impact without any conflict of interest)</p>	<p>approval</p> <p>2. Preparation of manual/guideline for consideration and approval of advertisement</p> <p>3. Arrangement for meeting to clarify the method for consideration and approval of advertisement to prevent any negative impact and measures for implementation in case of conflict of interest</p>	<p>relating to advertisement approval</p> <p>2. Monitoring and evaluation of the system for advertisement consideration and approval</p>	<p>on an annual basis</p>	<p>National Broadcasting and Telecommunications Commission (NBTC)</p>	<p>Interior</p> <ul style="list-style-type: none"> - Ministry of Social Development and Human Security - Department of Public Relations - Ministry of Digital Economy and Society
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Strategy 3: Potential development for community / local administrations, and alliance networks

Objective: Communities can engage in management and promotion of health as well as NCDs prevention and control.

KPIs: Percentage of communities which can engage in management of health promotion as well as NCDs prevention and control (50 percent)

Productivity	2017	2018	2019 - 2021	Responsible units	
				Primary	Secondary
Strategy 3.1 Develop mechanism for people, local organizations, and alliance networks to participate in surveillance and promotion of health as well as disease control and prevention KPIs: - Percentage of sub-districts engaging in integrated health management (70 percent by 2017, 100 percent by 5 years) - At least 1 community in the urban area per municipality/special municipality engage in integrated health management					
3.1.1 Agendas of various levels of committees, which	- Analysis of operating mechanism of involved committees at various levels	- Driving operations and monitoring of committees	- Driving operations and monitoring of committees	- Health Service Support Department	- Department of Disease Control - Department of Health

<p>are engaged by the people alliance network, include health promotion as well as NCDs prevention and control</p>	<ul style="list-style-type: none"> - Analysis of driving issues of each year - Driving operations and monitoring of committees 				<ul style="list-style-type: none"> - Department of Thai Traditional and Alternative Medicine - Department of Local Administration
<p>3.1.2 There are health management communities conducting health promotion as well as NCDs prevention and control</p>	<ul style="list-style-type: none"> - Preparation of health promotion plan for NCDs prevention and control through community engagement process 	<ul style="list-style-type: none"> - Preparation of health promotion plan for NCDs prevention and control through community engagement process - Arrangement of meeting to monitor progress of health promotion operations and NCDs prevention and control of communities 	<ul style="list-style-type: none"> - Preparation of health promotion plan for NCDs prevention and control through community engagement process - Arrangement of meeting to monitor progress of health promotion operations and NCDs prevention and control of communities 		<ul style="list-style-type: none"> - Ministry of Social Development and Human Security - Thai Chamber of Commerce and Board of Trade - Federation of Thai Industries - Foundation for Consumers - Thai National Health

					Foundation
<p>3.1.3</p> <p>There are alliance networks to promote and support operations of communities</p>	<ul style="list-style-type: none"> - Arrangement of meeting of networks to exchange knowledge and cooperation between different areas of surveillance, health promotion, and NCDs prevention and control 	<ul style="list-style-type: none"> - Arrangement of meeting of networks to exchange knowledge and cooperation between different areas of surveillance, health promotion, and NCDs prevention and control 	<ul style="list-style-type: none"> - Arrangement of meeting of networks to exchange knowledge and cooperation between different areas of surveillance, health promotion, and NCDs prevention and control 		<ul style="list-style-type: none"> - Provincial Administrative Organization - Sub-district Administrative Organization - The National Municipal League of Thailand - Thailand Village Health Volunteer Foundation - National Health Commission Office - National Health Security Office - Thai Health

					Foundation
Strategy 3.2: Develop potential of health leader of the community in respect of health promotion as well as NCDs prevention and control KPI: 1. There are at least 30 health management volunteers/sub-district in 2021 2. There are at least 4.0 million Family Health Volunteers in 2021					
3.2.1 There are health management volunteers (Community Health Volunteers).	<ul style="list-style-type: none"> - Arrangement of training sessions to develop potential of health management volunteers handling NCDs management in communities 	<ul style="list-style-type: none"> - Arrangement of more training sessions to develop potential of health management volunteers handling NCDs management in communities 	<ul style="list-style-type: none"> - Arrangement of more training sessions to develop potential of health management volunteers handling NCDs management in communities 	<ul style="list-style-type: none"> - Health Service Support Department 	<ul style="list-style-type: none"> - Department of Disease Control - Department of Health - Department of Thai Traditional and Alternative Medicine - Department of Local Administration - Ministry of Social Development and Human Security - Thai Chamber of

					<p>Commerce and Board of Trade</p> <ul style="list-style-type: none">- Federation of Thai Industries- Foundation for Consumers- Thai National Health Foundation- Provincial Administrative Organization- Sub-district Administrative Organization- The National Municipal League of Thailand- Thailand Village
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					Health Volunteer Foundation - National Health Commission Office - National Health Security Office - Thai Health Foundation
3.2.2 There are more health leaders undergoing potential development for surveillance, health promotion as well as NCDs prevention and control	<ul style="list-style-type: none"> - Development of potential of 10 health leaders for working age who are in good shape and good health for each province - Development and driving forward the healthy eating / active living / environmental health policy through the civil sector on a zone level. 	<ul style="list-style-type: none"> - Development of potential of health leaders for working age who are in good shape and good health for all sub-districts - Development the surveillance system for working age health and data management - Development and 	<ul style="list-style-type: none"> - Development of potential of 10 health leaders for working age who are in good shape and good health on provincial, regional, and national levels - Development the surveillance system for working age health and data management on 		

	<p>Emphasis is made on the on less salt policy, active living policy, policy for availability of healthy food at all agencies and communities, policy to improve workplace to ensure good environment for good health, and so forth</p> <p>- Potential development for personnel in respect of surveillance, prevention and control of tobacco at educational institutions by transfer of knowledge as per the revised version of "Tobacco detective (for youth)" curriculum to officials relating to public</p>	<p>driving forward the healthy eating / active living / environmental health policy through the civil sector and the National Health Assembly (Healthy eating emphasizes on less salt consumption; active living focuses on a more active lifestyle; environmental health stresses on availability of healthy food shop at all agencies and communities; the policy to improve the workplace to ensure healthy environment,</p>	<p>provincial, regional, and national levels</p> <p>- Drive forward the Act for Healthy Eating / Active Living / Environmental Health Policy through the civil sector and the National Health Assembly (Healthy eating emphasizes on less salt consumption; active living focuses on a more active lifestyle; environmental health stresses on availability of healthy food shop at all agencies and communities; the policy to improve the workplace to ensure healthy environment, and</p>		
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	<p>health sector (Office of Disease Prevention and Control 1-12/ Institute of Urban Disease Control and Prevention/ Provincial Health Office in high-risk zones) for them to drive prevention and control of tobacco use among youth, especially in the areas with high tobacco consumption as well as the cigarette-free school operations to ensure coverage for the area under their responsibility</p> <ul style="list-style-type: none"> - Potential development for personnel providing consultancy of reduction and quitting of smoking at 	<p>and so forth)</p> <ul style="list-style-type: none"> - Rolling out the cigarette-free school project at schools of all levels under Bangkok Education Office - Rolling out the cigarette-free school project at schools of all levels under Office of Basic Education Commission - Supporting and driving cigarette-free school initiatives in a broad perspective for schools under Secondary Educational Service Area in all areas 	<p>so forth)</p> <ul style="list-style-type: none"> - Rolling out the cigarette-free school project at primary schools under Office of Basic Education Commission - Rolling out the cigarette-free school project at schools of all levels under Bangkok Education Office 		
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	<p>health service stations and those serving on a community level</p> <ul style="list-style-type: none">- Potential development for personnel at educational institutions to drive cigarette-free school initiative in accordance with the 7 cigarette-free school measures under the Office of Basic Education- Rolling out the cigarette-free school initiative for schools of all levels under the Bangkok Education Office	<ul style="list-style-type: none">- Driving forward communication about risk, behavioral change to quit smoking to create awareness and value for not smoking			
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Strategy 4: Development of monitoring and data management systems

Objective: Related agencies can identify the risk-prone demographics, patient groups, risk area, and environments which are considered risk factors in a correct, accurate, and timely manner, leading to necessary support for the launch of measures and implementation of NCDs prevention and control and NCDs risk minimization in an efficient manner.

KPIs: Percentage of related agencies which can identify the risk issues so as to determine measures for NCDs prevention and control in correct, accurate, and timely manner

Productivity	2017	2018	2019 - 2021	Responsible units	
				Primary	Secondary
Strategy 4.1 Develop connection of information on district, provincial, regional, and national levels					
KPIs: Percentage of related agencies on national, regional, provincial, and district level whose operations meet the NCDs surveillance standard.					
4.1.1 There are mechanisms for	1. Appointment of working group to	1. Arrangement of a minimum of 4	1. Arrangement of a minimum of 4	- Bureau of Non-Communicable Diseases, Department of	- Bureau of Policy and Strategy, Office

<p>development and monitoring of NCDs surveillance for data integration.</p>	<p>integrate data for national NCDs surveillance</p> <p>2. Appointment of working group to integrate data for regional NCDs surveillance</p>	<p>meetings of working group to integrate data for national / regional NCDs surveillance</p>	<p>meetings of working group to integrate data for national / regional NCDs surveillance</p>	<p>Disease Control</p>	<p>of Permanent Secretary, Ministry of Public Health</p> <ul style="list-style-type: none"> - Bureau of Tobacco Control - Office of Alcohol Control Committee - Bureau of Health Promotion, Department of Health - Physical Activity and Health Division, Department of Health - National Health Security Office - National Statistical Office
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					<ul style="list-style-type: none"> - Health Info Section - Institute of Population and Social Research, Mahidol University - Department of Epidemiology, Prince Songkhla University - National Health Examination Survey Office, Department of Medical Services
<p>4.1.2 There is surveillance information on illness and risk-prone behavior</p>	<p>1. Provision of support for adjustment and assortment of existing data systems to put in place the information</p>	<p>1. Establishment of pilot hospitals to develop connection of the 43- file system between the area</p>	<p>1. Rolling out pilot hospitals</p>	<ul style="list-style-type: none"> - Bureau of Non-Communicable Diseases, Department of Disease Control - Bureau of Policy and Strategy, Office of Permanent Secretary, Ministry of Public Health 	<ul style="list-style-type: none"> - Center for Information Technology and Communication, Office of Permanent Secretary, Ministry

<p>on a service unit level, which extends from the existing data system and reports in a complete, correct, and timely manner.</p>	<p>recording system, which includes the information of health stations at sub-district health stations and hospitals consisting of illness information, treatment, and key risk-prone behaviors</p> <p>2. Coordination for management of the existing health data center to enable monitoring of the situation on population and individual levels in a correct and complete manner on</p>	<p>level (community health stations, and sub-district health stations) and the provincial, health regions, and central levels for common use of 12 pilot provinces (1 province per each health region)</p> <p>2. Coordination with related agencies to set up the individual NCDs health status data system with connection between the health stations where</p>			<p>of Public Health</p> <ul style="list-style-type: none"> - Bureau of Epidemiology, Department of Disease Control - Office of Tobacco Products Control Committee - Office of Alcohol Control Committee - Bureau of Nutrition, Department of Health - National Health Security Office
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	provincial, regional, and national level	<p>citizens can access their own individual information</p> <p>3. Provision of training session for medical personnel to ensure they can record data of risk-prone behavior and illness with accuracy</p>			
4.1.3 There is a sentinel surveillance system for treatment profiles of patients suffering from		<p>1. Survey of service data at medical institutions under the Ministry of Public Health and those under Bangkok Metropolitan area</p>	<p>1. Survey of service data at medical institutions under the Ministry of Public Health and those under Bangkok Metropolitan area</p>	<ul style="list-style-type: none"> - Bureau of Non-Communicable Diseases, Department of Disease Control - Center for Information Technology and Communication, Office of Permanent Secretary, Ministry of Public Health 	<ul style="list-style-type: none"> - National Health Security Office

<p>type 2 diabetes and hypertension of hospitals under the umbrella of Ministry of Public Health and medical institutes in Bangkok.</p>		<p>(sentinel surveillance) to monitor the result of care provided to patients with diabetes type 2 and hypertension</p> <p>2. Reporting of survey data every 1 year</p>	<p>(sentinel surveillance) to monitor the result of care provided to patients with diabetes type 2 and hypertension</p> <p>2. Reporting of survey data every 1 year</p>		
<p>4.1.4 There is an information system with correct and complete data on death related to NCDs.</p>	<p>1. Assessment of correctness and completeness of death data is conducted on a regular basis.</p> <p>2. Analysis of epidemiology situation of NCDs death which is calibrated with the</p>	<p>1. Training is provided to teachers who diagnose cause of death to ensure the diagnosis meets the criteria.</p>	<p>1. Training is provided to personnel related to diagnosis of cause of death by teachers who underwent the training.</p> <p>2. Support is provided for making of cause of death diagnosis program.</p>	<p>- Bureau of Non-Communicable Diseases, Department of Disease Control</p> <p>- Bureau of Policy and Strategy, Office of Permanent Secretary, Ministry of Public Health</p>	<p>- Office of Civil Registration, Department of Local Administration, Ministry of Interior</p> <p>- National Statistical Office</p> <p>- Institute of Population and Social Research,</p>

	<p>result of evaluation of coverage and accuracy of data is conducted on an annual basis</p>				<p>Mahidol University</p>
<p>4.1.5 There is data integration for NCDs, risk-prone behavior, and health-smartness in the population survey database to enable monitoring of situation on a provincial level</p>	<p>Arrangement of meetings of NCDs survey database administrators whose data includes risk-prone behavior and health awareness on demographic levels so as to jointly determine the key KPIs and survey methodology to optimize the use of data up to the provincial level</p>	<p>There are guidelines for conducting survey in a manner that the data can be systematically integrated to the database.</p>	<p>There are guidelines for conducting survey in a manner that the data can be systematically integrated to the database.</p>	<ul style="list-style-type: none"> - Office of Permanent Secretary, Ministry of Public Health - Bureau of Non-Communicable Diseases, Department of Disease Control - Bureau of Policy and Strategy, Office of Permanent Secretary, Ministry of Public Health - National Statistical Office 	<ul style="list-style-type: none"> - Office of Tobacco Products Control Committee - Office of Alcohol Control Committee - Bureau of Health Promotion, Department of Health - Physical Activity and Health Division, Department of Health - Bureau of

					<p>Nutrition, Department of Health</p> <ul style="list-style-type: none"> - National Health Security Office - Health Service Support Department - Health Info Section
<p>4.1.6 There is connection between related data (environment, risk-prone behaviors, illness, deaths, and abnormalities (5 dimensions))</p>	<p>1. Coordination and management of existing database to set up data archive as well as key data resources, which cover environmental factors, risk-prone behavior, illness, death, and abnormalities (5</p>	<p>1. There is reporting on NCDs situation which connects the data on death, illness, environment, and risk-prone behavior both from the health stations and demographic level in the NCDs Board</p>	<p>1. There is reporting on NCDs situation which connects the data on death, illness, environment, and risk-prone behavior both from the health stations and demographic level in the NCDs Board</p>	<ul style="list-style-type: none"> - Bureau of Epidemiology, Department of Disease Control - Bureau of Non-Communicable Diseases, Department of Disease Control 	<ul style="list-style-type: none"> - Bureau of Policy and Strategy, Office of Permanent Secretary, Ministry of Public Health - Office of Tobacco Products Control Committee - Office of Alcohol Control Committee

<p>To ensure an integrated, systematic surveillance for NCDs and related risk factor on a district and national levels.</p>	<p>dimensions)</p>	<p>meeting on district, provincial, and regional levels.</p>	<p>meeting on district, provincial, and regional levels.</p>		<ul style="list-style-type: none"> - Bureau of Health Promotion, Department of Health - Physical Activity and Health Division, Department of Health - Bureau of Nutrition, Department of Health - National Statistical Office - Institute of Population and Social Research, Mahidol University - Department of
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					<p>Epidemiology, Prince Songkhla University</p> <ul style="list-style-type: none"> - National Health Examination Survey Office - Health Service Support Department
<p>4.1.7 There is evaluation of data system for NCDs service provision of public medial institutes to monitor the quality of reporting and to enable</p>	<p>1. Assessment on surveillance system for diabetes and hypertension at health stations of the public sector is conducted every 2 years.</p>	<p>1. Assessment on surveillance system for diabetes and hypertension at health stations of the public sector is conducted every 2 years.</p>	<p>1. Assessment on surveillance system for diabetes and hypertension at health stations of the public sector is conducted every 2 years.</p>	<ul style="list-style-type: none"> - Inspection Division - Center for Information Technology and Communication, Office of Permanent Secretary, Ministry of Public Health 	<ul style="list-style-type: none"> - Bureau of Non-Communicable Diseases - Bureau of Policy and Strategy, Office of Permanent Secretary, Ministry of Public Health - Bureau of

systematic development.					Epidemiology, Department of Disease Control
4.1.8 There is a correct and complete registration of population with cancer on a national level.	1. There is a review on correctness and completeness of cancer register.	1. There is a review on correctness and completeness of cancer register on a national level.	1. There is a review on correctness and completeness of cancer register on a national level.	<ul style="list-style-type: none"> - National Cancer Institute of Thailand - National Health Security Office 	<ul style="list-style-type: none"> - Bureau of Policy and Strategy, Office of Permanent Secretary, Ministry of Public Health - Center for Information Technology and Communication, Office of Permanent Secretary, Ministry of Public Health
Strategy 4.2 Develop potential of data management and analysis to monitor NCDs on a national, provincial and district level					

KPIs: Percentage of personnel in related agencies who can manage data and analyze NCDs information

<p>4.2.1 Personnel in medical statistics and NCDs-related information undergoing NCDs data management training</p>		<p>1. Provision of training / recovery for NCDs management and reporting for medical statistics personnel, including provision of NCDs surveillance information</p>	<p>1. Provision of training / recovery for NCDs management and reporting for medical statistics personnel, including provision of NCDs surveillance information</p>	<ul style="list-style-type: none"> - Praborommarajchanok Institute, Ministry of Public Health - Thailand Healthy Strategic Management Office, Ministry of Public Health 	<ul style="list-style-type: none"> - Bureau of Non-Communicable Diseases - Center for Information Technology and Communication, Office of Permanent Secretary, Ministry of Public Health - Bureau of Policy and Strategy, Office of Permanent Secretary, Ministry of Public Health
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<p>4.2.2 Personnel who are disease managers or regional / provincial / district NCDs system managers undergoing training for NCDs data management, analysis, and result processing in alignment with the 5-dimension surveillance framework</p>		<p>1. Provision of training / recovery for NCDs analysis and result reading for disease managers or NCDs disease system manager on district, provincial, and regional level in line with the 5-dimension disease surveillance</p>	<p>1. Provision of training / recovery for NCDs analysis and result reading for disease managers or NCDs disease system manager on district, provincial, and regional level in line with the 5-dimension disease surveillance</p>	<ul style="list-style-type: none"> - Bureau of Non-Communicable Diseases - Thailand Healthy Strategic Management Office, Ministry of Public Health - Bureau of Health Promotion, Department of Health 	<ul style="list-style-type: none"> - Bureau of Policy and Strategy, Office of Permanent Secretary, Ministry of Public Health - Bureau of Epidemiology - Center for Information Technology and Communication, Office of Permanent Secretary, Ministry of Public Health
<p>Strategy 4.3 Develop the NCDs and risk factor surveillance system on an organizational level and for targeted group</p>					

- KPIs: - Percentage of educational institutions which can conduct NCDs-risk surveillance on student and undergrads on a timely manner - Percentage of businesses which can conduct NCDs-risk surveillance on employees on a timely manner					
4.3.1 There is a system to observe NCDs risk factors at educational institutions	<ul style="list-style-type: none"> - There is a mechanism to drive integration of NCDs surveillance initiatives at educational institutions. - Gathering and analysis of health data of students of each level of educational institutions are conducted by related agencies. - Gathering and coordination of NCDs health 	<ol style="list-style-type: none"> 1. Pilot educational institutions are set up for NCDs surveillance 1.1. Integration and management of students' health recording system of educational institutions with the public health database 1.2. A program is designed to record and link the health data for the purpose of health status 	<ol style="list-style-type: none"> 1. Rolling out pilot educational institutions for NCDs health surveillance 2. There are guidelines for surveillance of NCDs and risk-prone behaviors at workplaces on a national level 	<ul style="list-style-type: none"> - Office of Permanent Secretary, Ministry of Education - Bureau of Non-Communicable Diseases, Department of Disease Control - Bureau of Health Promotion, Department of Health 	<ul style="list-style-type: none"> - Office of Basic Education Commission - Bureau of Student Activities Development - Office of Vocational Education Commission - Bureau of Nutrition - Physical Activity Division - Bureau of Epidemiology - Physical Education Division, Health Support Service

	<p>database at educational institutions to relieve reporting burden of educational institutions</p>	<p>monitoring on individual and studying age population levels.</p> <p>1.3. Training is provided to develop potential of health teachers at educational institutions to ensure they can manage and analyze primary data.</p>			<p>Department</p> <ul style="list-style-type: none"> - Bureau of Tobacco Control - Office of Alcohol Control Committee - National Electronics and Computer Technology Center
<p>4.3.2</p> <p>There is a system to observe NCDs risk factors at businesses</p>	<p>1. Appointment of working group to coordinate and develop the NCDs surveillance database at</p>	<p>1. There is coordination and connection of NCDs health database of businesses to relieve their</p>		<ul style="list-style-type: none"> - Bureau of Non-Communicable Diseases - Bureau of Occupational and Environmental Diseases, Department of Disease Control 	<ul style="list-style-type: none"> - Department of Welfare and Labour Protection - Bureau of Nutrition - Physical Activity Division

	<p>workplaces</p> <p>2. Gathering and analysis of health data of labors of businesses from related agencies</p>	<p>reporting burden.</p> <p>The guidelines are set up for surveillance of NCDs and risk-prone behaviors of businesses on a national level.</p> <p>2. There are pilot businesses for NCDs health surveillance</p> <p>2.1. There are guidelines for NCDs surveillance at pilot businesses</p> <p>2.2. A system is set up to record</p>			<ul style="list-style-type: none"> - Bureau of Epidemiology - Physical Education Division, Health Support Services Department - Bureau of Tobacco Control - Office of Alcohol Control Committee - Bureau of Mental Health and Development, Department of Mental Health - Bureau of Environmental Health, Department of Health
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		<p>health data of labors of pilot businesses</p> <p>2.3.A program is designed to record and link the health data for the purpose of health status monitoring on individual and working age population levels.</p> <p>2.4.Training is provided to develop potential of health personnel at</p>			<p>- Social Security Office, Ministry of Labour</p>
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		businesses to ensure they can manage and analyze primary data.			
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Unofficial translation

Strategy 5: Management reform to reduce risk and control the diseases in line with their situation and local context

Objective: Overall risk-prone demographics and NCD patients can minimize risk conditions and have sound control over their illness which can deter complications.

KPIs:

1. Decreasing percentage of population with risk-prone conditions (obesity, hypertension, hyperlipidemia, diabetes, smoking, excessive alcohol consumption)
2. Percentage of NCDs patients (cardiovascular disease, cerebrovascular disease, diabetes, cancer, and emphysema) who can access to standard health care

Productivity	2017	2018	2019 - 2021	Responsible units	
				Primary	Secondary
Strategy 5.1: Service reform for the purpose of screening and risk reduction in general population and various risk-prone groups in alignment with the specific nature of each risk-prone group					
KPIs: Percentage of service organizations and units which can conduct screening and minimize NCDs risks of targeted groups in a manner that meets the standard					

<p>5.1.1 There are options for integration of screenings of NCDs risks in health service and improved connection to the risk and disease minimization system.</p>	<ol style="list-style-type: none"> 1. Appointment of working group to identify options for integration of NCDs risk screening, which forms part of the health service, to screening of risks or other diseases 2. Proposal on guidelines for NCDs risk screening 	<ol style="list-style-type: none"> 1. Development of tools or pattern for NCDs risk screening, which forms part of the health service provided at primary agencies, schools, businesses, and workplaces 	<ol style="list-style-type: none"> 1. Transfer/development of potential of primary agencies or service teams, and alliance networks to be able to utilize tools or integrated patterns for NCDs risk screening as a part of health service in an efficient manner 2. There is mechanism to develop cooperation between the Ministry and alliance networks regarding screening and risk reduction for targeted groups. 	<ul style="list-style-type: none"> - Bureau of Non-Communicable Diseases, Department of Disease Control - Bureau of Nutrition, Department of Health - Bureau of Health Promotion, Department of Health 	<ul style="list-style-type: none"> - Bureau of Mental Health and Development, Department of Disease Control - Office of Alcohol Control Committee, Department of Disease Control - Bureau of Tobacco Control - Physical Activity Division, Department of Health - Bureau of Academic Medicine, Department of
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					Medical Services
5.1.2 There are guidelines for arrangement of service and media for integrated risk minimization in the community, schools, workplace, businesses, and medical institutions.	1. There are a working group to study or review the guidelines for service arrangement and revised media kit such as infographics containing academic information for targeted groups for integrated risk reduction in communities, medical institutions, schools, workplaces, and businesses.	1. Development/ revision of tool kit, media kit/curriculum for NCDs risk reduction for use in the communities, medical institutions, schools, workplaces, and businesses	1. Transfer/development of potential of primary agencies or service teams of alliance networks to enable the use of tool kit, media, manual/curriculum for NCDs risk reduction in communities, medical institutions, schools, workplaces, and businesses	- Bureau of Non-Communicable Diseases, Department of Disease Control - Bureau of Health Promotion, Department of Health - Primary Health Care Division, Department of Medical Support Service	- Bureau of Alternative Medicine, Department of Thai Traditional and Alternative Medicine - Center for Public Communications, Department of Health - Bureau of Risk Communication and Health Behavior Development, Department of Disease Control

					<ul style="list-style-type: none"> - Thai NCD Network - Ministry of digital Economy and Society
<p>5.1.3</p> <p>There is a health service unit / provider giving consultancy to minimize NCDs risks on an individual and organizational levels.</p>	<p>1. Development of tool kit, media kit/curriculum for use of internal units providing consultancy at medical institutions, schools, businesses, and primary service units in the community</p>	<p>1. Development of primary units such as community health center, health education unit at schools / businesses to enhance their potential in providing comprehensive advice which could reduce NCDs risks</p>	<p>1. Expansion of operations for service teams of alliance networks</p>	<ul style="list-style-type: none"> - Bureau of Non-Communicable Diseases, Department of Disease Control - Bureau of Health Promotion, Department of Health 	<ul style="list-style-type: none"> - Bureau of Mental Health and Development, Department of Disease Control - Thai NCD Network - Department of Health - Bureau of Health Administration, Office of Permanent Secretary, Ministry of Public

					Health
5.1.4 There is an efficient risk minimizing service formats.		1. Assessment and development of technology 2. Setting up pilot risk-reducing service in prototype zone	1. Extraction of lesson learned, options/opportunities to for expansion to other areas	- Department of Disease Control	
Strategy 5.2 Reform of health service for chronic patients (with or without complications) at medical service stations to ensure efficiency and support patients' self-management KPIs: Percentage of service units which have developed an efficient management formats for chronic diseases and support self-care of patients with complication with quality that meets standard					
5.2.1 Development of chronic disease clinic, clinic for change of behavior/ risk minimization at hospitals to enable management of disease, risk	1. Development of standard to enhance the quality of care and support for self-management of service recipients and to reduce risk, which is opted by the clinics for change of behavior / risk minimization and hospitals	1. Development of guidelines / manual on care for chronic disease to put in place a comprehensive module with integrated care for various chronic diseases in a manner that meets the standard	1. There are clinics for chronic disease as well as clinics for change of behavior / risk minimization and hospitals which can provide care for patients while managing risk reduction and	- Bureau of Non-Communicable Diseases, Department of Disease Control - Bureau of Alternative Medicine, Department of	- Bureau of Academic Medicine, Department of Medical Services

<p>minimization, and complications in a manner that meets the standard</p>	<p>as such as clinics for alcohol/tobacco addicts, people with obesity, or stress clinics</p> <p>2. Development of standard to enhance the quality of care provided to patients suffering specific chronic disease i.e. DM, HT, IHD, COPD, and cancer</p> <ul style="list-style-type: none"> - Development of tool kit and key knowledge base to prevent and control CVD and CKD for public health service stations - Preparation of standard tool for prevention and 	<p>2. Development of mechanism to monitor complication of chronic disease</p>	<p>complication conditions as per the standards</p>	<p>Thai Traditional and Alternative Medicine</p>	
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	<p>control of DM and HT for risk-prone groups and patient groups at public health service stations</p> <p>3. Quality improvement for guidelines and assessment of NCDs clinics</p>				
<p>5.2.2 The interdisciplinary team with knowledge and skills to provide service on prevention of chronic disease and complications, which supports self-care and</p>	<p>1. Development of capability of interdisciplinary team to be able to provide chronic disease and complication condition prevention service as per the standard to enhance the quality of care for patients suffering from specific chronic diseases</p> <p>2. Provision of training to</p>	<p>1. Development of capability of interdisciplinary team to be able to provide chronic disease and complication condition prevention service as per the standard to enhance the quality of care for patients suffering from specific</p>	<p>1. Development of capability of interdisciplinary team to be able to provide chronic disease and complication condition prevention service as per the standard to enhance the quality of care for patients suffering from specific chronic diseases</p> <p>2. Development of lecturer</p>	<p>- Bureau of Non-Communicable Diseases, Department of Disease Control</p> <p>- Department of Medical Support Services</p> <p>- PCC team (Office of Public</p>	<p>- Department of Medical Services</p>

<p>promotes risk minimization to service recipients</p>	<p>develop capacity and skill for VCD and CKD operations for public health personnel and provision of training for transfer of DM/HT standard set of knowledge</p>	<p>chronic diseases</p> <p>2. Development of lecturer team to provide knowledge on behavioral change processes</p>	<p>team to provide knowledge on behavioral change processes</p>	<p>Health Management)</p>	
<p>5.2.3 There is a system to provide continuous care for patients and it is linked to service provision units.</p>		<p>1. Development of data system for care of chronic patients, namely</p> <ul style="list-style-type: none"> - Smartphone application to provide knowledge on patient monitoring by means of connecting the application with the 	<p>1. Development of new data system</p>	<p>-</p>	<p>-</p>

		<p>technology center of each agency, which is linked to the technology center of the province and that of the Ministry of Public Health</p>			
<p>5.2.4 The services for chronic diseases at primary health stations are comprehensive and efficient.</p>		<p>1. Development of service to prevent and care for chronic patients on digital platform</p>	<p>1. Expansion of service to prevent and care for chronic patients on digital platform</p>	<ul style="list-style-type: none"> - Bureau of Non-Communicable Diseases, Department of Disease Control - Bureau of Academic Medicine, Department of Medical Services 	<ul style="list-style-type: none"> - Bureau of Alternative Medicine, Department of Thai Traditional and Alternative Medicine - Department of Medical Support Service - Center for Information Technology and

					Communication, Office of Permanent Secretary, Ministry of Public Health - NECTEC - Thai Health Promotion Foundation
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Unofficial translation

Strategy 6: Development of system to support and drive integrated implementation

Objective: Implementation is driven and efficient support is given to NCDs prevention and control

KPIs: Percentage of success as per the strategy

Productivity	2017	2018	2019 – 2021	Responsible units	
				Primary	Secondary
strategy 6.1 Develop mechanism to drive implementation of strategies engaged by various alliances in an efficient manner					
KPIs: Percentage of projects which were integrated as planned which lead to implementation					
6.1.1 There are mechanisms for continuous management and administration of strategic implementation on national, regional, provincial, and district levels with	<u>Central unit</u> 1. Arrangement of a monthly core team meeting to drive and coordinate for initiatives asper the strategy 2. Arrangement of Administration Committee Meeting every 6 months 3. Arrangement of 6-	<u>Central unit</u> 1. Arrangement of a monthly core team meeting to drive and coordinate for initiatives asper the strategy 2. Arrangement of Administration Committee Meeting every 6 months 3. Arrangement of 6-	<u>Central unit</u> 1. Arrangement of a monthly core team meeting to drive and coordinate for initiatives asper the strategy 2. Arrangement of Administration Committee Meeting every 6 months 3. Arrangement of 6-	- Office of Healthy Lifestyle Management - Bureau of Non-Communicable Diseases, Department of Disease Control	- Office of the National Economic and Social Development Board - Department of Local Administration, Ministry of Interior

<p>the engagement of alliance networks.</p>	<p>strategy sub-committees every 3 months to prepare action plan to drive NCDs operations which will be proposed to the cabinet, to integrate operations and to ensure monitoring process.</p> <p>4. Expedition and implementation to establish the coordinator team between CCS (Country Cooperation Strategy) and the public and private sector to enable integrated operations with collaboration from all departments and</p>	<p>strategy sub-committees every 3 months to prepare action plan to drive NCDs operations which will be proposed to the cabinet, to integrate operations and to ensure monitoring process</p> <p>4. Expedition and implementation to establish the coordinator team between CCS (Country Cooperation Strategy) and the public and private sector to enable integrated operations with collaboration from all departments and</p>	<p>strategy sub-committee every 3 months to prepare action plan to drive NCDs operations which will be proposed to the cabinet, to integrate operations and to ensure monitoring process</p> <p>4. Expedition and implementation to establish the coordinator team between CCS (Country Cooperation Strategy) and the public and private sector to enable integrated operations with collaboration from all departments and bureaus, operated by</p>		<ul style="list-style-type: none"> - Office of Permanent Secretary, Ministry of Education - Office of the Private Education Commission - Office of the Basic Education Commission - Office of the Higher Education Commission - IHHP - Institute of Nutrition,
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	<p>bureaus, operated by full-time officers</p>	<p>bureaus, operated by full-time officers</p> <p>5. Arrangement of meeting to announce happy operating policies and directions to officers on regional and provincial levels</p>	<p>full-time officers</p> <p>5. Arrangement of meeting to announce happy operating policies and directions to officers on regional and provincial levels</p>		<p>Mahidol University</p> <ul style="list-style-type: none"> - Health Systems Research Institute - NHSO - Social Security Office - Department of Medical Services - Department of Health - Thai FDA - Department of Mental Health - Institute of
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					Research, Knowledge Management , and Standards of Disease Control, Department of Disease Control - Bureau of Policy and Strategy - ThaiHealth - NHSO (Civil Health Regions)
	<u>Regional units</u> 1. Arrangement of NCDs Board meeting on	<u>Regional units</u> 1. Arrangement of NCDs Board meeting on	<u>Regional units</u> 1. Arrangement of NCDs Board meeting on	- Health Region - PHO	- Related hospitals and DPH

	<p>regional and provincial levels to monitor and drive NCDs operations</p> <p>2. Arrangement of management committee / assessment on district level (DHCC) / DHS / DHB to drive and monitor NCDs operations</p>	<p>regional and provincial levels to monitor and drive NCDs operations</p> <p>2. Arrangement of management committee / assessment on district level (DHCC) / DHS / DHB to drive and monitor NCDs operations</p>	<p>regional and provincial levels to monitor and drive NCDs operations</p> <p>2. Arrangement of management committee / assessment on district level (DHCC) / DHS / DHB to drive and monitor NCDs operations</p>		
<p>6.1.2 Integration of action plans from all sectors and implementation as planned.</p>	<p><u>Central units</u></p> <p>1. Arrangement of meetings to prepare the integrated plan from all sectors (twice)</p> <p><u>Regional units</u></p> <p>1. Prepare the integrated plan from all sectors on provincial and district</p>	<p><u>Central units</u></p> <p>1. Arrangement of meetings to prepare the integrated plan from all sectors (twice)</p> <p><u>Regional units</u></p> <p>1. Prepare the integrated plan from all sectors on provincial and district</p>	<p><u>Central units</u></p> <p>1. Arrangement of meetings to prepare the integrated plan from all sectors (twice)</p> <p><u>Regional units</u></p> <p>1. Prepare the integrated plan from all sectors on provincial and district</p>	<ul style="list-style-type: none"> - District Executive /Evaluation Committee (EC) - PCC, DHS, DHB - LAO 	<ul style="list-style-type: none"> - District / sub-district hospitals - Regional NHSO

	<p>levels</p> <p>2. Expedition for community action plan that ensure engagement of all sectors to solve NCDs issues in their area</p>	<p>levels</p> <p>2. Expedition for community action plan that ensure engagement of all sectors to solve NCDs issues in their area</p>	<p>levels</p> <p>2. Expedition for community action plan that ensure engagement of all sectors to solve NCDs issues in their area</p>		
<p>Strategy 6.2: Develop the monitoring system for evaluation of NCDs prevention and control result on a national, regional, and provincial level</p> <p>KPIs: Percentage of NCDs prevention projects which are monitored and evaluated on each level</p>					
<p>6.2.1</p> <p>Monitoring and evaluation plan and mechanism for strategic plans and action plans</p>	<p>1. Arrangement for meetings to review strategies and implementation of NCDs operation</p> <p>2. Supervision on monitoring of progress of NCDs operations and monitoring of drivers for deployment of strategies</p>	<p>1. Arrangement for meetings to review strategies and implementation of NCDs operation</p> <p>2. Supervision on monitoring of progress of NCDs operations and monitoring of drivers for deployment of strategies</p>	<p>1. Arrangement for meetings to review strategies and implementation of NCDs operation</p> <p>2. Supervision on monitoring of progress of NCDs operations and monitoring of drivers for deployment of</p>	<p>- Office of Healthy Lifestyle Management</p> <p>- Bureau of Non-Communicable Diseases, Department of Disease Control</p>	<p>- Inspection Division</p> <p>- Center for Information Technology and Communication, Office of Permanent Secretary,</p>

	<p>on national NCDs prevention and control on regional level (12 regions) and provincial level</p> <p>3. Monitoring and assessment of operation of NCD prevention in working age group (2017)</p>	<p>on national NCDs prevention and control on regional level (12 regions) and provincial level</p> <p>3. Development of evaluation mechanism and academic support by experts to oversee the overall NCDs operations (meetings, analysis and assessment of situation every 2 months)</p>	<p>strategies on national NCDs prevention and control on regional level (12 regions) and provincial level</p> <p>3. Development of evaluation mechanism and academic support by experts to oversee the overall NCDs operations (meetings, analysis and assessment of situation every 2 months)</p>		<p>Ministry of Public Health</p>
	<p><u>Regional units</u></p> <p>1. Regional Health Office in collaboration with Office of Disease Prevention and Control jointly conduct supervision of</p>	<p><u>Regional units</u></p> <p>1. Regional Health Office in collaboration with Office of Disease Prevention and Control jointly conduct</p>	<p><u>Regional units</u></p> <p>1. Regional Health Office in collaboration with Office of Disease Prevention and Control jointly conduct supervision of</p>	<ul style="list-style-type: none"> - Regional Public Health Office - Provincial Public Health Office - District Public Health Office 	<ul style="list-style-type: none"> - Office of Disease Prevention and Control in each Health Region - Provincial

	<p>NCDs operation of each province in each region</p> <p>2. Provincial Public Health supervises NCDs operation in each district</p> <p>3. District Public Health supervise NCDs operation of each district</p>	<p>supervision of NCDs operation of each province in each region</p> <p>2. Provincial Public Health supervises NCDs operation in each district</p> <p>3. District Public Health supervise NCDs operation of each district</p>	<p>NCDs operation of each province in each region</p> <p>2. Provincial Public Health supervises NCDs operation in each district</p> <p>3. District Public Health supervise NCDs operation of each district</p>		<p>hospital</p> <p>- District hospitals</p>
<p>6.2.2</p> <p>The system to manage series of information which covers and connects to all sectors as per the strategy</p>	<p><u>Central units</u></p> <ul style="list-style-type: none"> - Analysis and reporting achievement of the operation with the use of national NCDs data system and reporting to management and related parties for acknowledgement <p><u>Regional units</u></p>	<p><u>Central units</u></p> <ul style="list-style-type: none"> - Analysis and reporting achievement of the operation with the use of national NCDs data system and reporting to management and related parties for acknowledgement <p><u>Regional units</u></p>	<p><u>Central units</u></p> <ul style="list-style-type: none"> - Analysis and reporting achievement of the operation with the use of national NCDs data system and reporting to management and related parties for acknowledgement <p><u>Regional units</u></p>	<ul style="list-style-type: none"> - Office of Healthy Lifestyle Management - Bureau of Non-Communicable Diseases, Department of Disease Control - Health Regions - Provincial Public Health Office 	<ul style="list-style-type: none"> - Center for Information Technology and Communication, Office of Permanent Secretary, Ministry of Public Health

	- Analysis and reporting achievement of the operation with the use of regional, provincial, and district NCDs data system	- Analysis and reporting achievement of the operation with the use of regional, provincial, and district NCDs data system	- Analysis and reporting achievement of the operation with the use of regional, provincial, and district NCDs data system	- District Public Health Office / Hospitals	
Strategy 6.3: Develop personnel of all related alliances to be able to deploy the strategies					
KPIs: Percentage of key personnel on each level whose implementation meets the standard					
6.3.1 The efficient chronic disease system manager on national, regional, provincial, district, and sub-district levels	<u>Central units</u> - Provision of training / recovery of potential for the chronic management system manager team of the health region, provincial public health office, community hospitals, and district public health office (once/year)	<u>Central units</u> - Provision of training / recovery of potential for the chronic management system manager team of the health region, provincial public health office, community hospitals, and district public health office (once/year)	<u>Central units</u> - Provision of training / recovery of potential for the chronic management system manager team of the health region, provincial public health office, community hospitals, and district public health office (once/year)	- Department of Disease Control - Department of Health - Department of Medical Support Services - Department of Medical Services - Department of Thai Traditional and Alternative	-

				Medicine	
	<u>Regional units</u> <ul style="list-style-type: none"> - Arrangement for NCDs learning process to develop the system manager (SM) to build a teamwork environment to drive NCDs operations 	<u>Regional units</u> <ul style="list-style-type: none"> - Arrangement for NCDs learning process to develop the system manager (SM) to build a teamwork environment to drive NCDs operations 	<u>Regional units</u> <ul style="list-style-type: none"> - Arrangement for NCDs learning process to develop the system manager (SM) to build a teamwork environment to drive NCDs operations 		
6.3.2 Teams of public health and interdisciplinary personnel with knowledge and skills to provide consultancy, change behaviors, and care for chronic	<ul style="list-style-type: none"> - Provision of training for development / recovery of potential for teams of public health personnel and the interdisciplinary team to equip them with knowledge and skill for providing consultancy on behavioral change 	<ul style="list-style-type: none"> - Provision of training for development / recovery of potential for teams of public health personnel and the interdisciplinary team to equip them with knowledge and skill for providing consultancy on behavioral change and care for NCDs 	<ul style="list-style-type: none"> - Provision of training for development / recovery of potential for teams of public health personnel and the interdisciplinary team to equip them with knowledge and skill for providing consultancy on behavioral change and care for NCDs 	<ul style="list-style-type: none"> - Department of Disease Control - Department of Health - Department of Medical Support Services - Department of Medical Services - Department of Thai 	-

patients in an inclusive manner	and care for NCDs patients in an inclusive manner (once/year)	patients in an inclusive manner (once/year)	patients in an inclusive manner (once/year)	Traditional and Alternative Medicine	
<p>6.3.3 Personnel of organizations and networks such as educational institutions, businesses, local administrative organizations, and civil society have knowledge and skills for NCDs surveillance, prevention, and control</p>	<p>1. Provision of training for development / recovery of potential for organizations and networks to provide knowledge and increase awareness on NCDs surveillance, prevention and control</p> <p>2. Establishment of operating mechanism for alliance networks and civil sector to solve NCDs issues</p>	<p>1. Provision of training for development / recovery of potential for organizations and networks to provide knowledge and increase awareness on NCDs surveillance, prevention and control</p> <p>2. Establishment of operating mechanism for alliance networks and civil sector to solve NCDs issues</p>	<p>1. Provision of training for development / recovery of potential for organizations and networks to provide knowledge and increase awareness on NCDs surveillance, prevention and control</p> <p>2. Establishment of operating mechanism for alliance networks and civil sector to solve NCDs issues</p>	<p>- Department of Disease Control</p> <p>- Department of Health</p>	<p>- Networks</p> <p>- Civil Society</p> <p>- IHPP</p>
<p>Strategy 6.4 Integrate research, knowledge management, and innovations to support the NCDs prevention and control system</p>					

KPIs:- Percentage of NCDs research and knowledge management, which are implemented as planned

- Percentage of research, series of knowledge and innovations which are distributed and applied

<p>6.4.1 There are networks and research plans, knowledge management, and innovation development for appropriate applications</p>	<ol style="list-style-type: none"> 1. Arrangement of meeting to prepare the research plan and NCDs knowledge management as well as monitor and evaluate progress of the plan implementation 2. Organizing National NCDs Forum to present research works which will be applied to the operations (once/year) 3. Establishment of knowledge base and NCDs knowledge sharing 	<ol style="list-style-type: none"> 1. Arrangement of meeting to prepare the research plan and NCDs knowledge management as well as monitor and evaluate progress of the plan implementation 2. Organizing National NCDs Forum to present research works which will be applied to the operations (once/year) 3. Establishment of knowledge base and NCDs knowledge sharing 	<ol style="list-style-type: none"> 1. Arrangement of meeting to prepare the research plan and NCDs knowledge management as well as monitor and evaluate progress of the plan implementation 2. Organizing National NCDs Forum to present research works which will be applied to the operations (once/year) 3. Establishment of knowledge base and NCDs knowledge sharing 	<ul style="list-style-type: none"> - Department of Disease Control - Department of Health - Department of Medical Support Services - Department of Medical Services - Department of Thai Traditional and Alternative Medicine - IHPP - Health Research System Institute - Thai NCD Network - Institute of 	<ul style="list-style-type: none"> - Center for Information Technology and Communication, Office of Permanent Secretary, Ministry of Public Health
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				Research, Knowledge Management, and Standards of Disease Control, Department of Disease Control - Society and Health Institute (SHI)	
6.4.2 There is a long-term plan for development of NCDs management system.	1. Arrangement of meeting to prepare the long-term research plan for development of NCDs management system (conducted in line with	1. Arrangement of meeting to prepare the long-term research plan for development of NCDs management system (conducted in line with	1. Arrangement of meeting to prepare the long-term research plan for development of NCDs management system (conducted in line with	- Department of Disease Control - Department of Health - Department of Medical Support	- IHPP

	<p>the activity 1 of the productivity 6.4.1)</p> <p>2. Development of knowledge base and innovation for Thai traditional medicine and alternative medicine for NCDs health care</p>	<p>the activity 1 of the productivity 6.4.1)</p> <p>2. Development of knowledge base and innovation for Thai traditional medicine and alternative medicine for NCDs health care</p>	<p>the activity 1 of the productivity 6.4.1)</p> <p>2. Development of knowledge base and innovation for Thai traditional medicine and alternative medicine for NCDs health care</p>	<p>Services</p> <ul style="list-style-type: none"> - Department of Medical Services - Department of Thai Traditional and Alternative Medicine - Health Research System Institute 	
<p>6.4.3</p> <p>There are extension of research and innovations for the purpose of policy making or commercial application</p>	<p>1. Consideration of research and innovations that can be extended to policy, which will enable implementation/commercial production by means of providing/finding budgetary support for such extensive research (once/year)</p>	<p>1. Consideration of research and innovations that can be extended to policy, which will enable implementation/commercial production by means of providing/finding budgetary support for such extensive</p>	<p>1. Consideration of research and innovations that can be extended to policy, which will enable implementation/commercial production by means of providing/finding budgetary support for such extensive research (once/year)</p> <p>2. Development of Thai</p>	<ul style="list-style-type: none"> - Department of Disease Control - Department of Health - Department of Medical Support Services - Department of Medical Services - Department of Thai Traditional and 	<ul style="list-style-type: none"> - IHPP - Health Research System Institute

	2. Development of Thai traditional medicine and alternative medicine for NCDs health care	research (once/year) 2. Development of Thai traditional medicine and alternative medicine for NCDs health care	traditional medicine and alternative medicine for NCDs health care	Alternative Medicine	
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Unofficial translation

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ANNEX

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Ministerial Order

No. 345/2560

RE: Appointment of the 5-Year National NCDs

Prevention and Control Action Plan (2017-2021) Drafting Committee

Reference is made to the Directive of the Ministry of Public Health No. 2237/2559 dated 1 December 2016 appointing the Thai Healthy Lifestyle Phase II Implementation Committee: Appointment of the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) where the Department of Disease Control, the Bureau of Non-Communicable Diseases, and the Thailand Healthy Strategic Management Office to jointly draft the national NCDs strategic plan and the action plan to put in place a guideline for operations to reduce preventable NCDs which are in line with the prevention and control works to achieve the 9 global targets and the context of Thailand.

To ensure smooth and efficient implementation of the national NCDs prevention and control strategic plan, the Public Health Minister, by the authority given under Section 20 of the Government Administration Act B.E 2534 and amendment thereof, has issued a directive as follows.

No. 1 The Appointment of the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) Drafting Committee as follows.

(1)	Public Health Minister	Chairman to the Committee
(2)	Public Health Permanent Secretary	Vice Chairman
(3)	Interior Permanent Secretary	Member
(4)	Education Permanent Secretary	Member
(5)	Commerce Permanent Secretary	Member
(6)	Permanent Secretary of Ministry of Social	Member

	Development and Human Security	
(7)	Labor Permanent Secretary	Member
(8)	Director-General of Department of Local Administration Ministry of Interior or representative	Member
(9)	Director-General of Department of Labor Protection and Welfare, Ministry of Labor or representative	Member
(10)	Director-General of Department of Public Relations or representative	Member
(11)	Director-General of Department of Medical Services, Ministry of Public Health or representative	Member
(12)	Director-General of Department of Health or representative	Member
(13)	Director-General of Department of Mental Health or representative	Member
(14)	Director-General of Health Service Support Department, Ministry of Public Health or representative	Member
(15)	Director-General of Department of Medical Sciences, Ministry of Public Health or representative	Member
(16)	Director-General of Department of Thai Traditional and Alternative Medicine, Ministry of Public Health, or representative	Member
(17)	Secretary to the Food and Drug Administration, Ministry of Public Health, or representative	Member
(18)	Secretary to Office of the Higher Education Commission, Ministry of Education, or representative	Member
(19)	Secretary to Social Security Office, Ministry of	Member

	Labor, or representative	
(20)	General Manager to the Thai Health Foundation, or representative	Member
(21)	Secretary to the Office of the National Economic and Social Development Board, Office of Prime Minister, or representative	Member
(22)	Director of National Statistical Office, Ministry of Information and Communication Technology, or representative	Member
(23)	Director of Health System Research Institute, Ministry of Public Health, or representative	Member
(24)	Secretary to National Health Security Office, or representative	Member
(25)	Secretary to The National Health Commission Office, or representative	Member
(26)	Director of The International Health Policy Program, Thailand, Office of Permanent Secretary to Ministry of Public Health, or representative	Member
(27)	President of Thai NCD Alliance, or representative	Member
(28)	President of The Royal College of Physicians of Thailand, or representative	Member
(29)	President of The Federation of Thai Industries, or representative	Member
(30)	Chairman of The Thai Chamber of Commerce and Board of Trade of Thailand, or representative	Member
(31)	President of The National Municipal League of Thailand, or representative	Member
(32)	President of Foundation for Consumers, or representative	Member
(33)	President of Thailand Village Health Volunteer Foundation, or representative	Member

(34)	President of Provincial Administrative Organization, or representative	Member
(35)	President of Sub-district Administrative Organization, or representative	Member
(36)	Secretary to The Thai National Health Foundation, or representative	Member
(37)	Prof. Emeritus Prakit Vathesatogkit	Member
(38)	Representative of World Health Organization	Member
(39)	Director-General of Department of Disease Control, Ministry of Public Health	Member and Secretary
(40)	Director-General of Bureau of Policy and Strategy, Office of Permanent Secretary, Ministry of Public Health	Member and Assistant Secretary
(41)	Director of Thailand Healthy Strategic Management Office, Office of Permanent Secretary, Ministry of Public Health	Member and Assistant Secretary
(42)	Director of Office of Non-Communicable Disease, Department of Disease Control, Ministry of Public Health	Member and Assistant Secretary

No. 1.2 The appointed Committee shall be empowered to carry out the following duties.

- (1) To establish direction and strategies to support NCDs prevention and control on a national level;
- (2) To manage, coordinate, and support operations as per the 5-year national NCDs prevention and control strategies (2017-2021) and the action plan thereof;
- (3) To monitor and evaluate implementation of the 5-year national NCDs prevention and control strategies (2017-2021);
- (4) To establish sub-committee to fulfill requirements; and
- (5) To carry out other assignments as delegated by the Public Health Minister

No. 2 The Directive of the Ministry of Public Health No. 2237/2559 dated 1 December 2016 appointing the Thai Healthy Lifestyle Phase II Implementation Committee: Appointment of the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) is hereby canceled.

This Directive is now put in effect.

Issued as at the 8th of March 2017.

(Signed)

(Mr. Piyasakol Sakolsatayadorn)

Public Health Minister

Unofficial translation

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Order of the 5-Year National NCDs

Prevention and Control Action Plan (2017-2021) Drafting Committee

No. 1/2560

RE: Appointment of the 5-Year National NCDs

Prevention and Control Action Plan (2017-2021) Drafting Sub-Committee

By the power of Clause no. 1.2 (4) of the Directive of the Ministry of Public Health No. 345/2560 dated 7 March 2017, the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) Drafting Committee hereby issues this Directive to establish 6 of the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) Drafting Sub-Committees whereas their compositions and authorities are described below.

1. Sub-Committee 1: Strategy for Development of public policies and laws that support NCD prevention and control

1.1. Composition

(1)	Delegated Deputy Permanent Secretary, Ministry of Public Health	Chairman to the Sub-Committee
(2)	Ms. Supattra Srivanichchakorn Acting MD Expert, Department of Disease Control, Ministry of Public Health	Member
(3)	Representative of The National Health Commission Office	Member
(4)	Representative of the Office of the National Economic and Social Development Board, Office of Prime Minister	Member
(5)	Representative of the Ministry of Commerce	Member
(6)	Representative of the Customs Department, Ministry of Finance	Member

(7)	Representative of Fiscal Policy Office, Ministry of Finance	Member
(8)	Representative of Department of Local Administration, Ministry of Interior	Member
(9)	Representative of Department of Labor Protection and Welfare, Ministry of Labor	Member
(10)	Representative of Ministry of Social Development and Human Security	Member
(11)	Representative of the National Health Security Office	Member
(12)	General Manager to the Thai Health Foundation, or representative	Member
(13)	Director of Legal Division, Department of Disease Control, Ministry of Public Health, or representative	Member
(14)	Director of Office of Alcohol Control Committee, Department of Disease Control, Ministry of Public Health, or representative	Member
(15)	Director of Bureau of Tobacco Control, Department of Disease Control, Ministry of Public Health, or representative	Member
(16)	Director of The International Health Policy Program, Thailand, Office of Permanent Secretary, Ministry of Public Health, or representative	Member
(17)	Representative of the Food and Drug Administration, Ministry of Public Health	Member
(18)	Director of the Bureau of Medical Laws, Department of Medical Services, Ministry of Public Health	Member
(19)	Representative of the Permanent Secretary Office, Ministry of Education	Member
(20)	Representative of the Office of the Higher Education Commission, Ministry of Education	Member
(21)	Representative of Office of Vocational Education Commission, Ministry of Education	Member

(22)	Representative of Office of Basic Education, Ministry of Education	Member
(23)	Representative of Office of Non-Formal Education, Ministry of Education	Member
(24)	Representative of Office of the Private Education Commission, Ministry of Education	Member
(25)	Representative of Public Health Laws Management Center, Department of Health, Ministry of Public Health	Member
(26)	Representative of Raipoong Network	Member
(27)	Representative of Low Salt Network	Member
(28)	Representative of StopDrink Network	Member
(29)	Representative of The Thai Chamber of Commerce and Board of Trade of Thailand	Member
(30)	President of The Federation of Thai Industries, or representative	Member
(31)	Representative of Foundation for Consumers	Member
(32)	President of Thailand Village Health Volunteer Foundation	Member
(33)	Representative of World Health Organization in Thailand	Member
(34)	Director of Office of Non-Communicable Disease, Department of Disease Control, Ministry of Public Health	Member and Secretary
(35)	Director of Thailand Healthy Strategic Management Office, Office of Permanent Secretary, Ministry of Public Health	Member and Secretary
(36)	Director-General of Bureau of Policy and Strategy, Office of Permanent Secretary, Ministry of Public Health	Member and Secretary

2. Sub-Committee 2: Strategy for Expedition of Social drivers to communicate about risks on an ongoing basis

(1)	Delegated Deputy of Department of Health, Ministry of Public Health	Chairman to the Sub-Committee
(2)	Representative of Thai NCD Alliance Network	Member

(3)	Representative of Bureau of Non-Communicable Diseases, Department of Disease Control, Ministry of Public Health	Member
(4)	Representative of Raipoong Network	Member
(5)	Representative of Law Salt Network	Member
(6)	Representative of StopDrink Network	Member
(7)	Representative of Department of Physical Education, Ministry of Tourism and Sports	Member
(8)	Representative of Department of Public Relations, Office of Prime Minister	Member
(9)	Representative of Bureau of Information, Office of Permanent Secretary, Ministry of Public Health	Member
(10)	Representative of Public Relations Division, Department of Health	Member
(11)	Representative of Office of Corporate Communications, Department of Thai Traditional and Alternative Medicine, Ministry of Public Health	Member
(12)	Representative of Primary Health Care Division, Department of Health Service Support, Ministry of Public Health	Member
(13)	Representative of Health Education Division, Department of Health Service Support, Ministry of Public Health	Member
(14)	Representative of Public Consumer Affairs Division, Thai Food and Drug Administration, Ministry of Public Health	Member
(15)	Representative of Major Risk Factor Control Section, Thai Health Foundation	Member
(16)	Representative of National Health Security Office	Member
(17)	Representative of Foundation for Consumers	Member
(18)	Representative of Center for Public Communications, Department of Health, Ministry of Public Health	Member and Secretary
(19)	Representative of Bureau of Risk Communication and Health Behavior Development, Department of Disease Control, Ministry of Public Health	Member and Secretary

3. Sub-Committee 3: Potential development for community / local administrations, and alliance networks

3.1. Composition

(1)	Delegated Deputy Director-General of Department of Health Service Support, Ministry of Public Health	Chairman to the Sub-Committee
(2)	Representative of of Department of Thai Traditional and Alternative Medicine, Ministry of Public Health, or representative	Member
(3)	Director of Bureau of Nutrition, Department of Health, Ministry of Public Health, or representative	Member
(4)	Representative of Department of Local Administration, Ministry of Interior	Member
(5)	Representative of Ministry of Social Development and Human Security	Member
(6)	Chairman of Sub-Committee, The Thai Chamber of Commerce and Board of Trade of Thailand	Member
(7)	President of The Federation of Thai Industries	Member
(8)	President of Foundation for Consumers	Member
(9)	President of National Health Foundation	Member
(10)	President of Provincial Administrative Organization	Member
(11)	President of Sub-district Administrative Organization	Member
(12)	President of The National Municipal League of Thailand, or representative	Member
(13)	President of Thailand Village Health Volunteer Foundation	Member
(14)	Representative of The National Health Commission Office	Member
(15)	Representative of the National Health Security Office	Member
(16)	Representative of Thai Health Foundation	Member
(17)	Representative of Office of Non-Communicable Disease, Department of Disease Control, Ministry of Public Health	Member
(18)	Director of The Office of Alcohol Control Committee,	Member

	Department of Disease Control, Ministry of Public Health, or representative	
(19)	Director of The Office of Tobacco Products Control Committee, Department of Disease Control, Ministry of Public Health, or representative	Member
(20)	Director of Primary Health Care Division, Department of Health Service Support, Ministry of Public Health	Member and Secretary
(21)	Representative of Bureau of Risk Communication and Health Behavior Development, Department of Disease Control, Ministry of Public Health	Member and Secretary

4. Sub-Committee 4: Development of monitoring and data management systems

4.1. Composition

(1)	Delegated Deputy Permanent Secretary of Public Health Ministry	Chairman to the Sub-Committee
(2)	Ms. Wanna Harnchaoworakul Acting MD Expert, Department of Disease Control, Ministry of Public Health	Vice Chairman to the Sub-Committee
(3)	Representative of the National Health Security Office	Member
(4)	Representative of Thai Health Foundation	Member
(5)	Director of Bureau of Non-Communicable Diseases, Department of Disease Control, Ministry of Public Health, or representative	Member
(6)	Director of Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health, or representative	Member
(7)	Head of Health Intelligence Unit, Bureau of Policy and Strategy, Office of the Permanent Secretary, Ministry of Public Health	Member
(8)	Director of Bureau of Occupational and Environmental Diseases, Department of Disease Control, or representative	Member
(9)	Director of Center of Information and Communication	Member

	Technology, Office of the Permanent Secretary: Ministry of Public Health, or representative	
(10)	Director of Planning Division, Department of Health, Ministry of Public Health, or representative	Member
(11)	Representative of the Thailand Healthy Strategic Management Office, Office of the Permanent Secretary: Ministry of Public Health, or representative	Member
(12)	Director of Social Statistics Bureau, National Statistical Office, Ministry of Digital Economy and Society	Member
(13)	Director of StopDrink Network Office, or representative	Member
(14)	Director of Tobacco Control Research and Knowledge Management, Mahidol University, or representative	Member
(15)	Director of Office of Alcohol Control Committee, Department of Disease Control, Ministry of Public Health, or representative	Member
(16)	Director of Bureau of Tobacco Control Bureau, Department of Disease Control, Ministry of Public Health, or representative	Member
(17)	Representative of Social Security Office, Ministry of Labour	Member
(18)	Representative of Office of the Permanent Secretary: Ministry of Education	Member
(19)	Representative of the Office of the Higher Education Commission, Ministry of Education	Member
(20)	Representative of Office of Vocational Education Commission, Ministry of Education	Member
(21)	Representative of Office of Basic Education, Ministry of Education	Member
(22)	Representative of Office of Non-Formal Education, Ministry of Education	Member
(23)	Representative of Office of the Private Education Commission, Ministry of Education	Member

(24)	Representative of World Health Organization in Thailand	Member
(25)	Prof. Vichai Ekpalakorn Faculty of Medicine Ramathibodi Hospital, Mahidol University	Member
(26)	Mr. Attakiat Karnchanapiboonwong Office of Non-Communicable Disease, Department of Disease Control, Ministry of Public Health	Member and Secretary
(27)	Ms. Sumanee Vatcharasin Office of Non-Communicable Disease, Department of Disease Control, Ministry of Public Health	Member and Secretary
(28)	Mr. Piboon Waikayee Ayutthaya Provincial Public Health Office	Member and Secretary
(29)	Ms. Kamolthip Vichitsoonthornkul Office of Non-Communicable Disease, Department of Disease Control, Ministry of Public Health	Member and Secretary

5. Sub-Committee 5: Management reform to reduce risk and control the diseases in line with their situation and local context

5.1.Composition

(1)	Delegated Deputy Director-General of Department of Disease Control, Ministry of Public Health	Chairman to the Sub-Committee
(2)	Delegated Deputy Director-General of Department of Health, Ministry of Public Health	Vice Chairman to the Sub-Committee
(3)	Deputy Director-General of Department of Medical Services, Ministry of Public Health (Mr. Prapon Tangsrikertikul)	Vice Chairman to the Sub-Committee
(4)	Ms. Supattra Srivanichchakorn Acting MD Expert, Department of Disease Control, Ministry of Public Health	Member
(5)	Director of Office of Alcohol Control Committee, Department	Member

	of Disease Control, Ministry of Public Health, or representative	
(6)	Director of Bureau of Tobacco Control Bureau, Department of Disease Control, Ministry of Public Health, or representative	Member
(7)	Director of Bureau of Occupational and Environmental Diseases, Department of Disease Control, Ministry of Public Health, or representative	Member
(8)	Director of Physical Activity and Health Division, Department of Health, Ministry of Public Health, or representative	Member
(9)	Director of Bureau of Health Promotion, Department of Health, Ministry of Public Health, or representative	Member
(10)	Director of Bureau of Dental Health, Department of Health, Ministry of Public Health, or representative	Member
(11)	Director of Bureau of Environmental Health, Department of Health, Ministry of Public Health, or representative	Member
(12)	Director of Bureau of Food, Food and Drug Administration, Ministry of Public Health, or representative	Member
(13)	Director of Thai Traditional Medicine Institute, Department of Health, Ministry of Public Health, or representative	Member
(14)	Director of Alternative Medicine Institute, Department of Health, Ministry of Public Health, or representative	Member
(15)	Director of Bureau of Academic Medicine, Department of Medical Services, Ministry of Public Health, or representative	Member
(16)	Director of Nursing Division, Office of Permanent Secretary, Ministry of Public Health, or representative	Member
(17)	Director of Bureau of Health Administration, Office of Permanent Secretary, Ministry of Public Health, or representative, Department of Mental Health, Ministry of	Member

	Public Health, or representative	
(18)	Director of Bureau of Promotion and Development of Mental Health	Member
(19)	Representative of Ministry of Education	Member
(20)	Representative of the Ministry of Commerce	Member
(21)	Representative of Department of Local Administration, Ministry of Interior	Member
(22)	Representative of the National Health Security Office	Member
(23)	Representative of Social Security Office, Ministry of Labour	Member
(24)	Representative of Sweet Enough Network	Member
(25)	Representative of Low Salt Network	Member
(26)	Representative of Raipoong Network	Member
(27)	Representative of Thai Health Professional Alliance against Tobacco	Member
(28)	President of Thai NCD Alliance Network	Member
(29)	Representative of Thai Health Foundation	Member
(30)	Representative of World Health Organization in Thailand	Member
(31)	Director of Office of Non-Communicable Disease, Department of Disease Control, Ministry of Public Health	Member
(32)	Director of Bureau of Nutrition, Department of Health, Ministry of Public Health, or representative	Member and Secretary
(33)	Director of Bureau of Academic Medicine, Department of Medical Services, Ministry of Public Health, or representative	Member and Secretary
(34)	Ms. Chureeporn Kongprasert Bureau of Non-Communicable Diseases, Department of Disease Control, Ministry of Public Health	Member and Secretary
(35)	Representative of Bureau of Risk Communication and Health Behavior Development, Department of Disease Control, Ministry of Public Health	Member and Secretary

6. Sub-Committee 6: Development of system to support and drive integrated implementation

6.1. Composition

(1)	Delegated Deputy Public Health Minister	Chairman to the Sub-Committee
(2)	Ms. Supattra Srivanichchakorn Acting MD Expert, Department of Disease Control, Ministry of Public Health	Member
(3)	Director of Social Development Strategy and Planning Office, Office of the National Economic and Social Development Board, Office of Prime Minister, or representative	Member
(4)	Representative of Department of Local Administration, Ministry of Interior	Member
(5)	Ms Thanapan Sooksa-ard The International Health Policy Program, Thailand, Office of Permanent Secretary, Ministry of Public Health	Member
(6)	Mr. Veerasak Jongsuwivatwong, Prince SongKhla University	Member
(7)	Mr. Suwat Jariyalersak, Research Institute for Health Science, Chiangmai University	Member
(8)	Ms. Angsana Boontham, Mahidol University	Member
(9)	Representative from Institute of Nutrition, Mahidol University	Member
(10)	Mr. Kasem Nakhonkhet, Physical Activity Research Center, Thai Health Foundation	Member
(11)	Representative of Health Systems Research Institute	Member
(12)	Representative of National Health Security Office	Member
(13)	Representative of Thai Health Foundation	Member
(14)	Representative of World Health Organization in Thailand	Member
(15)	Representative of Social Security Office	Member
(16)	Director of Bureau of Academic Medicine, Department of	Member

	Medical Services, Ministry of Public Health, or representative	
(17)	Representative of Department of Health, Ministry of Public Health	Member
(18)	Representative of Food and Drug Administration, Ministry of Public Health	Member
(19)	Representative of Department of Mental Health, Ministry of Public Health	Member
(20)	Representative of Health Service Support Department, Ministry of Public Health	Member
(21)	Representative of Bureau of Policy and Strategy, Office of the Permanent Secretary: Ministry of Public Health	Member
(22)	Representative of Institute of Research, Knowledge Management, and Standards of Disease Control, Department of Disease Control, Ministry of Public Health	Member
(23)	Representative of Center of Information and Communication Technology, Office of the Permanent Secretary: Ministry of Public Health	Member
(24)	Representative of Bureau of Alternative Medicine, Department of Thai Traditional and Alternative Medicine, Ministry of Public Health	Member
(25)	Representative of Office of the Permanent Secretary: Ministry of Education	Member
(26)	Representative of the Office of the Higher Education Commission, Ministry of Education	Member
(27)	Representative of Office of Vocational Education Commission, Ministry of Education	Member
(28)	Representative of Office of Basic Education, Ministry of Education	Member
(29)	Representative of Office of Non-Formal Education, Ministry of Education	Member

(30)	Representative of Office of the Private Education Commission, Ministry of Education	Member
(31)	Director of Thailand Healthy Strategic Management Office, Office of the Permanent Secretary: Ministry of Public Health	Member and Secretary
(32)	Director of Office of Non-Communicable Disease, Department of Disease Control, Ministry of Public Health	Member and Secretary
(33)	Mr. Somporn Netiratthakorn Thailand Healthy Strategic Management Office, Office of the Permanent Secretary: Ministry of Public Health	Member and Assistant Secretary

7. The Sub-Committees as stated in the clauses No. 1-6 shall be empowered to carry out the following duties.

7.1. To drive the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) to achieve the goal

7.2. To coordinate and prepare for the action plan under the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) by engaging alliance networks of all sectors

7.3. To monitor and evaluate the implementation in alignment with the strategy and report the related performance to the Committee

7.4. To establish working groups as deemed appropriate

7.5. To work on assignments as delegated by the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) Drafting Committee

This Directive is now put in effect.

Issued as at the 8th of March 2017.

(Signed)

(Mr. Piyasakol Sakolsatayadorn)

Public Health Minister

Chairman of 5-Year National NCDs Prevention and Control Action Plan (2017-2021) Drafting Committee