

Community Health Nursing in Thailand

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Thailand's health system has made great strides in the last century. The system of Primary Health Care (PHC) in Thailand is one of the oldest in the world. The health care system supports the concept of community involvement and Village Health Volunteer (VHV) which is the backbone of this health care delivery system.

I have always been interested to see the community's role in health care delivery system in the developed world but I got an opportunity to undergo an intensive four-week course on Community Health and Research on a WHO Fellowship at Khon Khen University, Thailand, another developing country but known worldwide for its system of PHC. Participants were from different backgrounds, doctors, speech pathologist, entomologist and nursing faculty.

The Department of Community Medicine (DCM), Faculty of Medicine, Khon Kaen University (KKU) has been actively participating in the wisdom management process of the country. Research and training activities of the DCM staff have been organized to support

the creation of knowledge and manpower development on Community Health and Research for more than three decades.

The course aimed at providing participants with an overview of the Thai health systems development, structures and programmes of health activities as well as participatory tutorials on the development of Health systems research proposals. It also provided opportunity to experience and learn contemporary community health and medicine; community health services structures and management, vertical community health programmes, family medicine and primary care, alternative medicine, social medicine, occupational health and medicine, health systems research and Thai culture and society.

Institutional and field visits in the village were included to enable the participants to gain direct experience of the actual health development activities.

Structure of the Provincial Health Administration

Public health agencies under the provincial administration are Provincial Public Health Offices, hospitals under the Ministry of Public Health and community primary health care centers. Health centers pro-

vide integrated health services at the tambon (commune of several villages in a district or subdistrict) level to the people in their designated rural areas, each covering a population of approximately 1000 to 5000. One health center is generally staffed by community health officers (a male health worker, a midwife and a technical nurse). Approximately 5946 health centers had been established until 2003. Under the universal coverage of health care system, all hospitals and health centers have to set up "community health centers" to provide integrated health service in a holistic manner and on a continuous basis to the people with programme for home visits, counseling and referrals. Each of the provincial and community hospitals serves as a "Contracted Unit of Primary Care (CUP)" and health centers receive resources from the hospital, but under the line of command of the district health officer.

Genesis of PHC

The Thai government started PHC pilot projects as early as the 1950s. The core of the Thai-PHC system included a volunteer system for the prevention of malaria. In the 1960s health volunteer projects continued to be examined as Sarapee projects and this

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experience was integrated to the famous Lampang project. Those projects were supported by American Public Health Association (APHA), Hawaii University funded by USAID. Although the term PHC was not used but the content was almost similar to that of PHC. The Thai Government started a national PHC programme in 1977 i.e. one year before the Alma Ata. The Office of the PHC in the Ministry of Public Health was established in the 1980s. This movement has created more than 10,00,000 village health volunteers (VHV) throughout the country, and trained village health leaders and monks who were influential people in the society. 20th March every year is celebrated as Health Volunteer Day. Through these activities the health status of Thai people improved significantly, and also achieving most of the "Health for All" goals.

Success Factors for PHC

Political commitment, human resources and international support have been the main factors for the success of PHC in Thailand. Another factor which has also contributed to the success of PHC is more than 300 PHC projects and each project trying to find a way to strengthen the PHC system from a different point of view. These efforts brought frequent information exchanges among the people concerned and created the basic identity of Thai PHC which preserves

the diversity of Thai culture.

Elements of PHC

In addition to the eight essential elements of PHC which we have in India (Education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; maternal and child health care, including family planning; adequate safe water supply and basic sanitation; immunization against major infectious diseases; prevention and control of local endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential basic household drugs for the community), the Thai PHC has seven additional elements, namely, AIDS prevention, accidents, consumer protection act, non communicable diseases, dental health, mental health and environment.

Lessons Learnt

Community involvement can play an important role in making successful the Government programs and policies. There is need to draw policies which motivate grass root level workers so that they involve themselves fully and contribute in providing health care services. There is need to identify their training needs seeking their views instead of a tailor-made program, and flow of information and feed-back on continuous basis. Community health volunteers need to

be provided certain incentives like providing some quota for education of their children, concession in travel, free/concessional medical facilities throughout the country, as is being provided to VHVs in Thailand.

Conclusion

Thailand's PHC system is one of the oldest and most successful in the world. The policy has emphasized community engagement with the public health service, mainly provided by the Ministry of Public Health, while the health service under the primary health care policy aimed to use volunteers from the community to rapidly extend health services to cover every corner of the country. It grew from a 1966 pilot programme to a full-fledged programme of universal health care in 1980. Community / village health volunteers, selected through a predetermined criteria and trained to fulfill their health promotion and disease prevention functions, are an essential part of the PHC model as they link the community to the organised health system. PHC in Thailand brought the issue of community participation into the health sector, which was supposed to be controlled by health/medical specialists for a long time. The civil network and communal activists have participated in the health reform process by contributing their expertise.