NCDs and SDG : The way forward
Thailand

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Thailand

**Pop. 65.4 millions** (2016)
Total mortality rate 670.6 /100,000 pop  (2014)

**NCDs Burden**
NCDs caused 349,090 deaths, 78.2 % of total deaths (2013)

75.4 % DALYS from NCDs
(8.0 millions DALYs from total 10.6 mills. DALYs)
(Yrs. 2009 - 2013)

**Causes of Deaths:**
1. CVDs : 1.5 m.DALYs
2. Cancer :
3. Diabetes

Mortality rate from NCDs (30-70 yrs.) increase 24.5%

Prev. DM 6.9%, HT 21.4% (2009)
### Thai Burden of disease 2009

#### Diseases

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>1</td>
<td>Alcohol dependence</td>
<td>Diabetes</td>
</tr>
<tr>
<td>2</td>
<td>Road traffic injuries</td>
<td>Stroke</td>
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<tr>
<td>3</td>
<td>Stroke</td>
<td>Depression</td>
</tr>
<tr>
<td>4</td>
<td>HIV/AIDS</td>
<td>Myocardial Infarction</td>
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<tr>
<td>5</td>
<td>Myocardial Infarction</td>
<td>Osteoarthritis</td>
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#### Risks

- Alcohol
- Tobacco
- Blood pressure
- Non-Helmet
- Unsafe sex
- BMI
- Cholesterol
- Low intake fruit
- Illicit drugs
- Physical Inactivity

![Risks Graph]

- **Female**
- **Male**

- 1: Alcohol
- 2: Tobacco
- 3: Blood pressure
- 4: Non-Helmet
- 5: Unsafe sex
- 6: BMI
- 7: Cholesterol
- 8: Low intake fruit
- 9: Illicit drugs
- 10: Physical Inactivity
THAILAND

RISK FACTORS

- SMOKING stable 23 – 24 % (since 2007) increase in the youth
- Alcohol drinking 1/3
- Over-weighted 1/5
- Inadequate exercise 1/3
- Physical inactivity increase
- 12.3 % Breast feeding (6 months)
- Sodium intake more than 2 gms/day
Thailand National Strategic Plan on Health

20 YRS

(2017-2036)
Life Expectancy at Birth, Thailand

Source: World Bank, 2014

Japan 84.0
Singapore 83.0
Malaysia 75.0  Thailand 74.75

Years
Source LE - Institute for Population and Social Research, Mahidol University
HALE - MOPH
Urbanization  Aging Society  Connected world and international trade  Climate Change  Advancement in Technology
MOPH

Mandate
Central – Policy development, Regulation, M & E
Regional (Health Zone) – Health Service Management & Execution of Policy to Operations

Vision
Major health agency that engages social power for healthy people

Mission
To improve and govern health system through participation and for sustainability

Goal
Healthy People, Happy Health Workers, Sustainable Health System

Core Value
Mastery, Originality, People-centered approach, Humility (MOPH)

1. P&P Excellence
2. Service Excellence
3. People Excellence
4. Governance Excellence

4 Excellence Strategies
3 Goals and Indicators

Healthy People (LE 80 years)
- Life Expectancy (LE) at least 80 years
- External causes
- Chronic diseases
  - Healthy Life Expectancy (HALE) at least 72 years
  - Reduce risk factors/illness
  - Health Promotion

Happy Health Workers
- Happy Work Life Index $\geq 50$
- Happy Workplace Index $\geq 57$

Sustainable Health System
- Access to care
- Coverage
- Quality
- Governance

8 Corporate KPIs
100 Functional PIs

Life Expectancy (LE) at least 80 years

Happy Work Life Index $\geq 50$

Happy Workplace Index $\geq 57$
Road Map of 20 years (4 Phases)

1. **System Reform**
   - Phase 1 (2017-2021)

2. **Strengthening**
   - Phase 2 (2022-2026)

3. **Sustainable System**
   - Phase 3 (2027-2031)

4. **Top 3 of Asia**
   - Phase 4 (2032-2036)

**Governance Policy**
- 20-year National Strategic Plan plus Thailand’s Public Health Reform
- Thailand 4.0 Value-based Economy
- The 12th National Economic and Social Development Plan (2017 - 2021)
- Thailand 4.0: Value-based Economy Reform Plan
4 Excellence Strategies

1. Prevention & Promotion Excellence
2. Service Excellence
3. People Excellence
4. Governance Excellence
1. Improving governance and public service quality
2. Improving ICT system for health
3. Healthcare financing
4. Restructure and develop health-related laws

1. Improving primary health care
2. Developing medical service system
3. Improving emergency medicine and referral
4. Improving quality of health service system
5. Royal patronage and special area projects
6. Thailand 4.0 on Health

1. HRH strategy and organization
2. Health workforce management
3. HRH development
4. HRH network
Reduce Premature Mortality LE 80 years (156,561 deaths averted)

Reduce risk and disease increase HALE to 72 years

External causes
1) Road traffic injuries 14,483 deaths averted
2) Suicide 4,179 deaths averted
3) Drowning 3,245 deaths averted
4) Violence 2,162 deaths averted
5) Lung cancer 12,867 deaths averted
6) Tuberculosis 12,000 deaths averted
7) COPD 6,464 deaths averted
8) HIV/AIDS 11,930 deaths averted

Chronic diseases
1) Diabetes 28,260 deaths averted
2) Stroke 27,521 deaths averted
3) Ischemic Heart Dz 19,151 deaths averted
4) Liver cancer 16,116 deaths averted
5) Lung cancer 12,867 deaths averted

Risk factors/Diseases
1) Prevalence of addicts
   - Alcohol users 32%
   - Smokers 21%
   - Drug addicts 78,153 persons
2) Hypertension
   - Prevalence 25%
   - Under control 26%
3) Overweight/Obesity
   - % normal BMI (F<55/M<42)
   - % normal for age <18
4) Reproductive/Sex Health
   - % teen pregnancy (<200)
   - Live birth rate in teen mom
5) Mental/Emotion well-being
   - % EQ
   - % Patients access to mental health care (45%)
6) Active Life style
   - % good behavior
   - >6 years with enough sleep
7) Healthy Consuming
   - % proper eating
   - % healthy meal
8) Environment Health
   - % good hygiene
   - % waste management
9) Oral Health
   - % poor dental health (7.2%)

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Innovations to tackle NCD risk factors in Thailand
Linkage between the Triangle that moves the mountain and the Tipping points to reverse the NCD risk factors

“Triangle that moves the mountain”

- Knowledge generation & management
- Social movement
- Political/Policy linkages

“Tipping point”

- Three groups of people
- Conductive Environment
- Stickiness of the issue

Wasi P. 

Gladwell M.
Triangle that moves the mountain

- **Legalized National Multi-sectoral Mechanisms**, chaired by the PM, to tackle risk factors – Tobacco and Alcohol Control acts, National food committee act, Sin tax health promotion foundation, National Health Commission – **Policy and political angle**

- **Social mobilizations** – strong civil society and community networks on all risk factors *with committed champions with high social and intellectual capital* – **Social angle**

- **Evidence Generation and Management** – Tobacco Research center, Alcohol Research Center, HP/HS research networks, Food and Nutrition policy research program – **intellectual angles**
Sin tax based Thai Health Promotion Foundation

- Thai Health Promotion Foundation Act 2001

- 2% additional levy on excise tax of tobacco and alcohol – millions 150 $US per year

- Independent multi-sectoral board chaired by the PM, half multi-sectoral ex officio, half independent social champions

- Focus on risk factors of NCDs and SDH as well as Health Systems based Health Promotion and Disease Prevention

- Work with policy makers, civil society, academia and communities
Tackle NCD risk factors under the UHC

• 100% population coverage since 2002

• 20% UHC budget for Health Promotion and Disease Prevention – especially NCD risk factors

• Special funds for secondary prevention of metabolic diseases – DM and HT

• Establishment of almost 7,000 community health funds jointly funded by the local government to work on community health including NCD risk factors
National Plan related to NCD Prevention and Control

- National Health Assembly’s resolutions
  - Prevention & control of Overweight and Obesity
  - Tobacco and alcohol control
  - 9 National NCD and risk factor targets
- Thailand Healthy Lifestyle Strategic Plan 2011-2020
- National Tobacco Control Strategic Plan 2010-2014
- National Alcohol Consumption Control Policy 2010
- Overweight and Obesity Management Strategic Plan 2010-2019
Thailand Healthy Lifestyle phase II: National NCDs Strategic Plan 2017-2021
Objectives

1. To raise the priority of NCDs prevention and control at the national and regional through international cooperation and advocacy.

2. Strengthen the national capacity and multi stakeholder action to accelerate country response.

3. Reduce modifiable risk factors and underlying social determinants.

4. Strengthen and reorient health system to address NCDs through people centered care.

5. Support and promote national capacity for high quality research and development.

6. Monitor the trend and determinants of NCDs and evaluate progress of the programs.

Vision

A country free of the avoidable burden of Non-Communicable Diseases.

Goal

Reduce preventable and avoidable burden from morality, morbidity and disability due to NCDs.
1. Public Policy and Legislation to control and prevent NCDs and risk factors

2. Social Mobilization and continuous Public communication

3. Support and strengthen the potentials of communities, local gov. and networks

4. Strengthen the surveillance and data management

5. Reform the services for risk reduction and disease prevention to be context relevant

6. Strengthen the supporting system to implement the strategies with more integrate

Strategies
Cost of health exam (government, employer, out of pocket)

PP activities/projects implemented by the government or other (e.g., employer benefits for the workforce, non-profit agency, international funding).

Population-wide intervention

Primary prevention: No NCD

- Increase by 2% of the price of the excise tax on tobacco and alcohol

Service-based/Individual-based interventions

Treatment & Prevention of Complications (Secondary prevention)

Management of complications (Tertiary prevention)

Gov’t. Budget

Private spending

THPF

UC (NHSO.)

- MOPH
- Ministries
- Local Gov’t.
- State Enterprise
- CSMBS

- MOPH
- Ministries
- Local Gov’t.
- State Enterprise
- CSMBS

- household
- other*

Out-of-pocket payment & other

Grant Capitation

Capitation and PAY for performance

Capitation

Grant & employer benefits

UC PP Area-based scheme

UC PP Express-based scheme

Other budget related to UC

• activities/campaigns on NCD and risk factors
• produce educational media and disseminate
• other

- Community level PP activities using the Tambon health security fund resources

- Education about health promotion and prevention, metabolic screening, Pap smear, etc., by the service provider for the primary outlet, THPH, district or provincial hospital

- Cost of health exam (gov’t., employer, out of pocket)
- PP activities/projects implemented by the gov’t. or other (e.g., employer benefits for the workforce, non-profit agency, international funding).

Implementation and Management of NCDs

• Best Buy interventions for control smoking and alcohol drinking
• Provide the services for secondary and tertiary prevention through the existing health care system
• With a strong primary care system and main health care system under the MoPH and finance by the universal health coverage scheme, social security scheme, and the MoPH budget; 60-80% of DM, HT patients have been screened and treated properly. However, only one third of treated patients could control their BS well.
Community and Civic group involvement / engagement

- The example of good practice to reduce risk factors of NCDs as: Tobacco and alcohol control (SEATCA, ASH stop drink network, Sweet enough network, Thailand fatless belly network, Low salt network, Tobacco Research centre, Alcohol Research centre, PA Research centre, Food Health Policy.

- Community involvement at the village and sub-district level to innovate the programs for reducing risk factors such as ban alcohol consumption in the religious ceremonies, various type of physical activities for the elderly, healthy food, and disease screening.
Summary of Thai case study

• Stabilized funding through internal funding at the national and community level
• All target and framework for international have to be adjusted with Thai NCD situation through the country coordinating mechanism
• Strong point for services coverage, but still weak with respect to primary prevention and more effective quality care