Development of Health Promoting Hospitals in Thailand

Nanta Auamkul M.D. Senior Medical Officer in Health Promotion, Department of Health
Siripon Kanshana M.D. Director of Bureau of Health Promotion, Department of Health
Alisa Phirangapaura Policy and Planning Analyst, Department of Health

Health Promoting Hospital not only offer high quality comprehensive curative services but also integrates and implements health promotion through changes on the organizational development of social structures and organizational culture of the hospital. HPH initiates and supports active participation of patients and staff, builds supportive hospital environment, and link the community to the health system.

Introduction

Thailand has an area of 514,000 square kilometers situated in the center of continental South-east Asia. The country is divided into 4 geographical regions: the central, including the capital city of Bangkok, the northern, the northeastern, and the southern regions. Thailand is divided into 76 provinces, 794 districts, 81 sub-districts, 7,255 tambons and around 68,839 villages. The administrative system comprises three major categories: central, provincial and local administrations.

Thailand has reached 60.8 million population in 1998 with the growth rate of 1.1 per cent per annum (January 1999). There is an increase in proportions of working ages and old ages, and a decrease in the dependency ratio. The percentage distribution of population from the 1960, 1970, 1980, 1990 censuses showed the change in age structure of the Thai population.

Health status of the Thai people has been improving rapidly. Life expectancy at birth is currently estimated at 69 years for male and 71 years for females. However, the country is now experiencing the demographic and epidemiological transitions. Not only the emergence of an aging population structure, Thailand is also facing the problems with the increasing of non-communicable diseases, accidents, violence, and environmental health hazards.

Health care is organized and provided in Thailand by the public and private sectors. The
Ministry of Public Health is the major provider of public health services. Public health services are also provided in medical school hospitals under the Ministry of University Affairs, other general hospitals under the Ministry of Interior, Ministry of Defense, and Bangkok Metropolitan Administration (BMA). Private clinics and hospitals, pharmacies or drugstores also take parts in health services.

Currently, health care system in Thailand reflects the entrepreneurial market-driven nature of its economy, a public and private mixed system of health financing as well as the provision of health services. Overall resources allocated to health care have been increasing markedly. The national health expenditure has increased gradually, at a faster rate than that of the gross domestic product (GDP), from 3.5 to 6.3 percent in 1979 and 1991 respectively. Most of the expenditure is covered by households compared to the public health expenditure. A greater proportion of expenditure is spent on curative care, rather than promotive and preventive. The fragmented funding and provision of health care makes it difficult to provide equitable services. The implications of reform of the Thai health care system are in the process and operation with regard to financing, delivery of services and consumer rights.

To endure that the current 8th National Health Development Plan (1997 - 2001) is implemented and works toward achieving the desirable vision of health for the Thai population, the following strategies have been formulated:

1. to reform the administrative and managerial processes of the national health system;
2. to increase efficiency and accessibility of health services;
3. to encourage favorable health behaviors for disease prevention and control, as well as health promotion;
4. to develop a system for consumer protection, in the areas of medical care services and health related products;
5. to develop health personnel and human resources for health;
6. to promote and encourage effective behavioral change for good health;
7. to promote studies, research and development of health related products and public health technologies.

**Development of Health Promoting Hospitals Master Plan (1999 - 2001)**

Health services in Thailand during the last two decades has shifted to a more integrated approach i.e. preventive, promotive, curative and rehabilitative services. Since primary health care has been launched in 1978 with an increase of public participation leading to the people self health care, health status has been improving. Nonetheless, health expenditure has found increasing due to the over use of drug, irrational technological use and unnecessary expensive health care provided in health service facilities particularly in the hospitals.

The current economic crisis has affected both physical and mental health of the Thai people. The health plan therefore need to be reconsidered and reoriented to emphasize on the promotive and preventive measures as means to save the overall health expenditure.
Health promotion is subsequently introduced as an effective strategic process to enable and increase people ability in illness prevention and promotion of healthy lifestyle. Although health promotion activities are already included in hospitals' services, most of hospitals in Thailand are primarily curative oriented. Hospitals are the center of medical treatment and allocation of various types of resources where functioning basically passive curative services. With these strengths, the Ministry of Public Health has reconsidered and shifted the hospital's services to a more integrated proactive approach of health promotion and prevention to a so-called Health Promoting Hospitals. Developing new structure and roles of the hospital while working closely with the community and the people, the potential to meet the overall health development through changing people's health behavior, and subsequently decrease overall health cost would become possible.

To move towards health promoting hospitals, Thailand needs to gear its health development activities with 5 basic strategies recommended in the Ottawa Charter namely: (1) build healthy public policy, (2) create supportive environments, (3) strengthen community action, (4) develop personnel skills, and (5) re-orient health services, all of which are responsive to the health need of the people.

The Health Promoting Hospital Master Plan for Thailand has been officially developed in 1998. The main objectives are to reorient and adapt the hospital services to a more balanced systematic, standard and integrated preventive, promotive, curative and rehabilitative approach which encourage favorable people's attitude and values so as to enable and empower hospital staff and people's ability to control over their health in a supportive physical, social and spiritual environment.

**Goals for HPH implementation**

The goal has been set to achieve 70 % of the MOPH hospitals becoming health promoting hospital by the year 2009. The operational plan is as follows:

**Phase I (1999 - 2000)** > Development of 24 learning HPH models under the MOPH

**Phase II (2001)** > Expansion of the HPH operation in all MOPH hospitals on a voluntary basis

**Implementation Strategies**

Main strategies at the policy level include the commitment of the MOPH administrators and policy formulation, support of HPH operation in terms of technical, financial and management resources, establishment of responsible organization, and national evaluation. For organizational level, hospitals’ administrators intend and adopt to implement HPH and state relevant policies and operate HPH activities integrated with the existing curative programme, mobilization of resources from GOs, NGOs and the local communities, advocacy all concerns and establishment of HPH partnerships and networks at local, national and international levels.
Implementation Plan

1. Preparation

- Conduct brainstorm meeting among related organizations
- Establish HPH Committee and Sub-Committees
- Allocate necessary financial support
- Identify and designate responsible agencies
- Conduct field study to observe outstanding health promotion activities in the hospitals at all levels
- Produce concept documents of HPH

2. Policy Declaration and Public Relations

- Declare MOPH’s HPH policy to the public
- Operate public relations activities regarding policy and plan of HPH

3. Research and Development

- Operate related research and studies to develop standard model of HPH

4. Set up Criteria/Indicators and Model Development

- Conduct committee meetings to set up HPH criteria for selection according to local environment i.e. infrastructure physical setting, community participation process, management, technical management, implementation procedure.
- Conduct core group meetings comprise of administrators and technical officers from various departments to tune the concept of HPH and support to the hospitals under the HPH project.
- Conduct workshops among 24 model HPHs to tune the concept and draft implementation plan for 1999 - 2000
- Develop model HPHs and carry out regularly monitoring and evaluation
- Conduct HPH policy development committee meeting and report of
5. Transformation of policy into practice

- Adopt and expand the HPH implementation in all MOPH's hospitals, guided by the 24 model HPHs

6. Assessment and Evaluation

- assess and evaluate each hospital according to the HPH indicators, and evaluate the impact of the HPH implementation

Progress of Implementation

1. HPH committees were set up with several meetings comprise of policy makers/administrators, HPH related departments, hospitals and experts
   - HPH Policy Development Committee
   - HPH Master Plan Development Committee
   - HPH Model Development Committee
   - HPH Indicators Development Committee
   - HPH Seminar Committee

2. The HPH concept and implementation was introduced in the meeting on "Health Policy Implementation in 4 regions of Thailand". Participants comprised of health administrators from the central MOPH and regional/provincial health administrators and hospital directors.
3. A consultative document on HPH: From Policy to Practice was developed
4. Questionnaires were distributed to locate hospitals willing to operate the HPH, and 24 pilot hospitals were selected, out of 160 hospitals respondents, as model hospitals to implement HPH.
5. A meeting of 24 model hospitals was conducted to tune the concept and draft the HPH master and operational plans of implementation for 2000 - 2001.
6. The 24 model HPHs are among different type of services under several departments below:
   - 1 hospital under the Department of Communicable Disease Control
   - 1 hospital under the Department of Mental Health
   - 1 hospital under the Department of Medical Services
   - 2 Regional Health Promotion Hospitals under the Department of Health
   - 5 Regional/General hospitals under the Rural Hospital Division
   - 14 Community hospitals under the Rural Health Division

8. At present, more than 100 hospitals are interested and willing to implement HPH. Although each hospital has been implementing health promotion activities, they rather be
curative oriented than operated comprehensive HPH. The Ministry of Public Health in collaboration with other related organizations are in the process of expansion the HPH programme and provide all necessary resources to these hospitals.

**Future Perspective of Health Promoting Hospitals in Thailand**

The past success in health promotion programme pronounced the possibility for Thailand to move on the way towards the comprehensive health promoting hospital. Commitment and cooperation as well as further support from the policy/administrative and the organizational levels as well as the people in the community are in need. Challenging work ahead is expansion the programme to cover all types of hospitals. The effective improvement of organizational structure and role not only requires hospitals' efforts but a whole reconstructive picture of the health system at the national level. The future HPH implementation perhaps need to look in 2 dimensions: (1) policy, type/pattern of services, and environment (2) reform of hospital's structure, role and staff with a mean to integrate the best balance combination of illness and wellness service approach in the hospitals. The absolute output of the 2 dimensions would offer the good health delivery at low cost at the hospital level which benefit in regard to the good health at low cost at the national level, and to bring about sustainable health to the people.

**Reference**

3. HPH Committee 1999. *"Health Promoting Hospital : From Policy to Practice"* MOPH, Nonthaburi.

*Source: [http://www.anamai.moph.go.th/ 05/08/2003]*