



**MAHIDOL UNIVERSITY**

WHO Collaborating Centre for Primary Health Care Development  
ASEAN Institute for Health Development

## **ANNUAL REPORT**

### **2007- 2008**

The World Health Organization confirmed the extension of the designation period of ASEAN Institute for Health Development as the WHO Collaborating Centre for Primary Health Care (PHC) Development on 1 October 2004, for the period lasting until 30 September 2008. The terms of reference and the work plan were revised.

#### ***A. The Terms of Reference Were:***

1. To serve as a resource centre for “clearing house” activities with respect to the dissemination of PHC information in the region,
2. To organize inter-country training courses on subjects relating to PHC development and “Health for All” efforts as required by the organization,
3. To provide expertise for inter-country collaborative research projects on Primary Health Care development as required by the organization,
4. To provide technical support in monitoring PHC development as required by the organization,
5. To serve as a resource centre for quality assurance in the district health system using a PHC approach

#### ***B. Work Plan (1October 2006 – 30 September 2007)***

1. Information system management for PHC development: AIHD’s new role as a WHO Collaborating Centre,
2. Capacity building on planning and management skills for middle management health professionals and Thai international health experts with emphasis on health promotion and disease prevention programmes,
3. Modification of the PHC system to support the Universal Health Coverage Insurance Scheme (i.e. 30 Baht Programme) in Thailand,
4. Community-based health care programme empowerment for the elderly through Participatory Action Research (PAR),
5. Strengthening of community-based health programmes for migrant workers in border areas

## 1. Implementation of the work plan

**Activity 1:** Information system management for PHC development

**Explanation:**

AIHD's HIV/AIDS Regional Coordination Center Project will officially end on 1 April 2008. The RCC has nevertheless become a functioning integral part of AIHD. As such the RCC database and integrated AIHD/PHC-HIV/AIDS RCC including other components of its education-based information system have been integrated into AIHD as part of its WHO.CC-PHC information system support. (Please visit AIHD Website)

**Activity 2:** Capacity building on planning and management skills for middle management health professionals and Thai international health experts, with emphasis on health promotion and prevention programme

**Explanation:**

In order to strengthen its ability to support human capacity building for both technical and teaching staff, aimed at effective linkages between its international course on Master of Primary Health Care Management (MPHM) Programme, on the one hand, and its research and development programmes, on the other hand, the AIHD has accordingly adopted innovative approaches that involve competency-based training and community-based Participatory Action Research (PAR).

In July 2007 WHO/SEARO asked to AIHD to sign an Agreement for Performance of Work (APW) to assist the Department of Communicable Disease, WHO/SEARO. The APW was geared to develop an appropriate model for "Integrated Health Services for the Control of HIV, TB and Malaria through a Primary Health Care Approach – Bhutan Model".

The AIHD Team Members consisted of Dr.Jumroon Mikhanorn (Senior Advisor of AIHD), Associate Professor Dr.Sirikul Isaranurug (Director of AIHD), and Associate Professor Dr.Jiraporn Chompikul (Deputy Director of AIHD). Prior to traveling to Bhutan on 25 July 2007 the AIHD Team undertook a preliminary review of the Royal Bhutanese Health Systems by reading available documents. The AIHD Team reported to the Ministry of Public Health and the World Health Representative Office in Thimphu, Bhutan on 26 July 2007. The on-site visit interviews and observations took place from 26 July to 10 August 2007.

Specific objectives of the study were as follows:

1. To review the current situation with respect to the provision of health services at the primary health care level for the control of HIV, TB and Malaria, including policy, organizational structure, service delivery system, workforce, financing, monitoring and evaluation, including strategic information,
2. To provide recommendations on strategies and interventions for effective information of a PHC approach to strengthen the HIV, TB and Malaria control programmes,
3. To provide recommendations on the development of integrated guidelines and training modules for HIV, TB and Malaria through a PHC approach,

The study methodology consisted of the following;

1. Desk review of existing and relevant documents
2. In-depth interviews with appropriate policy makers, planners, administrators, and relevant personnel (assisted by 3 national counterparts)
3. On-site visits and interviews with concerned persons
4. Daily wrap-up sessions with 3 national counterparts

(Please see the Assignment Report on the Website: [www.ad.mahidol.ac.th/rcc](http://www.ad.mahidol.ac.th/rcc))

**Activity 3:** Modification of the PHC system to support the Universal Health Coverage Insurance Scheme in Thailand

**Explanation:**

As part of its collaborative efforts with the Ministry of Public Health and the Network for WHO Collaborating Centres and Centres of Expertise in Thailand (NEW-CCET), AIHD continued to conduct research as well as undertake specific training and group education programmes. These were aimed at ensuring that PHC strategies were integrated into the National Universal Health Coverage Insurance Scheme. Unfortunately most documents, highlighting achievements, were in the Thai language. It has taken a great deal of time to translate these materials into English and to upload them onto the AIHD Website.

In general decentralization and local self-government have successfully supported the development of the district health system based on PHC.

AIHD has been carrying out and accomplished research projects as follows:

- 3.1 An Evaluation of Clinical Services for Cerebral Vascular Accident (CVA) Cases in the Bangkok Area (2007-2008)
- 3.2 Evaluation of Customers Satisfaction for 3 Local Governments of Tambon (Sub district) Administration Organization in Nakhon Pathom. (2007-2008)
- 3.3 A Survey of Accessibility to Education-based Information on Avian Influenza for Rural People of Thailand. (2006-2007)

(Please visit AIHD Website at [www.aihd.mahidol.ac.th](http://www.aihd.mahidol.ac.th))

**Activity 4:** Community-based health care programme empowerment for the elderly through Participatory Action Research (PAR)

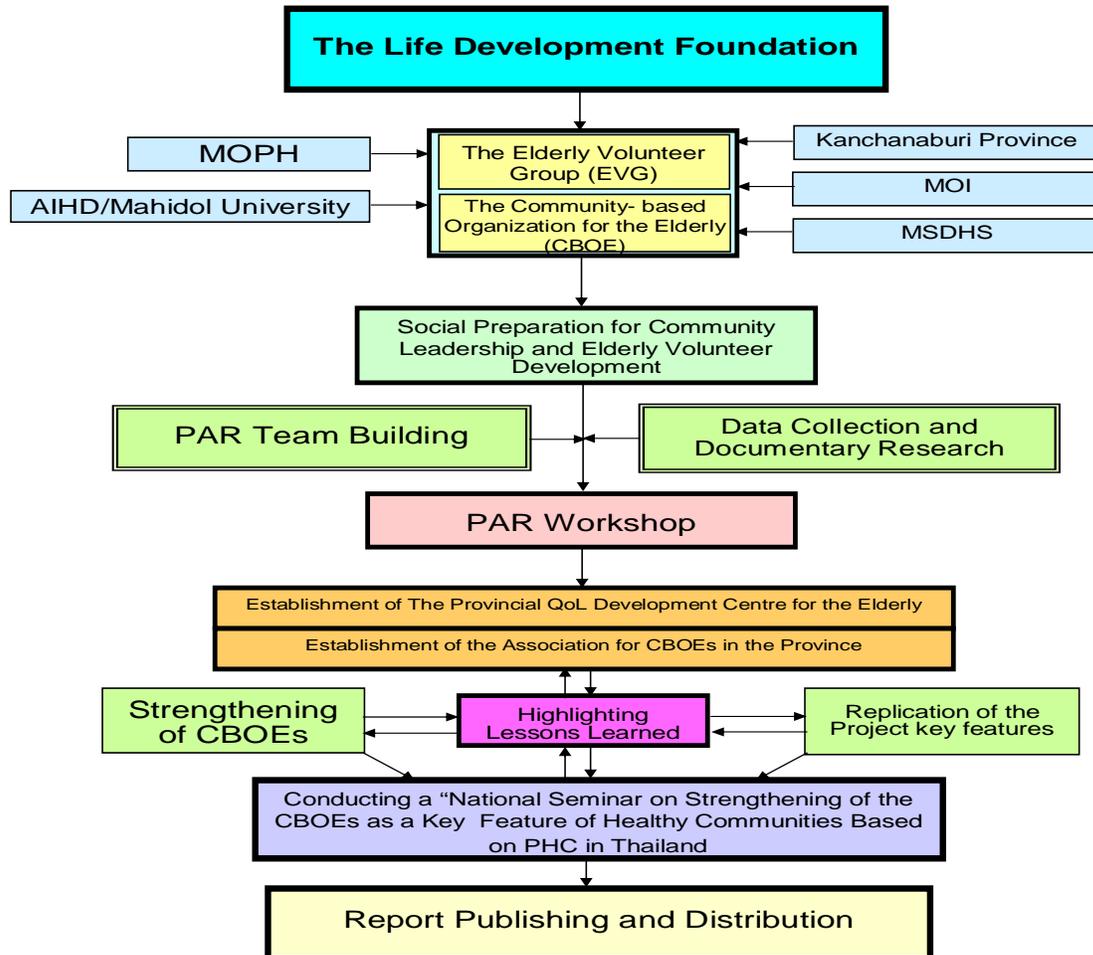
**Explanation:**

**1. Background**

Available data indicates that in every province throughout Thailand, all basic health service facilities (i.e. general hospitals, community hospitals and health centres), in both urban and rural areas, have established at least one Community-based Organization for the Elderly (CBOE). The CBOEs are responsible for promoting the health and welfare of the elderly. In Thai the CBOEs are referred to as “Chomrom Phoo Soong Ayu”. The majority of these CBOEs, however, are not well organized. They lack the necessary technical and funding support in spite of the fact that they appear to be appropriately established under the Primary Health Care strategy of

the national health care delivery system.

### The Project Conceptual Framework



- \*N.B. MOPH : Ministry of Public health
- MSDHS : Ministry of Social Development and Human Security
- MOI : Ministry of Interior

#### Objectives:

**General Objectives:** To support community-based programme development for all Thai elderly people in order to comply with the acceptable WHO standard, through existing Community-Based Organizations for the Elderly (CBOE) within the Provincial Health Care System, based upon a Primary Health Care approach.

### **Specific Objectives:**

- (1) Enlist funding resources through NGO donations to support the construction and establishment of a provincial “Elderly QOL Centre” in Kanchanaburi Province, to serve as a multi-sectoral community-based headquarters for provincial support networks,
- (2) Mobilize elderly individuals, retired from appropriate organizations with suitable health status and social background, to participate in the “Elderly Volunteer Group (EVG). The members of the EVG will be key team members of the Participatory Action Research (PAR) Team,
- (3) Promote human capacity building of the EVG through orientation and PAR process to form a EVG Network and to start formulating an action plan for the construction and establishment of the Provincial QOL Development Centre situated next to the Provincial Hospital, as supported by the Governor of Kanchanaburi Province. The EVG will continue to work on the PAR process for the action plan in order to establish an association called, The Kanchanaburi “Community-based Organizations for the Elderly Association”. The association will be based at the Kanchanaburi QOL Development Centre. All CBOEs in Kanchanaburi province will be members,
- (4) Creation of four Mobile Elderly Volunteer Teams (MEVTs) to be responsible for the outreach programmes of the QOL Development Centre as requested by the member organization CBOEs. Each team will be responsible to support each of the following programmes:
  - a. Management programme
  - b. Health and social services programme
  - c. Direct assistance programme for lonely, poor, disabled and/or underserved elderly people
  - d. Social advocacy and fund raising support programme
- (5) Review and revise “model development’ for replication to all provinces throughout Thailand as expected by the Life Development Foundation

**Activity 5:** Strengthening of community-based health programmes for migrant workers in border areas.

### **Explanation:**

The training component, under the responsibility of AIHD, for “Strengthening the Control of Infectious Diseases among Burmese Migrants and Local Thai Population along the Thai-Burmese Borders” Project in Chumphon Province was implemented for 22 participants. These individuals were district health staff and health personnel from the Regional Vector-borne Disease Control Centre. The training took place, at the AIHD, in the following 3 phases:

|           |                                |
|-----------|--------------------------------|
| Phase I   | 13-17 November 2006            |
| Phase II  | 27 November – 1 December, 2006 |
| Phase III | 18-22 December 2006            |

The participant evaluation, in the form of pre-test and post-test results, indicated that the trainees benefited from this training course. A follow-up workshop, held on 10 September 2007, also illustrated trainee satisfaction with the training course.

The project Final Report will shortly be published and uploaded on the AIHD website.

One of the integral mechanisms to transform this idea into reality lies in the utilization of the principles outlined in HSD-MAP Module 3, entitled "Planning and Assessing Health Workers". It assists health workers to develop realistic work plans that will lead to the early identification of health problems, planning for various types of care, identification of high risk groups and risk factors/behaviors, as well as establishing appropriate job descriptions and monitoring checklists for health workers' activities. This mechanism will ultimately contribute to the improvement of integrated health programs, and the effectiveness and efficiency of the health worker's performance.

The process and outputs of pretest and post-test, including monitoring and evaluation in terms of the Project's inputs-outputs process, will soon be published and uploaded on the AIHD website.

## **2. Other information related to the Collaboration between the AIHD and WHO:**

In addition to AIHD-WHO regular collaboration, through WHO country budgeting programme management both directly through the WR office in Bangkok and through the NEW-CCET, AIHD personnel were involved in other activities. Several were invited to participate, as WHO/SEARO Temporary Advisors, in the following activities:

- (1) 12-14 December 2007, "The Regional Meeting on the Role of Education in Rational Use of Medicines", Bangkok, Thailand.
- (2) 6 May 2008, "The Technical Meeting of the Expert Group, The Working Paper for Technical Discussion in the 61<sup>st</sup> RCC, WHO/SEARO", New Delhi, India.
- (3) 6-8 August 2008, "Regional Conference on Revitalizing Primary Health Care", Jakarta, Indonesia.

AIHD has not encountered any difficulties with respect to its collaborative relationship with WHO. AIHD, however, feels that there could have been more routine communication as part of the supervisory system dealing with WHO Collaborating Centres. This was especially relevant with respect to the monitoring and evaluation process in support of AIHD as a WHO Collaborating Centre.

AIHD had not received any formal communication from the WHO CC Team Headquarters since it submitted its first Annual Report in March 2006. It was only in April 2008 that AIHD learned about the "on-line annual progress reporting and the submission of the WHO CC redesignation" form.

AIHD would therefore like to request special permission to submit a "delayed" Redesignation Proposal in order to be eligible to continue to its maintain WHO CC-PHC status.

### 3. Collaborating with other WHO Collaborating Centres

AIHD, Mahidol University is confident that as long as it can maintain its present “Vision” and “Mission” it will promote the goals and objectives outlined in the WHO CC-PHC Terms of Reference. As such AIHD hopes to make further progress in providing expertise to support inter-country collaborative efforts aimed at achieving the “Health for All and All for Health Goal”, through the promotion of PHC strategies.

Since AIHD’s inception in 1982, the institute has provided international training for 3,262 individuals from 59 countries from around the world. From 2004, when AIHD was designated as a WHO CC-PHC, it has collaborated with 33 WHO CCs in Thailand, through direct collaboration with as well as through NEW-CCET and many other WHO CCs worldwide. During this 4-year period [i.e. 2004-2008] AIHD’s international training programmes have served 1,253 trainees. This figure represents approximately 38% of all of the international trainees who have attended courses at or organized by AIHD over the past 25-year period.

The academic and training programmes outputs in the WHO.CC-PHC designated period are summarized as follows:

#### Master of Primary Health Care Academic Programme

##### (MPHM Course)

| Year         | No. of Participants | No. of Graduates |
|--------------|---------------------|------------------|
| 2004-2005    | 28                  | 28               |
| 2005-2006    | 14                  | 14               |
| 2006-2007    | 16                  | 16               |
| 2007-2008    | 29                  | 29               |
| <b>Total</b> | <b>87</b>           | <b>87</b>        |

#### International Training Courses

| Year         | No. of Courses | No. of Participants |
|--------------|----------------|---------------------|
| 2004-2005    | 14             | 252                 |
| 2005-2006    | 10             | 221                 |
| 2006-2007    | 15             | 214                 |
| 2007-2008    | 9              | 92                  |
| <b>Total</b> | <b>48</b>      | <b>779</b>          |

## Local Training Courses

| Year         | No. of Courses | No. of Participants |
|--------------|----------------|---------------------|
| 2004-2005    | 5              | 497                 |
| 2005-2006    | 20             | 1,005               |
| 2006-2007    | 17             | 635                 |
| 2007-2008    | 3              | 37                  |
| <b>Total</b> | <b>45</b>      | <b>2,174</b>        |

(Please see Website: <http://www.new-ccet.org/>)