Capacity Building for
District Health System Management Network
to Achieve Health Promoting Districts (24DHS)

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Introduction

- 2001, Thailand adopted the universal health coverage (UHC) policy which emphasized improving accessibility to comprehensive care for all Thai citizens.

- At district level, community hospitals (CHs) have been assigned to be contracting units for primary care (CUP).

- Community Hospital Director (CHD) needs to work collaboratively with the Chief of District Health Offices (CDHO) who manages Sub-district Health Promoting Hospitals (SHPHs) which are primary care units (health centres) at sub-district level, in providing primary care to population in their catchment areas.

  (Taytiwat et al 2010)
Thailand’s Health Service Structure

**Public Sector**

- **Ministry of Public Health**
  - Tertiary Hospitals and Institutions mostly in Bangkok
  - Regional and Provincial Hospitals at Provincial level
  - Community Hospital at District level
  - Primary Care Units at Sub-District level

- **Other Ministries**
  - Ministry of Education: University Hospitals in Bangkok Metropolitan Areas
  - Ministry of Defense: Hospital in Bangkok and Armed-Forces based Areas
  - Ministry of Interior: Hospitals and Health Centers at Municipality Areas

**Private Sector**

- **Hospitals**
  - Not for profit
  - For profit

- **Clinics and Other Health Services** (e.g. Laboratories; Radiology Diagnosis Clinics; Pharmacies)

**Note:** Primary Care Units (or Health Centres) at Sub-district level have been called Sub-district Health Promoting Hospitals (SHPHs)

Source: Adapted from Wibulpolprasert et al. (2002)
They form contracting unit for primary care boards (or called district health cooperating committee) to be the management structure for organizing and managing health care services in their districts.

Moreover, they need to encourage local governments and communities in their jurisdictions to engage in health management in order that communities would have more self-care and can manage social determinants of health by themselves.

In order to achieve these goals, CHD and CDHO need to change their leadership and management styles from professional bureaucratic to participatory management styles.

However, many of them find difficulty in changing their management and leadership styles. As a result, they have less skills in facilitating local organizations and community to participate in self care and health promotion.

(Tejativaddhana et al. 2013)
Thai District Health System

Province

Provincial Health Office

District

Provincial Hospital

Private Sector

Community Hospital

Pharmacies

Private Clinics

Sub-district

Chief of District

District Health Office

CUP Board

Local Governments

Health services operated by health professionals

Village

Health Centre

Community PHC

Community PHC

Community PHC

Community PHC

Community PHC

Community PHC

Community PHC

Community PHC

People and Community

Sub-district health fund

Services operated by community

National Health Security Office (Regional Branch)
Health Challenges

- Thailand’s rapidly ageing population (12% of population in 2010 and will be 25% of population in 2030) and decentralization policy create new public health and social challenges (Thailand Aging Monitor 2012)

- The major burden of mortality and morbidity in Thailand is non-communicable diseases (71% of total deaths in 2012) (WHO 2014)

- Challenges remain to strengthen disease prevention and health promotion, ensure adequate and high quality primary care, and address some allocative inefficiencies due to incomplete system reform.

Source: Evans et al. (2012)
Management Challenges

- Lack of participation from local government, community representatives and other sectors in managing district health system.

- Lack of unity in district health management between those in health sector and between health sector and others in community.

- Lack of validity of health data which was conducted from different sources.

(Tejativaddhana 2014)
In 2013, the Ministry of Public Health (MoPH) launched district health system policy (DHS) to encourage integrated management of health care at district level in order that more unity of team, sharing of resources and community participation would occur.

The aim of the DHS policy is to decentralize health decision and management from national level to district level which is close to community at large and has more economy of scale in delivering comprehensive health services especially primary health care to the people.

The DHS policy also aims to reinforce and strengthen the UHC policy and to encourage local governments, other local organizations and community to engage in local health management for better health promotion.
The 24 DHS project aims to build health management capacity for those who manage district health systems so that they have better leadership and management competencies to improve unity of district health managers and teams, team building and community participation for better health promotion for the people and by the people, and to build learning network for district health managers.

In this project, we invite academics from 5 Faculties of Naresuan University to work with 24 district health management teams (each team has 12 members which include CHD, CDHO, members of CH, DHO, and SHPH, and community leaders including local government representatives, village health volunteers, and community leaders)
24DHS's Stakeholders

- National Health Security Office
- Thai Health Promotion Foundation
- MOPH
- NU
- Faculties
- NUR
- SCI
- SOC. SCI.
- PH
- PHARM
- Private Sectors
- 24 Districts
- CH
- DHO
- SHPH
- LG
- District Health Management Team
- 288 Participants
- 12 Participants per District
- 35 Academic Staff
- 24 Districts
- Private Sectors
District Health System Management Stakeholders

CHD- Community Hospital Director
CDHO- Chief of District Health Office

DHT- District Health Team
DHSP- District Health Strategic Partners

DHCA- District Health Change Agent

HIS- Health Information System

CHD- Community Hospital Director
CDHO- Chief of District Health Office

CH- Community Hospital
DHO- District Health Office

SPHP- Sub-District Health Promoting Hospital

CL- Community Leader
VHV- Village Health Volunteer
LG- Local Government
Map of 24 districts in 9 lower-northern provinces

Health Region 2 (5 Provinces)
Health Region 3 (4 Provinces)

Naresuan University
### Number of Districts, Sub-districts and Population in 2013

<table>
<thead>
<tr>
<th>Province</th>
<th>Number of Districts</th>
<th>Number of Sub-districts</th>
<th>Number of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phitsanulok</td>
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<td>93</td>
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<tr>
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<td>15</td>
<td>118</td>
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<tr>
<td>Tak</td>
<td>9</td>
<td>64</td>
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<td>86</td>
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<td>Uttaradit</td>
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<td>130</td>
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<td>Pichit</td>
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<td>Uthaithanee</td>
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<td>70</td>
<td>329,536</td>
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<td><strong>Total</strong></td>
<td><strong>97</strong></td>
<td><strong>806</strong></td>
<td><strong>6,126,998</strong></td>
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</table>

Source: Department of Provincial Administration, Ministry of Interior (2013)
List of districts in the 24 DHS project and their numbers of sub-districts, households and population

<table>
<thead>
<tr>
<th>Region</th>
<th>Province</th>
<th>District</th>
<th>Sub-district</th>
<th>Household</th>
<th>Population</th>
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<th>Region</th>
<th>Province</th>
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<th>Sub-district</th>
<th>Household</th>
<th>Population</th>
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<td>119,498</td>
<td>367,870</td>
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24 districts and population of 1,148,511 (range from 27,211 to 176,144)
1. DHIS

- Health Problems
- Determinants of Health

2. CHP

- Networking
- Mentoring
- Coaching
- KM

3. CAPACITY BUILDING

- Facilitator
- Trainer/Learner
- Researcher Learner

Source: Tejativaddhana, P. (2014)

DHT = District Health Team
CA = Change Agent
CL = Community Leader

CHP = Community Health Project
DHT = District Health Team
IT Team
NU Team
Community

Operation Framework for 24 DHS Project
Progress and Next Step of the 24 DHS Project

- **1st year (1 October 2013 – 30 September 2014)**
  - Planning and recruitment of district health management teams (DHMT) and academic staff (First 6 months)
  - Implementation of community health data application and pilot tests
  - MOU with 24 DHMTs to implement DHIS and community health projects (CHPs)
  - 3 workshops for 24 DHMTs capacity building (Participatory Action Research; Future Search; and District Health Planning)
  - Research and academic forum
1. District Health Information System Project

Collaboration with

24DHS
Naresuan University

Saraphi Health
Chiang Mai University
1. District Health Information System Project

Develop and Design Community Health Data Set and Questionnaires
Develop Application for Community Health Data Collection

Choose Sub-District

GPS

Latitude

Longitude

File Download

User

Password

Family

Individual
Develop Application for Community Health Data Collection

Training & Pilot Test in Community
Young student as a volunteer to collect health data
Report of District Health Information (Real Time)

Number of Household Report

**Phitsanulok Province**

**Phrom Phiram District**
24 from 27,419 Households 0.09%

**Numbers of District Household Population and Collected Samples**

**Numbers of Sub-District Household Population and Collected Samples**
Lists of Health Problems and Determinants of Health as Perceived by Community

- Chronic Diseases
- Household Waste Management
Collected Data Presented as Shown in Table

<table>
<thead>
<tr>
<th>List of Chronic Diseases</th>
<th>Presented as Table</th>
<th>Numbers and Percentages of Chronic Diseases Patients in Nong Chang District</th>
<th>Presented as Bar Chart</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number of Recipients</td>
<td>Percentage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Percentage</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Number of</td>
<td>Percentage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patients in</td>
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<tr>
<td></td>
<td></td>
<td>Nong Chang District</td>
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</table>
They can be shown in Bar Chart

Presented as Table

Presented as Bar Chart

Numbers and Percentages of Chronic Diseases Patients in Nong Chang District

Report of District Health Information (Real Time)
Geographic Information of Households
Report of District Health Information (Real Time)

Household and Individual Health Data

Household Data

Health Data

Additional Data
Video presentation
Lesson learned

• Having a platform for learning and sharing experiences together between district health managers, teams, communities, and academics from university has shed light on the way of having better collaboration between district health teams and other sectors both inside and outside their districts.

• District health information system which is accessible to all sectors of the community and easy to understand is an important management tool for district health managers to improve intersectoral action and community participation for better self care and health promotion.

• Health managers can take advantage from available information and communication technology to improve HIS and encourage community to be the owner of their health information. Then, the community understand what they can do and participate to manage their own health
Bibliography


• Foundation of Thai Gerontology Research and Development Institute 2012, Annual Report of the Situation of Thai Elderly in 2010, FTGRI, Bangkok.


• Tejativaddhana, P. 2014, Capacity building for district health system management network to achieve health promoting districts (24DHS) (in Thai), Presentation to Meeting of Steering Committee, Thai Health Promotion Foundation, Phitsanulok, 19 Jun.


Sustainable and fruitful collaboration

The UNE experience stays with you for life