Strengthening the district health system management: Challenging facing Thailand and Thai health managers

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Overview of Thai health system and challenges it faces

Implications to health services management workforce development

Current development and way forward
• Thailand’s health system is based on primary health care and the network of health services provides good overall coverage with solid evidence of its ‘pro-poor’ effect. (WHO 2014)

• Universal Health Coverage (UHC) achieved by 2002 with comprehensive benefit package free at point of services, almost zero co-payment.

• The UHC policy aims at strengthening primary care.
  • Public sector dominant role in services provision, extensive geographical coverage of DHS
  • DHS as main contractor for Out-Patient, Prevention, Promotion, and Gate keeping functions. (Pongsupap 2013; Tangcharoensathien 2016)
• The DHS is the entity that provides access and delivers health services to local communities, in order to improve health and quality of life

• In its extensive networks of Provinces there are hospitals and health structures of a relatively good standard within some 700 districts that have responded well in reducing the prevalence of communicable diseases.

• Moving towards a ‘good health orientated system,’ which ‘guarantees access to adequate quality healthcare for all’

• Reforming DHS
  • Stronger collaborative health networks to build a healthy district and to better respond to new health challenges
  • Improving quality health services at a standard level and, improved patient’s satisfaction and health professionals’ happiness in their daily work.
  • Strengthening primary care with better quality

Source: Tangcharoensathien V. (2016)
There have been significant increases in access to health services pressuring district health systems to be more efficient and effective in sustainably meeting healthcare needs of the population.
• There has been continuous increase in health expenditure which threaten the sustainability of the universal health coverage
### Proportions of health providers per 10,000 population, 2015

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<tr>
<td>Doctors</td>
<td>4.48</td>
<td>4.01</td>
<td>3.27</td>
<td>5.84</td>
<td>4.52</td>
<td>5.24</td>
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<td>2.59</td>
<td>3.99</td>
<td>4.05</td>
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<tr>
<td>Dentists</td>
<td>1.35</td>
<td>0.97</td>
<td>0.91</td>
<td>1.18</td>
<td>1.13</td>
<td>0.98</td>
<td>0.49</td>
<td>0.70</td>
<td>0.78</td>
<td>0.63</td>
<td>1.11</td>
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<tr>
<td>Pharmacists</td>
<td>2.01</td>
<td>1.62</td>
<td>1.52</td>
<td>2.76</td>
<td>1.73</td>
<td>1.99</td>
<td>0.71</td>
<td>1.29</td>
<td>1.22</td>
<td>1.29</td>
<td>1.88</td>
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<td>Professional nurses</td>
<td>26.06</td>
<td>19.88</td>
<td>17.16</td>
<td>22.75</td>
<td>21.48</td>
<td>22.29</td>
<td>9.65</td>
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<td>16.33</td>
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<td>Technician nurses</td>
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<td>0.31</td>
<td>0.56</td>
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**Shortage of health workforce particularly in rural areas**

PCC
Primary care cluster

Health systems based on PHC which focuses on health promotion and disease prevention

Healthy People and Community

Complex health system governance and management at district level of Thailand

Source: Ministry of Public Health (2016)
Barriers to the implementation of primary health services at district level

• In the Thai health system, health management as a profession is not well known and the focus has been on curative care.

• Clinician VS Manager Roles
  • All hospital directors are medical doctors which have been trained mainly in curative care
  • Most of them carried medical mindset while they had to manage their hospitals and health service networks. (Taytiwat et al. 2011)

• Bureaucratic management style of the Thai health system
  • Centralized decision making
  • Rigid and monopoly. (Tejativaddhana et al 2013)
• Unclear roles, responsibilities and authorities at district level:
  • Within district health team from different organizations (Community Hospital VS District Health Office and Sub-district Health Promoting Hospitals).
  • Between health team and local government as well as others sectors. (Tejativaddhana et al 2013)
• They need to change the way they think, manage, lead and engage in effective delivery of service within a DHS structure.
  (Tejativaddhana, Briggs & Tonglor 2016)
Thai health managers require modern management and leadership competencies.

Building and strengthening research capacity in sustaining the Thai health system.

Implications to health services management workforce development
Implications to health services management workforce development (Cont’d)

- Understanding of management competency development needs of Thai health managers
- A leadership and management competency framework to guide the design of training and development for Thai health management workforce.
Current Development- Learning from Expertise and Collaboration

- Naresuan University (NU) established NUCHSM to build capacity in Thailand and the sub region in the leadership and management of health systems management.

- Establish masters research and PhD in health systems management:
  - MSc and PhD students commenced;
  - Supported by International Academic Advisory Committee;

- Collaborative research project on MCAP with Latrobe University, Australia and the Praboromrachanok Institute (PBI), Ministry of Public Health, Thailand.

NU-College of Health Systems Management (NUCHSM) Initiatives
The programs provided the opportunity for students to discuss with international and national experts through face-to-face and video-teleconference seminar as well as field trips to study from real experiences of Thai health managers in managing their DHSs.
Way forward.

To further develop and strengthen the NUCHSM to achieve its goals in strengthening health management for health managers in Thailand and other countries in this sub-region, requires collaborative and sustained partnership with other international organizations, particularly in research and health management education development.
Thank you for your kind attention

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