



กรมอนามัย
สำนักส่งเสริมสุขภาพ

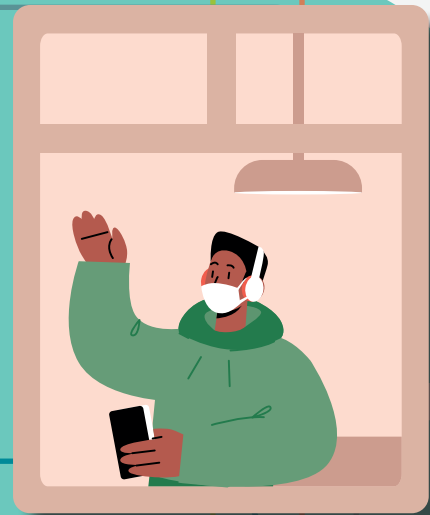
Annual Report 2022

Bureau of Health Promotion
National Institute of Child Health and Bureau of Elderly Health
Department of Health



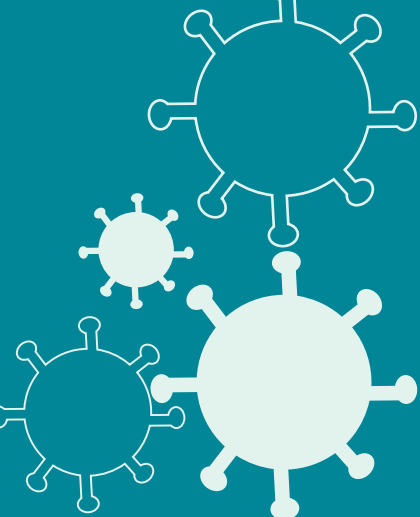


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Introduction

From the implementation on COVID-19 prevention and control in the past years, the Ministry of Public Health and related organization have been amending the measures in accordance with the COVID-19 pandemic situation which showed the decrease in an infection rate compare to the previous spreading as well as to prepare for the measures in entering the post-pandemic era. The related agencies have adjusted their implementation plan and measures for the public to be able to adapt a new lifestyle resulted by the changes after the pandemic as called the New Normal. The definition of the New Normal refers to the new way of living normal life consisting of the behavioral changes in daily life such as working from home for more in order to decrease the spread and infection, conducting more inclusive measures for all of the population groups, using more digital technologies in the implementation and communication with the public. Additionally, the Department of Health has been implementing the measures by using digital system more in the implementation such as COVID Free Setting according to the context such as home, workplace, COVID-19 Universal Prevention, Thai Save Thai, etc. On health promotion, there were the changes of models used according to the lifestyle of people and workplace after the COVID-19 pandemic such as providing Health Book for 4 age groups which are maternal and child health, school-age children health, working-age health, and elderly health with more online meetings with network agencies, etc.

Furthermore, the Bureau of Health Promotion, the Department of Health, has been implementing its missions together with COVID-19 control and prevention. Therefore, every project and activity has challenges arising from the situations where it is necessary to adapt to the New Normal. Thus, the adjustment of the implementation plan was set out to be more in line with the situation. The projects have received cooperation from network agencies as well as executives who recognize the importance as well.

This annual report was created through the integrated plan of the National Institute of Child Health and the Bureau of Elderly Health. I would like to express my gratitude and look forward to this cooperation in the future as well.

Lastly, I would like to thank Mr. Suwannachai Wattanayingcharoenchai, M.D., Director General of the Department of Health, Mr. Auttapon Kaewsamrit, M.D., Deputy Director General of the Department of Health, Mr. Sarawut Boonsuk, M.D., Deputy Director General of the Department of Health, and, Mr. Ekachai Piensriwara, M.D., Deputy Director General of the Department of Health as well as officers in advisory level, the Department of Health's executives, academics, 1st - 12th Regional Health Promotion Center, Metropolitan Health and Wellness Institute (MHWI), Provincial Public Health Office, network parties, public and private sectors, local administrative organizations, and international organizations together with Thai people for the support for the Bureau of Health Promotion, Department of Health and may the blessing of Phra Sri Rattanatri be with everyone and your family for happiness, prosperity, good health for Thai people endlessly.



(Mr. Peerayoot Sanugul, M.D.)

Director of the
Bureau of Health Promotion



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Implementation Report on Health Promotion for 5 Age Groups

Maternal Mortality Rate (MMR)



25.86%

17

per 100,000 birth rates

0-5 years old with appropriate development

85.0%



86.60%



12-year-old children cavity free

75.70%

72.0%

66%



57.20%

6-14 years old with appropriate height and weight



62.0%



59.10%

0-5 years old with appropriate height and weight



25.0%



24.04%

15-19 years old with live birth per 1,000



Pass



Not Pass

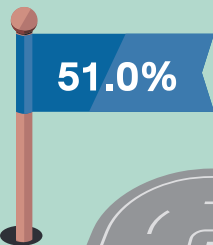


Goal

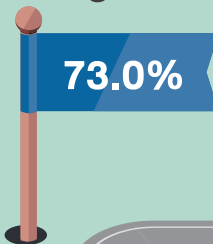
18-59 years old
with normal
BMI



47.50%

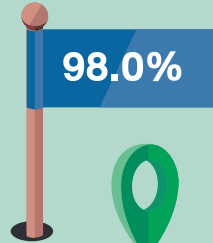


Elderly having
at least 20 permanent
teeth or 4 back
opposing teeth



69.6%

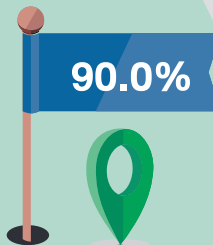
Sub-district passed
the criteria for Long Term
Care health
promotion system



98.19%



Elderly and dependent
elderly receiving
care according to
the care plan



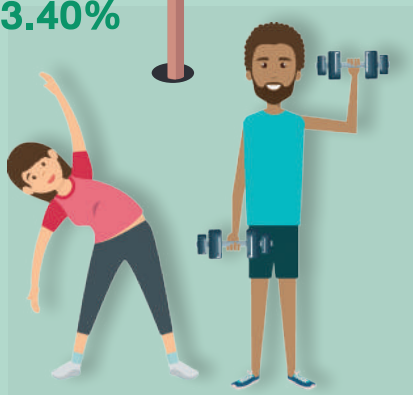
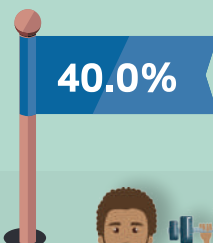
93.37%



73.16%

Elderly population
with appropriate health
behaviors

43.40%



25-59 years old

with appropriate health behaviors



Chapter

1

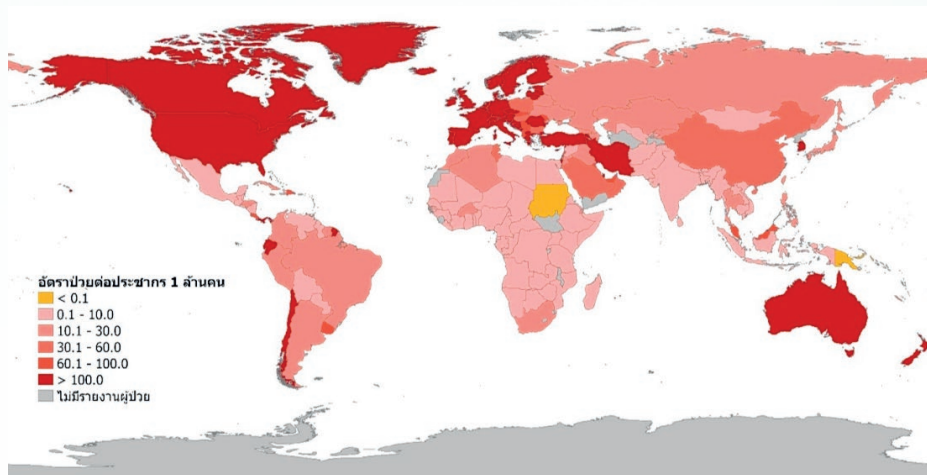
Post-COVID in the Next Normal



Post-COVID in the Next Normal

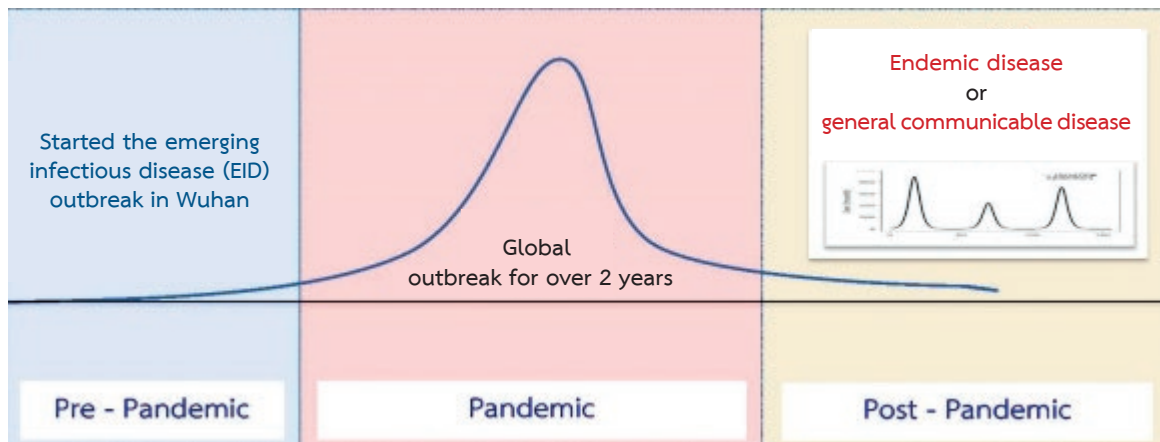
The current outbreak of the Coronavirus Disease 2019 (COVID-19) in Thailand was considered a new incidence of the disease that was spreading rapidly resulting in an influx of infection rate with many cases and deaths in many countries around the world. The World Health Organization had declared the Coronavirus Disease 2019 (COVID-19) outbreak as Public health emergency of international concern (PHEIC) since January 30, 2020, and had defined the transition phase from COVID-19 Pandemic to Endemic Disease

which can be divided into 3 phases: Pre-Pandemic phase was the initial stage of emerging communicable diseases in Wuhan, China, the next phase was when the World Health Organization declared COVID-19 as a Pandemic on March 11, 2020, and once the Pandemic began to subside, it entered the Post-Pandemic phase of becoming an endemic or general communicable disease (Ministry of Public Health, 2022).



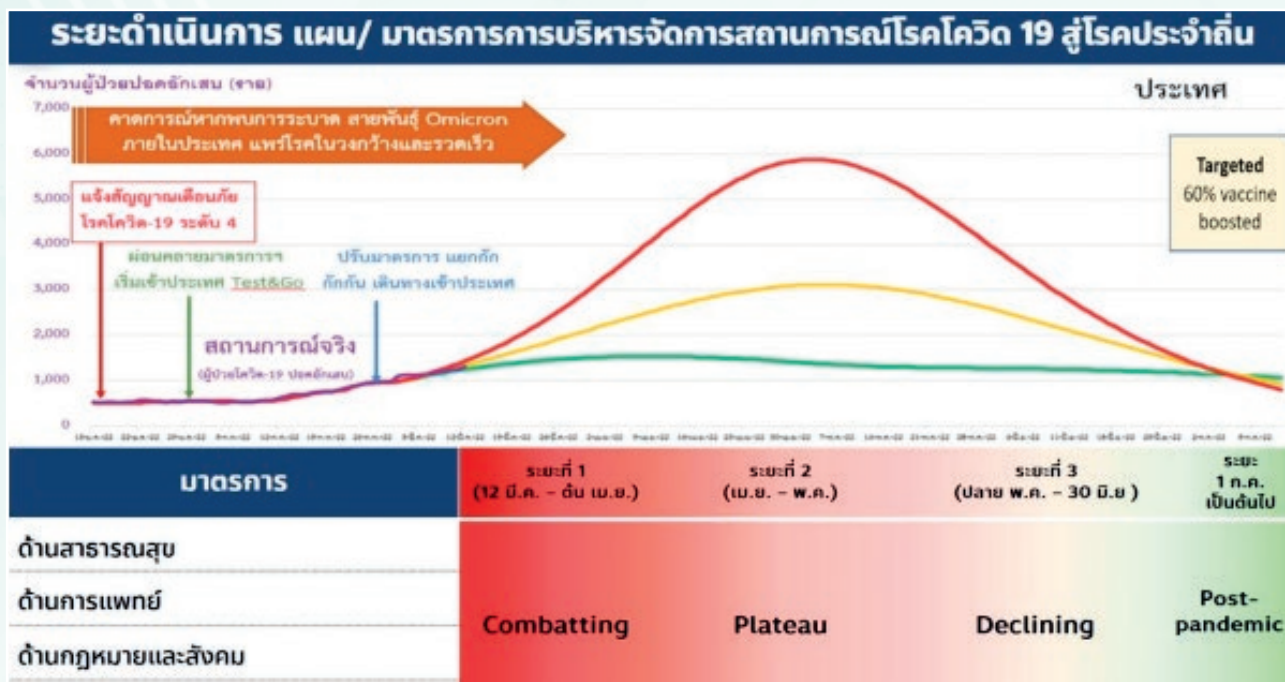
Picture 1 Map showing COVID-19 infection rates in countries around the world

Source: Department of Disease Control, Ministry of Public Health (As of April 1, 2020)



Picture 2 Show the transition from the early days of the COVID-19 pandemic phase to post-pandemic and becoming endemic disease

Source: Department of Disease Control, Ministry of Public Health



Picture 3 The implementation phase of plans and measures for situation management of Endemic Approach to COVID-19

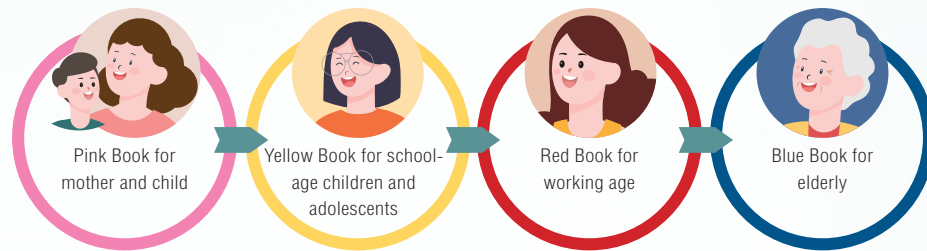
Source: Department of Disease Control, Ministry of Public Health

In Thailand, the data of the first infection case was reported on March 22, 2020 for 4,681,309 cumulative cases and 32,764 deaths. (October 1, 2022) (NRCT, 2022) In the past years, the Ministry of Public Health has introduced various measures by integrating all sectors to reduce morbidity and death from people infected with COVID-19. With the number of infections and deaths decreasing, the management of COVID-19 has been adjusted to Endemic disease (Endemic) so that people can return to normal life by defining the overall transition process to endemic disease with the implementation phase divided into 4 phases as shown in Picture 3. The implementation phases consisted of Combating Phase (12 March - early April 2022), Plateau Phase (April - May 2022), Declining Phase (late May - 30 June 2022), and Post-Pandemic Phase (from 1 July 2022 onwards). The measures were in place to support public health, medical, legal and social aspects, and communication and public relations aiming to communicate to the public for better

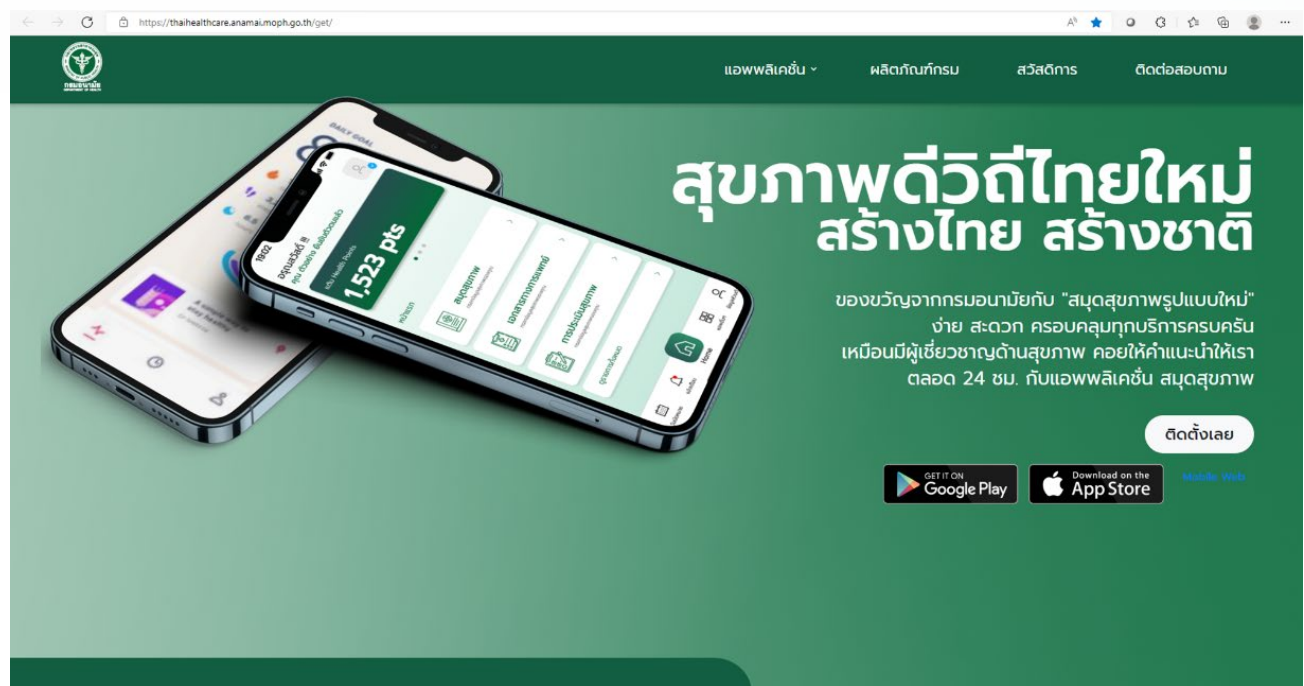
understanding on the New Normal lifestyle, which will focus on being close to living a normal life and protecting the groups at risk of severe disease, such as the elderly, patients with chronic diseases, etc. (Ministry of Public Health, 2022). On September 26, 2022, Mr. Anutin Charvirakul, Deputy Prime Minister and Minister of Public Health, together with the Ministry of Public Health executives, held a press conference at the Ministry of Public Health to announce the repeal of all state declarations of emergency, requirements, announcements, and orders of emergency declarations effective on September 30, 2022. All agencies were encouraged to adopt legal measures to solve problems as per usual and to adjust COVID-19 from being a dangerous communicable disease to becoming a communicable disease requiring surveillance from October 1, 2022 onwards and using the Communicable Diseases Act mechanism in the situation management as per usual. (Prime Minister’s Secretariat, 2022)

Due to the COVID-19 pandemic, the results showed that people have changed their lifestyle after going through the pandemic crisis called the “New Normal” that is changing people’s behavior in daily life by working from home, maintaining social distancing and protecting yourself by wearing a face mask. Most people were increasingly interested in health care and hygiene. As a result, many people tend to seek information about health care to observe their symptoms or use online healthcare services. In addition, the service providers also prepared alcohol gel as well as hygienic packaging for customers to use, conducted social distancing and payment channels, using online shopping, and working nowadays which

can be carried out through communication devices such as computers, mobile phones, and the internet. This makes it possible to work anywhere. The world is driven by online technology allowing the use of various forms of communication technology to support the provision of various health services. The health service system, especially health promotion by age group, must adapt to the new normal lifestyle by using technology to support services for people and entrepreneurs to access services more conveniently, such as developing a digital platform in the form of a health book consisting of health books for each age group as follows:



This is a gift from the Department of Health with a “new health book” that is easy to use, convenient, covering all services as if there are health experts to give advice 24 hours a day with the Health Book application.



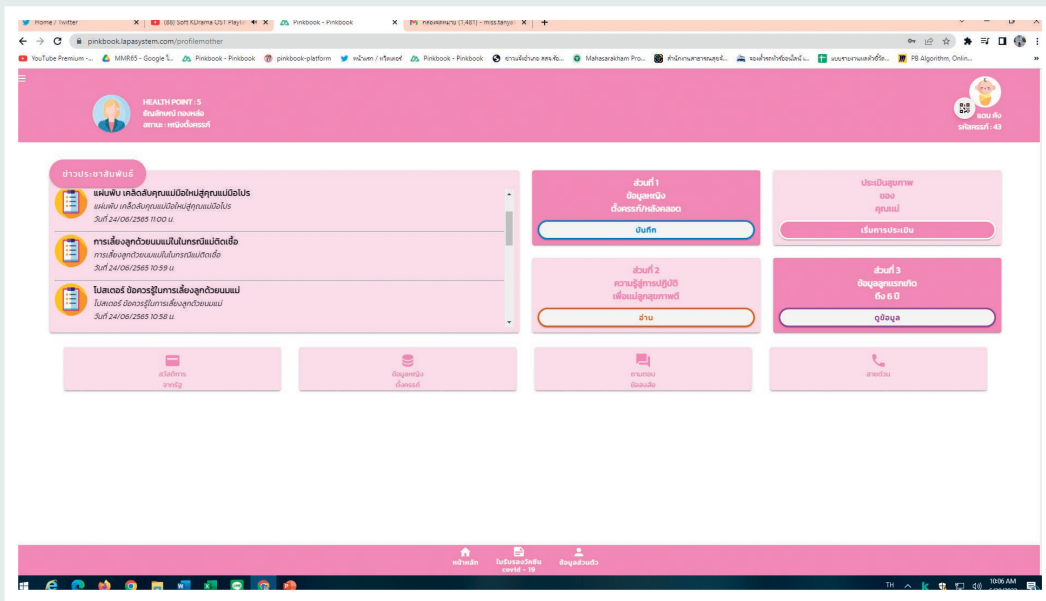
Picture 4 Health Book interface

Health Promotion for Mother and Child

Maternal and Child Health Group, Bureau of Health Promotion has been steering forward the development of a health system in the New Normal for the good health of Thai people. It is necessary to use digital technology as a center for data storage

and providing information to the public accurately, quickly and up-to-date. Moreover, people are able to assess their own health and recognize their own health status in order to take care of, promote, prevent, and maintain the good health which includes:

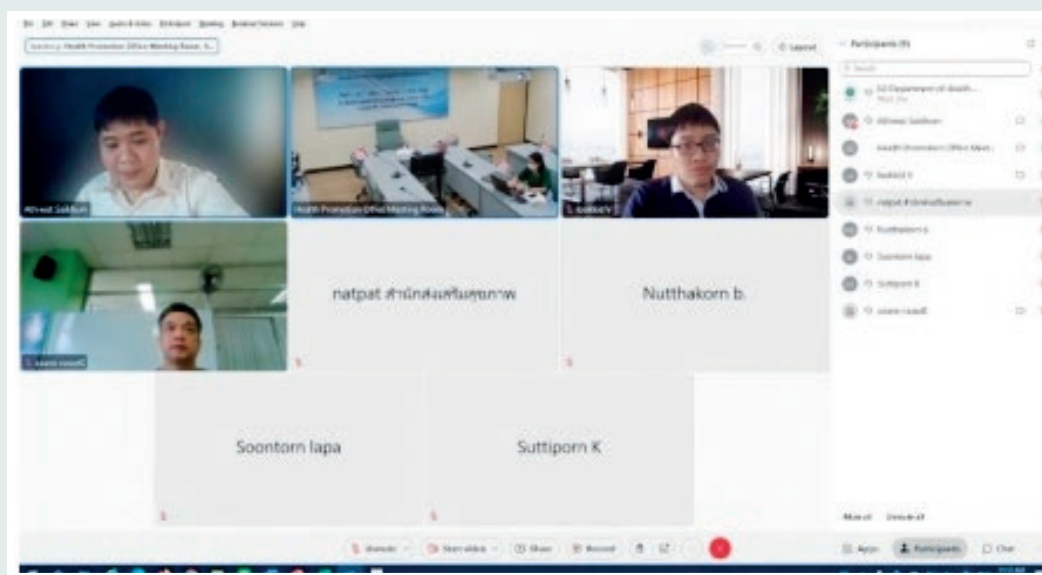
1. The development of Save Mom and Pink Book platforms for fiscal year 2022 for convenience access to information on the health care of pregnant women, postpartum women, caregivers for children aged 0-5 years old.



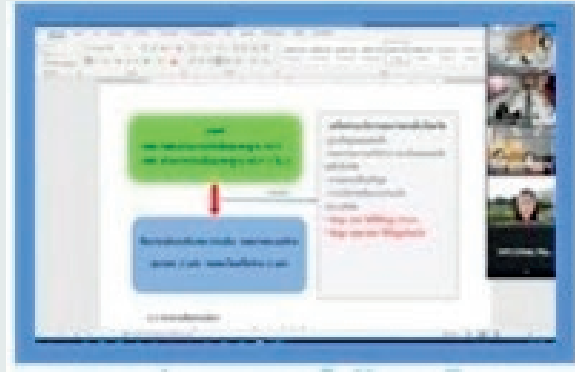
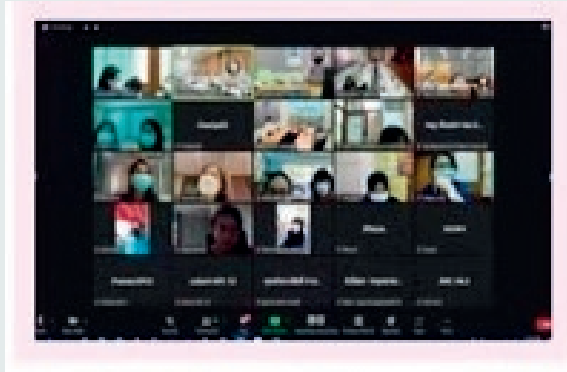
2. Develop proactive surveillance and care systems to reduce maternal and perinatal mortality.

Indicator	Rate	Denominator
1. อัตราการเกิดเสียชีวิต (≥ 24 wk)	0	(C/A) x 1,000
2. อัตราการเกิดเสียชีวิตก่อนคลอด (≥ 24 wk)	0	(D/C) x 100
3. อัตราการเกิดเสียชีวิตในครรภ์ (≥ 24 wk)	0	(E/C) x 100
4. อัตราการเกิดเสียชีวิต (≥ 20 wk)	0	(F/A) x 1,000
5. อัตราการเกิดเสียชีวิตก่อนคลอด (≥ 20 wk)	0	(G/F) x 100
6. อัตราการเกิดเสียชีวิตในครรภ์ (≥ 20 wk)	0	(H/F) x 100
7. อัตรา Early neonatal death	0	(I/B) x 1,000
8. อัตรา Perinatal mortality (≥ 24 wk)	0	((C+I)/A) x 1,000
9. อัตรา Perinatal mortality (≥ 20 wk)	0	((F+H)/A) x 1,000
10. อัตรา Neonatal mortality	0	(J/B) x 1,000
11. อัตราการตายมารดา	0	(K/B) x 100,000

3. Collect and summarize information on digital pregnant women risk management system with proposals for the development of an appropriate pregnant woman risk management system for Thailand.



4. Collect data on the assessment of maternal and child health standards for healthcare facilities and provincial networks.



5. Prepare antenatal care handbook for healthcare personnel by disseminating electronic documents to guide antenatal care implementation in the same direction and maximize the benefits for service recipients.

The goal is to improve the digital literacy and promote health literacy, making it easier to drive and evaluate the results through various technological tools as well as able to reduce unnecessary service procedures and increase service efficiency.



Health Promotion for School-age Children and Adolescents

Situation and performance

The situation of COVID-19 outbreak in Thailand was in a respite phase. The Ministry of Public Health and the Ministry of Education have issued the measures for safe opening for on-site school, able to live with COVID-19 which was started from the first semester of the academic year 2022, according to the 3T1V principle “Reduce risks, increase immunity” and the 6-6-7 measures, focus on boarding schools, follow the Sandbox Safety zone in School (SSS) and strictly follow the measures consisted of 1) accelerate voluntary vaccination of students 2) schools evaluated through Thai Stop COVID Plus with more than 95% passed the assessment 3) rehearse and follow response plans, in case of finding an infected person or a high-risk contact. Classrooms can be closed in accordance with the opinion of health officials and the Provincial Communicable Disease Committee, and 4) the provincial public health office follows the

measures with the regional health center as a mentor. After the opening of the first semester, school cluster were still presented and there is a risk that students will spread the disease to their families. The measures to prevent and reduce the spread of infection are important in schools, as well as government policies focus on immunization, encouraging Thai children to receive COVID-19 vaccine on a voluntary basis of parents and children. This will help reduce the severity of illness and build confidence to live safely with COVID-19. Thus, it is necessary to drive forward the policy, guideline, procedure-to-practice, and a determined and continuous follow-up aiming to equip school-age children and adolescents with health literacy in preventing the spread of COVID-19 with the strict and effective measures management system from the school.

School-age children and Adolescents Health Group, Bureau of Health Promotion has been driving the implementation continuously to develop and promote health for school-age children and adolescents, including during the COVID-19 pandemic, as well as the implementation to prepare for the transition to Thailand’s New Normal healthy system. The implementation was carried out according to the action plan at the agency level in accordance with the implementation policy of the Ministry of Public Health, Fiscal Year 2022 with the Goal 1: to take care of people’s health to become healthy in individual, family and community level with the sub-objectives consisting of 1) to raise the standard of prevention and control by using COVID Free Setting to support the opening of the country, 2) to promote the availability of an online health book for newborn

children, in grade 1 and people who are 60 years of age and above, 3) to manage health information to promote health literacy, and 4) to promote physical activity, especially among youth, safe quality food, and reduction of chronic non-communicable diseases (Bureau of Information, Office of the Permanent Secretary, Ministry of Public Health, 2021) which was in the process of revising the interface system to be suitable for users so that users of the Health Book system on the digital platform can conduct self-assessment according to the age range of the assessor and reflect on health behaviors as a result with health recommendations to promote health literacy or pass it on to relevant agencies when risk factors are found, and then later announced an official launch of the application.



Picture 5 Example of interface system for Health Book users on digital platform

Preparatory implementation for school re-opening

The Ministry of Health has announced a public health policy and the measures for the opening of safe on-site schools and learning to live with COVID-19 as a preparation for the start of semester 1/2022. The Bureau of Health Promotion, Department of Health has carried out health promotion during the post-pandemic period as follows.

1. The catching-up survey for applying emergency plan in school during the new wave of COVID-19 pandemic situation was conducted.

Self-assessment form for school’s semester preparation in response to the new wave of COVID-19



2. Pre-semester preparedness meeting with the Campaign to cut risks, build immunity, determined to prevent the outbreak of COVID-19 in educational institutions in collaboration with the Ministry of Education



3. Hosted activities for the Campaign to cut risks, build immunity, determined to prevent the outbreak of COVID-19 in educational institutions in 4 regions, 4 provinces; namely, Chiangmai, Petchburi, Srisaket, and Suratthani with the focus on schools with sleeping quarters.



4. Organized a meeting to drive the development of students' health in accordance with the new normal "Guidelines for Responding and Countering the New Wave of COVID-19 in Educational Institutions" to review and develop guidelines for handling and responding to the new outbreak of COVID-19 pandemic in educational institutions in line with the current epidemic situation.



5. Established guidelines to enhance safety, ensure hygiene without the new wave of COVID-19 outbreak in educational institutions



กรมอนามัย
DEPARTMENT OF HEALTH

Supporting tools for the implementation



Implementation Guidelines



Videos



Collective Media through QR Code

<p>สื่อสร้างความรอบรู้ ด้านโภชนาการเด็กวัยเรียน</p>  <p>https://nutrition2.anamai.moph.go.th/th/book?textSearch=&category=643</p>	<p>สื่ออบรมรู้สู้ COVID-19</p>  <p>https://bit.ly/33NNhb3</p>
<p>สื่อส่งเสริมสุขภาพเด็กวัยเรียน</p>  <p>https://qr.go.page.link/B37qt</p>	<p>สื่อส่งเสริมสุขภาพวัยรุ่นและ อนามัยการเจริญพันธุ์</p>  <p>https://bit.ly/3BIEsUX</p>

7. Empowering Visit to on-site teaching and learning ensuring the safety from COVID-19 outbreak in educational institutions



On-site safety measures for on-site classes

The objective of the implementation of safety measures for on-site learning is to promote and support educational institutions to prepare for the safe opening of on-site classes at the school during the COVID-19 pandemic and students can study happily. The implementation is consisting of

1. Guidelines for surveillance and preparation for the on-site school opening, risk cutting, immunization measures by using 3TIV, 6-6-7 measures (6 principles, 6 additional, 7 strict), create personal hygiene and safety, and with policies for the start of semester 1/2022, including expediting vaccinations

so that students can be inclusively vaccinated on a voluntary basis, schools took the Thai Stop COVID Plus (TSC+) assessment and passed more than 95 percent, emphasizing on following the emergency response plan when an infected person or high-risk contact is found, and health organizations and local organizations in the areas implement the policy of emphasizing, and assigning the Health Center as a mentor to supervise and monitor, along with a visit to “empower the preparation for the safe reopening of on-site schools from COVID-19 in educational institutions.”



Picture 6 A visit to “strengthen the preparation for the safe reopening of on-site schools from COVID-19 in educational institutions.”

8. Develop an emergency response plan in case of COVID-19 infection in educational institutions

แผนเผชิญเหตุ (ใหม่) มาตรการป้องกันการแพร่ระบาดของโรคโควิด-19 ของสถานศึกษา

ระดับการแพร่ระบาด		มาตรการป้องกัน	
ในชุมชน	ในสถานศึกษา	ครู/นักเรียน	สถานศึกษา
ไม่มีผู้ติดเชื้อ	ไม่มีผู้ติดเชื้ออื่น	<ul style="list-style-type: none"> ปฏิบัติตามมาตรการ DMHTT ประเมิน TST เป็นประจำ 	<ul style="list-style-type: none"> เปิดเรียน on site ปฏิบัติตามมาตรการ TSC Plus มีระบบคัดกรอง กรณีโรงเรียนแบบประจำ, นกพิเศษ
มีผู้ติดเชื้อประปราย	ไม่มีผู้ติดเชื้ออื่น	<ul style="list-style-type: none"> ปฏิบัติตามมาตรการ DMHTT ประเมิน TST เป็นประจำ 	<ul style="list-style-type: none"> เปิดเรียน on site ปฏิบัติตามมาตรการ TSC Plus มีระบบคัดกรอง กรณีโรงเรียนแบบประจำ, นกพิเศษ
	พบผู้ติดเชื้ออื่นในท้องถิ่น 1 ราย ขึ้นไป	<ul style="list-style-type: none"> ปฏิบัติตามมาตรการ DMHTT "เน้นใช้หน้ากาก" "ปรับระยะห่างส่วนบุคคล 1-2 ม." ประเมิน TST ทุกวัน ตรวจอาการ ทุก 2 ชั่วโมง กรณีมีสิ่งปนเปื้อนอาหารที่มี High risk contact - งดเรียน on site และกักตัว 14 วัน กรณี Low Risk contact - ไม่ลดมาตรการของตนเอง และปฏิบัติตามมาตรการของกระทรวงสาธารณสุข 	<ul style="list-style-type: none"> ปิดการเรียนที่คนผู้ติดเชื้อ 3 วัน เมื่อค่าความและค่าความเสี่ยงผ่านการพิจารณาของกระทรวงสาธารณสุข ปฏิบัติตามมาตรการ TSC Plus
มีผู้ติดเชื้อเป็นกลุ่มก้อน	พบผู้ติดเชื้ออื่นมากกว่า 1 ห้องเรียน	<ul style="list-style-type: none"> ปฏิบัติตามมาตรการ DMHTT "เน้นใช้หน้ากาก" "ปรับระยะห่างส่วนบุคคล 1-2 ม." ประเมิน TST ทุกวัน ตรวจอาการ ทุก 2 ชั่วโมง กรณีมีสิ่งปนเปื้อนอาหารที่มี High risk contact - งดเรียน on site และกักตัว 14 วัน กรณี Low Risk contact - ไม่ลดมาตรการของตนเอง 	<ul style="list-style-type: none"> ปิดการเรียนที่คนผู้ติดเชื้อ 3 วัน เมื่อค่าความและค่าความเสี่ยงผ่านการพิจารณาของกระทรวงสาธารณสุข ปฏิบัติตามมาตรการ TSC Plus
	มีการแพร่ระบาดในชุมชน	<ul style="list-style-type: none"> ปฏิบัติตามมาตรการ DMHTT มีการเฝ้าระวังเชิงรุก Self Quarantine ประเมิน TST ทุกวัน 	<ul style="list-style-type: none"> พิจารณาการเป็นเรียน on site โดยยึดหลักการทุกมิติ สำหรับพื้นที่ระบาดแบบกลุ่มก้อน การงดเปิดโดยคณะกรรมการควบคุมการแพร่ระบาดของพื้นที่ภาคมีหลักฐานและค่าความเสี่ยง ผู้ตรวจการโรค Sentinel surveillance ทุก 2 สัปดาห์

9. Educational institutions and staffs, teachers, students follow the principles of risk cutting, immunization by 3T1V, strictly emphasizing on 6 - 6 - 7 measures

ตัดความเสี่ยง สร้างภูมิคุ้มกัน 3T1V

Thai Stop COVID Plus (TSC+)

โรงเรียนต้องประเมินตนเอง เตรียมความพร้อม ก่อนเปิดเรียน

Thai Save Thai (TST)

นักเรียน ครู และบุคลากรทางการศึกษา ประเมินความเสี่ยงตนเองเป็นประจำ

Test

- เฝ้าระวังอย่างเหมาะสม
- ตรวจคัดกรอง เช่น ATK เมื่อมีความเสี่ยงหรือเมื่อมีอาการ

Vaccine

- ครู บุคลากร ผู้ปกครอง งดเว้นตามเกณฑ์
- เด็ก 5 - 17 ปี ได้รับวัคซีนตามเกณฑ์กระทรวงสาธารณสุข

แนวทางการเฝ้าระวัง

หรือเตรียมความพร้อมสำหรับการเปิดเรียน

On-Site ด้วยหลักการ Sandbox Safety Zone in School

ตัดความเสี่ยง สร้างภูมิคุ้มกัน ด้วย 3T1V

T : Thai Stop COVID Plus (TSC+)
โรงเรียนต้องประเมินตนเอง เตรียมความพร้อม ก่อนเปิดเรียน

T : Thai Save Thai (TST)
นักเรียน ครู และบุคลากรทางการศึกษา ประเมินความเสี่ยงตนเองเป็นประจำ

T : Test เฝ้าระวังอย่างเหมาะสม ตรวจคัดกรอง เช่น ATK เมื่อมีความเสี่ยง หรือเมื่อมีอาการ

V : Vaccine ครู บุคลากร ผู้ปกครอง และเด็ก 5 - 17 ปี ได้รับวัคซีนตามเกณฑ์

6 หลัก 6 เสริม 7 ชั้น ป้องกันโควิด

นายกฯ กำชับสร้างความปลอดภัยในสถานศึกษาทุกระดับ

6 มาตรการหลัก (DMHT-RC)
ได้แก่ เว้นระยะห่าง สวมหน้ากาก ล้างมือ คัดกรองวัดไข้ สดการเออดี และทำความสะอาด

6 มาตรการเสริม
ได้แก่ ดูแลตนเอง ใช้โซนกลางส่วนตัว ทานอาหารปรุงสุกใหม่ ลงทะเบียนเข้า-ออก สำรองตรงสองฝั่ง และกักกันตนเอง

7 มาตรการเข้ม

- ประเมิน TSC+ (Thai Stop COVID+) และรายงานผลผ่าน MOE COVID
- กิจกรรมแบบกลุ่มย่อย (Small Bubble)
- จัดระบบให้บริการอาหารตามหลักสุขาภิบาลอาหาร และหลักโภชนาการ
- อนามัยสิ่งแวดล้อม ตามเกณฑ์มาตรฐาน
- แบบแผนหยุด และมีการกักตัว (School Isolation)
- ควบคุมดูแลการเดินทางจากบ้านไปโรงเรียน (Seal Route)
- School Pass สำหรับนักเรียน ครู และบุคลากรในสถานศึกษา

10. Support ATK test kits for schools for vulnerable children

11. Held a meeting to clarify safe re-opening measures for schools on-site and living with COVID-19 as preparation for Semester 1/2022 via Cisco Webex System by Dr. Sathit Pitutecha, Deputy Minister of Public Health, Dr. Thongchai Lertvilairatnpong, Deputy Permanent Secretary, Ministry of Public Health, Dr. Suphat Champathong, Permanent Secretary, Ministry of Education Dr. Suwanchai Wattanayingcharoenchai, Director-General of the Department of Health, Dr. Opas Karnkawinpong. Director-General of the Department of Disease Control, Dr. Sarawut Boonsuk Deputy Director-General of the Department of Health also participated in sharing insightful information. The participants who attended the meeting through the online system consisted of Provincial Health Physician in all provinces, Director of Health Center 1 - 12, Director of Urban Health Development Institute, teachers, school administrators nationwide and related agencies in the total of 370 users.



Health Promotion for Working Age

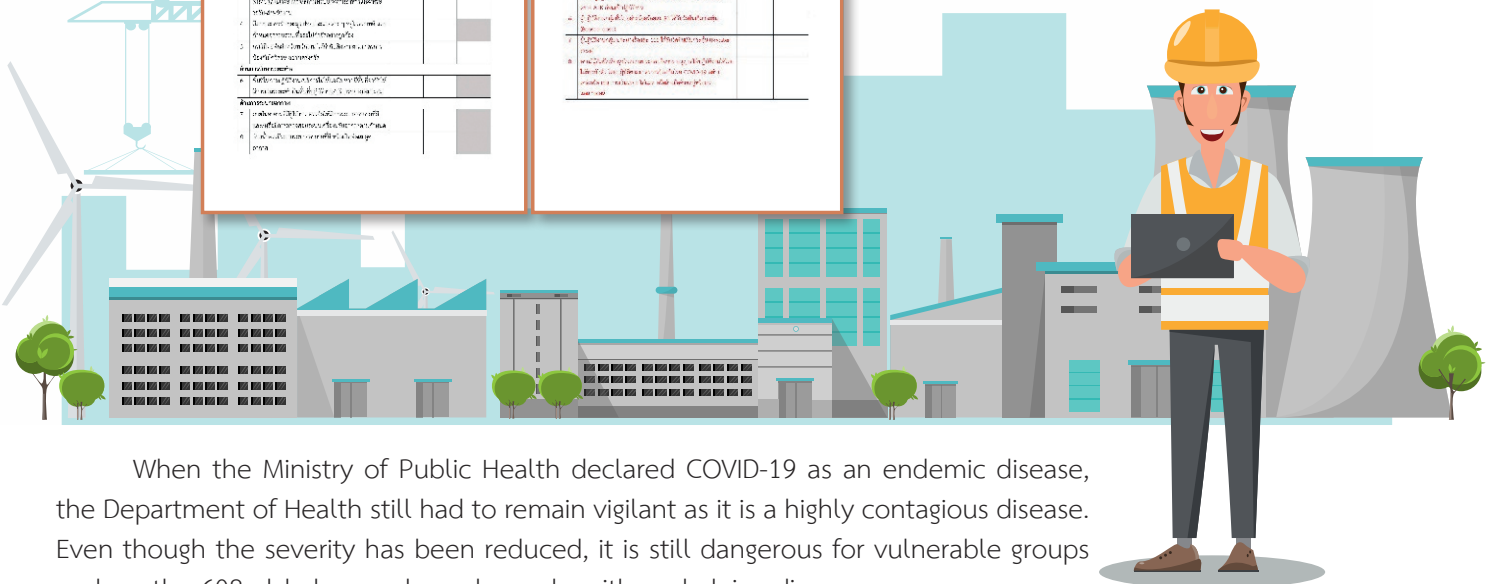
During the COVID-19 pandemic, the Department of Health has implemented COVID Free Setting measures for establishments that have been improved from Good Factory Practice for evaluating organizations and Thai Save Thai for evaluating individuals, and has become a Universal Prevention that covers both individual and organizational assessments which is easier to use. The establishments can assess their

organizations through this tool to prevent COVID-19 outbreak inside the organization and to reduce the lack of workforce, income, and workplace closing. A total of 3,161 large, medium, and small establishments in Health District 1-13 passed the COVID Free Setting criteria of 3,093 establishments (97.85%) and did not meet the criteria of 68 establishments (2.15%).

COVID Free Setting Self-Assessment Form for Industrial Factory




QR Code: COVID Free Setting Self-Assessment Form for Industrial Factory



When the Ministry of Public Health declared COVID-19 as an endemic disease, the Department of Health still had to remain vigilant as it is a highly contagious disease. Even though the severity has been reduced, it is still dangerous for vulnerable groups such as the 608 elderly people and people with underlying diseases.

Health Promotion for Elderly People

The Department of Health has driven measures/guidelines to prevent COVID-19 through the Thai Stop COVID+ platform for the elderly in the following settings:

สถานดูแลผู้สูงอายุ/ชมรมผู้สูงอายุ/โรงเรียนผู้สูงอายุ

ชมรมผู้สูงอายุ v2 (เริ่ม 26 มิ.ย.64 - 28 พ.ย. 65)

- ทำแบบประเมิน
- ดาวน์โหลดเอกสารประเมิน
- ดาวน์โหลดเอกสารแนวทางปฏิบัติ

สถานดูแลผู้สูงอายุ V2

- ทำแบบประเมิน
- ดาวน์โหลดเอกสารประเมิน
- ดาวน์โหลดเอกสารแนวทางปฏิบัติ

Thai STOP COVID+

กรมอนามัย DEPARTMENT OF HEALTH



Elderly Clubs:

A total of 147 elderly clubs were assessed with 137 passed the assessment, and 10 were not passed (as of August 31, 2022) and prepared a manual for the assessment of elderly clubs/schools for elderly people.



Elderly care facilities:

Of the 364 elderly care facilities that took the self-assessment with 25 of the facilities were under the care of government agencies and 339 were of private sectors, 87 facilities (23%) were able to comply with 30 COVID-19 prevention and control measures (severe pandemic phase) and 19 facilities (5%) were able to comply with 15 COVID-19 prevention and control measures (endemic phase). (Data from Thai Stop COVID+ Platform as of September 2022)



Religious sites:

A total of 8,804 religious sites participated in the assessment, 8,561 sites (97.24%) passed the assessment (as of 30 September 2022), of which 159 monasteries participated in the target assessment. The religious site with implementation results were participated for 204 sites (100%) with 202 sites (99.02%) passed the criteria, and 93 tourism temples participated in the target assessment, 58 sites (62.37%) were presented with the implementation results and 57 sites (98.28%) passed the criteria.

Chapter 2

Health Promotion for Pregnant Women and Early Childhood

By Maternal and Child Health Group, Bureau of Health Promotion, Department of Health

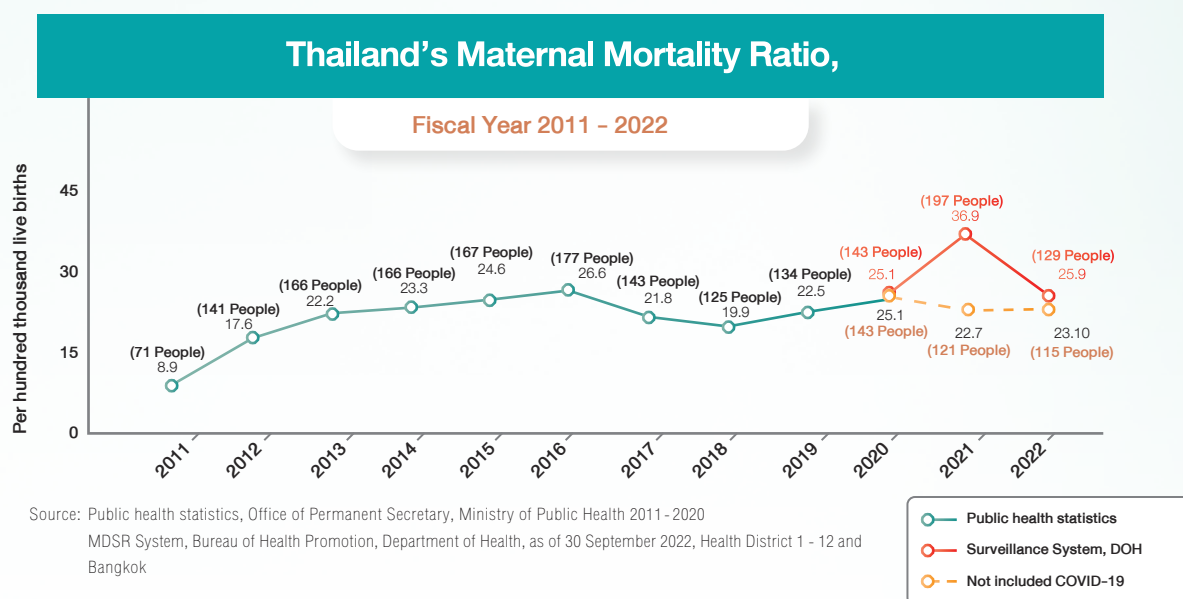


1 Related and important situation

1.1 Maternal and perinatal

1.1.1 Situation analysis for maternal and perinatal in Thailand, Fiscal Year 2022 from Thailand Maternal Death Surveillance and Response (MDSR system), Bureau of Health Promotion, Department of Health

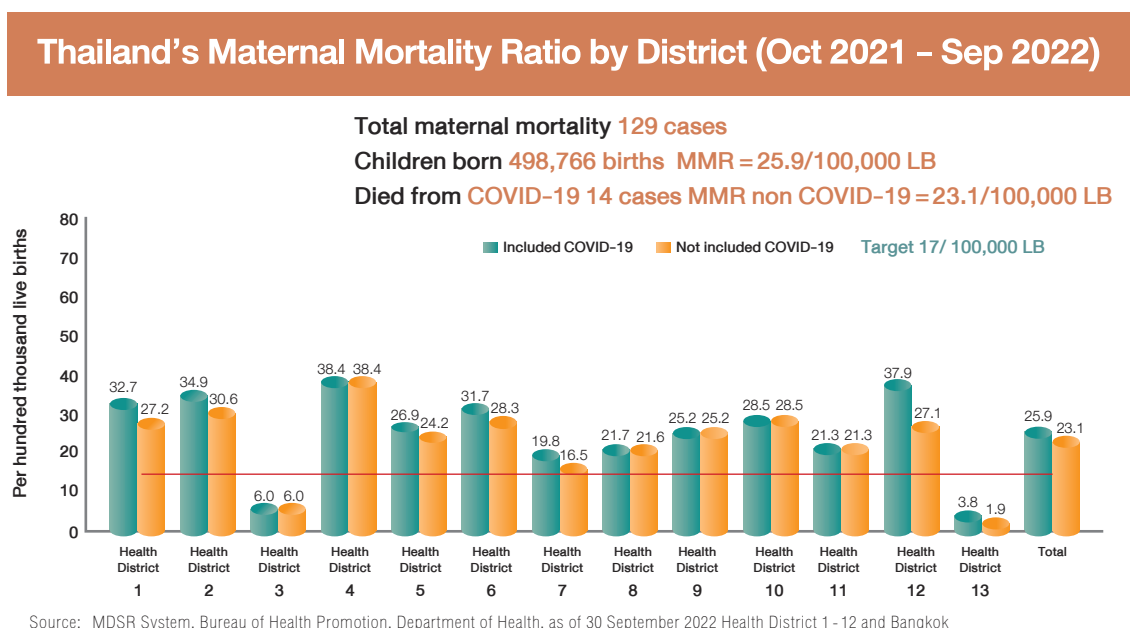
Figure 1 Thailand's Maternal Mortality Ratio, Fiscal Year 2011 - 2022



Source: Public health statistics, Office of Permanent Secretary, Ministry of Public Health 2011 - 2020
 MDSR System, Bureau of Health Promotion, Department of Health, as of 30 September 2022, Health District 1 - 12 and Bangkok

By Bureau of Health Promotion, Department of Health, as of October 2021 - September 2022

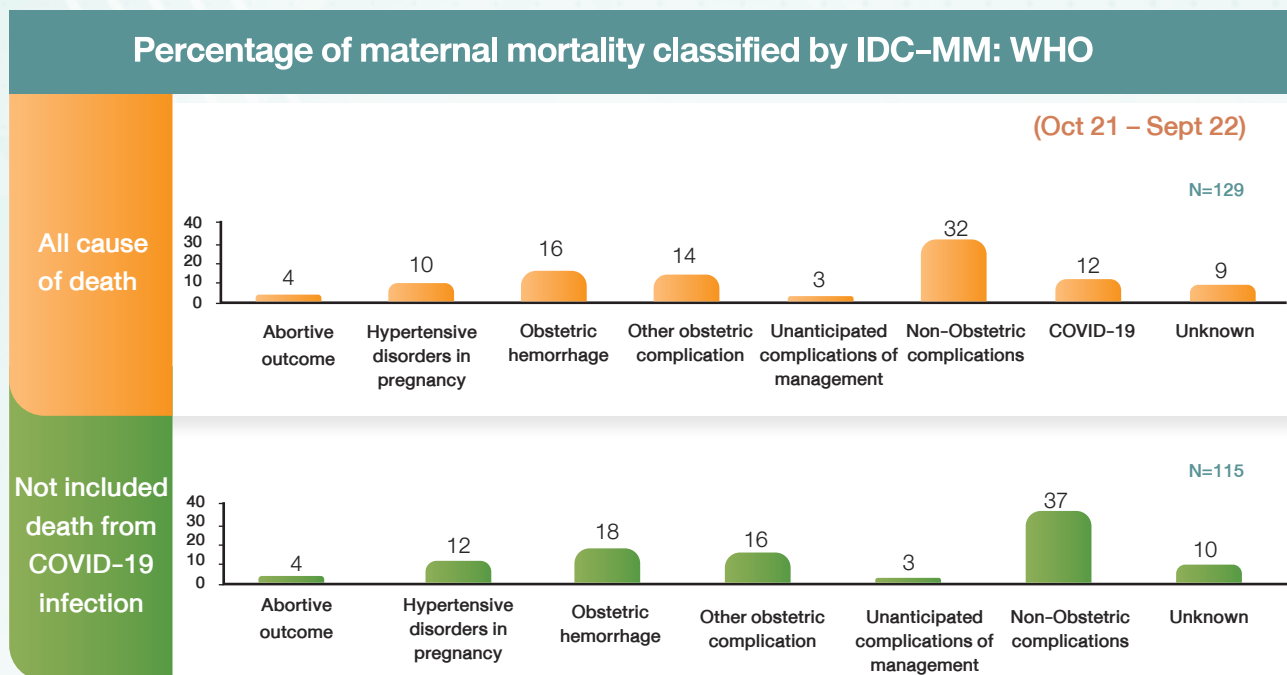
Figure 2 Thailand's Maternal Mortality Ratio by District (Oct 2021 - Sep 2022)



Source: MDSR System, Bureau of Health Promotion, Department of Health, as of 30 September 2022 Health District 1 - 12 and Bangkok

By Bureau of Health Promotion, Department of Health

Figure 3 Percentage of maternal mortality classified by IDC-MM: WHO



Source: MDSR System, Bureau of Health Promotion, Department of Health, as of 30 September 2022, Health District 1-12 and Bangkok

By Bureau of Health Promotion, Department of Health

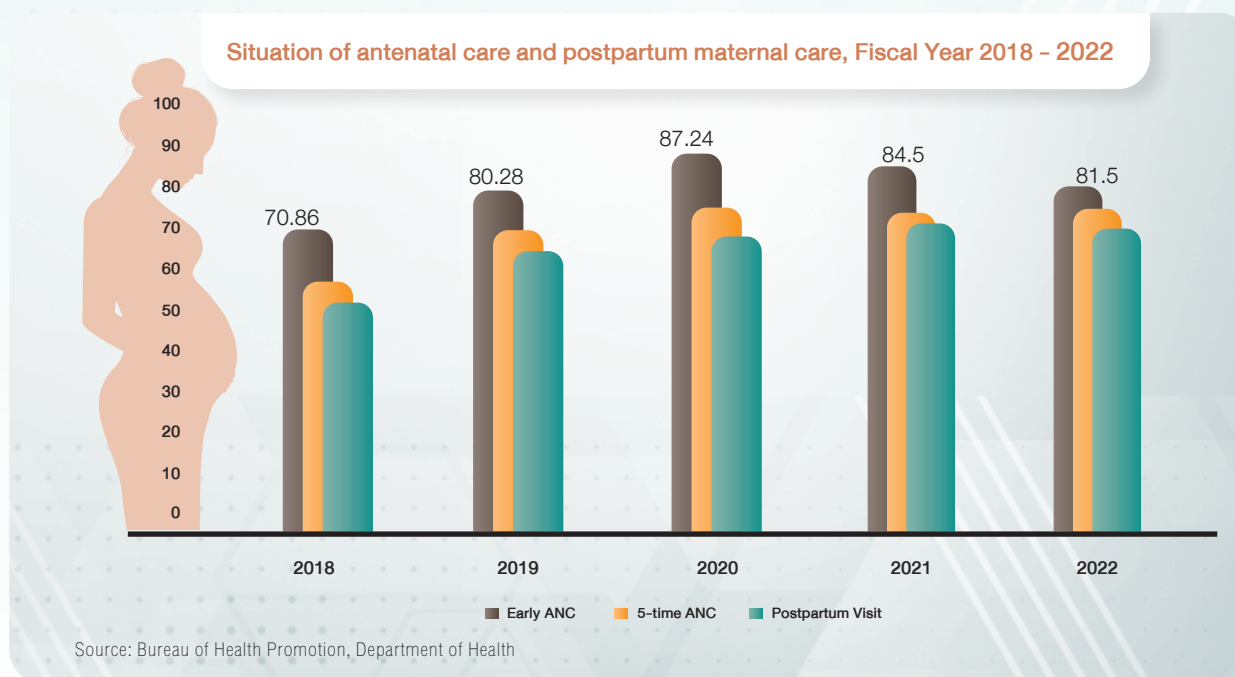
Since 2017, the Bureau of Health Promotion, Department of Health, has established a maternal mortality surveillance system to monitor the situation and implement monthly maternal mortality reduction enabling the Bureau of Health Promotion to retrieve the data and analyze such data in a timely manner for the surveillance of the situation in order to issue the measures to prevent recurrence of the incident with this accurate and fast data reporting system. Therefore, the Bureau of Health Promotion has been able to take action to reduce maternal mortality with strength and seriousness and has developed the MDSR System until being able to monitor, collect data and analyze the cause of death of all individual mothers. Therefore, in fiscal year 2022, the Bureau of Health Promotion has developed a surveillance system for health promotion and environmental health with the additional dimension of women and early childhood. In addition, the Bureau of Health Promotion has fast, accurate performance information and can be used to monitor performance for executives and network partners to use in policy making, determining the

measures and implementation development plan in a timely manner.

According to the Maternal Mortality Surveillance System, Bureau of Health Promotion, Department of Health, it was found that there were 129 mothers who died from all causes (October 2021 - September 2022), representing a maternal mortality ratio of 25.9 per hundred thousand live births. When looking at the performance on a district-by-district basis, it was found that the Health District with the highest maternal mortality ratio were 3 Health District, namely; Health District 4 (38.4), Health District 12 (37.9), and Health District 2 (34.9), respectively. And if only 115 maternal deaths were taken into account from non-COVID-19 causes, representing a maternal mortality ratio of 23.1 per hundred thousand live births, which is not much higher than in 2021, when the maternal mortality ratio was 22.7 per hundred thousand live births. The Health District with the top 3 maternal mortality ratios are Health District 4 (38.4), Health District 2 (30.6), and Health District 10 (28.5), respectively.

1.1.2 Antenatal care and postpartum maternal care

Figure 4 *Situation of antenatal care and postpartum maternal care, Fiscal Year 2018 - 2022*



Good maternal and child health is the beginning of a healthy life for the population, and the preparation

since pregnancy, childbirth, and postpartum is essential. Health promotion during pregnancy until postpartum of the mother through antenatal care through the postpartum visits to ensure the safety of the baby, reduce maternal mortality, and be a good starting point for maternal and child health because quality antenatal care reduces maternal and neonatal mortality by 7 times. One of the reasons was due to the process and activity in the quality antenatal care consisting of providing nutritional and physical activity advice, screening for nutritional and comorbidities, infectious diseases, fetal health after each trimester or month, and family and community involvement.

However, antenatal care guidelines in each country may vary depending on the health system, services and health budget, etc. As a result, international guiding recommendations, such as those of the World Health Organization, may be applicable in the country or should be adapted to the national context before being referenced as national guidelines. In 2016, Thailand announced a quality five-time antenatal care policy based on the four antenatal care guidelines introduced in the World Health Organization's

antenatal care guidelines in 2011, together with the National Health Security Agency (NHSO) disbursement guidelines that require five antenatal care disbursements. In the same year, the World Health Organization announced the WHO recommendations on antenatal care for a positive pregnancy experience, which recommend a total of eight antenatal care procedures which was different from Thailand's conduct.

Therefore, the Department of Health has analyzed the results of antenatal care services and found that the maternal mortality rate in Thailand in 2017 was 18.4 per hundred thousand live births, while the global maternal mortality rate is 157 per hundred thousand live births. Although the maternal mortality rate in Thailand is lower than the world average, but the upward trend continues. In addition, the neonatal mortality rate within 28 days, the percentage of newborns weighing less than 2,500 grams, has not achieved the target. Although the percentage of pregnant women receiving their first antenatal care at less than 12 weeks of pregnancy is increasing, but the percentage of pregnant women

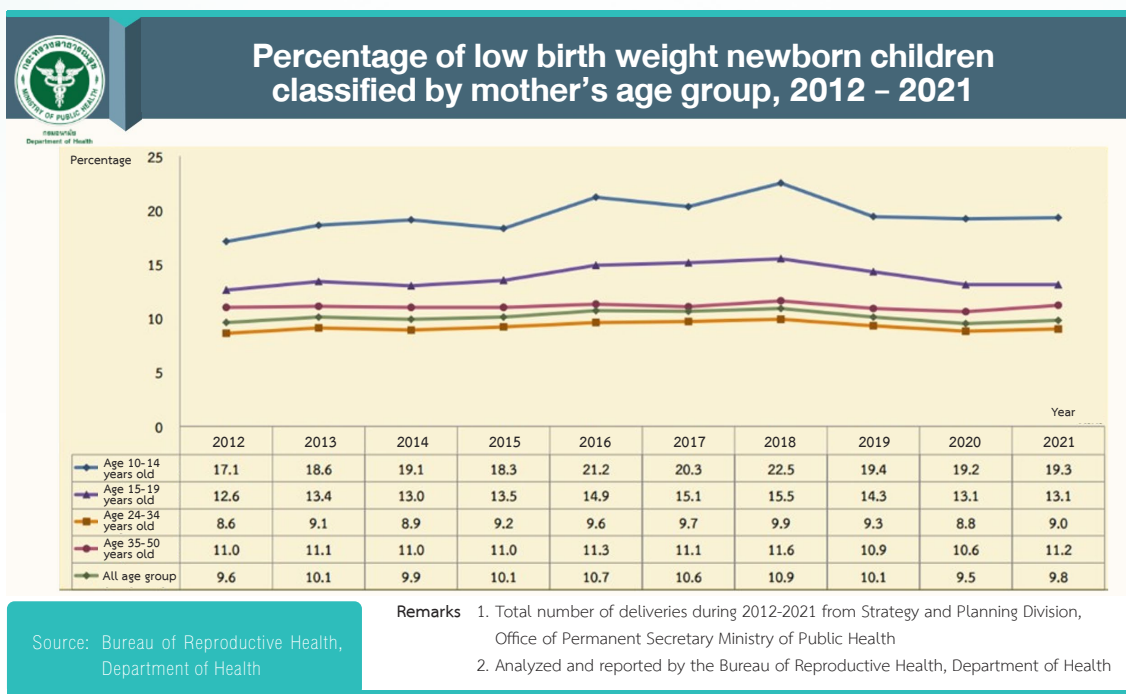
who have completed five antenatal care sessions according to the criteria and the percentage of postpartum women received three antenatal care sessions have not been met the target criteria. Therefore, in 2021, a study was conducted to analyze the situation of antenatal care guidelines in Thailand. The study found that although the risk was low, there were 25.7% of those who came late for antenatal care and the number of antenatal cares after 32 weeks of pregnancy was more than one time. It has a positive impact on the quality of maternal and child healthcare, including gestational age at birth, neonatal weight, and APGAR score at the 1st minute

if implemented according to WHO recommendations on the 8-prenatal care. It should be taken into account for the policy guidelines for increased antenatal care activities, impact on the budgeting, and proper assessment for the workforce used in the activities. Therefore, in 2022, a working group was convened to review the guidelines for antenatal care in Thailand to develop antenatal care guidelines and announce the Quality Antenatal Care Policy for Thailand 2022.

1.1.3 Prevention of low birth weight in newborns

Low birth weight situation in newborns

Figure 5 Percentage of low birth weight newborn children classified by mother's age group 2012 - 2021



Low birth weight newborn refers to a newborn with a body weight of less than 2,500 grams, which can be presented in premature or term-born babies. The newborns with low weight are at risk of dying in the perinatal or newborn period, as well as the first year of life. It was found that about 60 percent of babies died in the first 28 days. Additionally, it was also found that babies weighing less than 2,500 grams were more at risk of developmental delays in all aspects

than children with normal birth weight, affecting mother-infant relationships due to prolonged hospital stays. Infant birth weight is therefore one of the major capitals to improving the quality of human life. Although medical science is currently very advanced and able to take care of more low-weight newborns to survive, but it also encounters complications that are problems from healthcare and have increased cost of care. According to the Strategy and Planning

Division, Office of the Permanent Secretary, Ministry of Public Health, it was found that the percentage of newborns with low birth weight had little potential change in their implementation. Based on the past 10 years performance, the Bureau of Reproductive Health, it was found that, from 2012 to 2021, Thailand had low birth weight rates of 9.6%, 10.1%, 9.9%, 10.1%, 10.7%, 10.6%, 10.9%, 10.1%, 9.5%, and 9.8%, respectively (target 7%) which were in line with the Public Health Statistics in 2017 that the low-birth weight babies (from 2500 grams and less) in 2013 to 2017 was 10.8%, 10.4%, 10.6%, 11.1% and 11.1%, respectively (Strategy and Planning Division, Office of the Permanent Secretary, Ministry of Health, 2017).

1.1.4 Situation Surveillance for Stillbirths

The 20-Year National Strategy on Public Health (2018-2037) sets out the vision for the Ministry of Public Health to “be a core health organization that unites society for healthy people” by dividing its implementation into 4 phases every 5 years. Currently, the Ministry of Public Health is in the Phase 1 (2018 - 2022) which is a phase of system reform and Thailand 4.0 policy related to the United Nations Sustainable Development Goals (SDGs), which aim to achieve “healthy citizens, happy staff, sustainable health systems” under the mission of participatory and sustainable health system development and governance. The Department of Health has been implementing according to the Ministry of Public Health’s strategy with the objective of providing a framework for the implementation of the agency in terms of health system development as a response to changes in the global situation in the present. There are issues of health development according to the age groups, especially mothers and children which are important age groups that need to receive basic quality health services. It starts with taking care of health during pregnancy, safe birth for both mother and baby, postpartum health care, mothers receiving consultation on family planning using appropriate contraceptive methods, children received appropriate care to grow with proper development according to the age for the good quality of the population in the future and reduce the rate of illness and maternal and perinatal mortality.

Perinatal mortality reflects the maternal and child health service standards, the socio-economic conditions, including the country’s public health system. It is an indicator of maternal and infant well-being that measures the reproductive loss. In 2014, WHO and UNICEF jointly developed Every Newborn Action Plan (ENAP) to reduce neonatal mortality by 2030, with a global neonatal mortality rate of no more than 12 per 1,000 live births and a non-live birth rate (no more than 12 per 1,000 births), improvement of the quality of maternal and child health implementation under the equality from Universal Health Care Coverage covering 3 issues; family planning, antenatal care and childbirth, guidelines for continuity of care after loss, and mechanisms to reduce stigma, especially for healthcare workers. (Source: Division of Public Health Administration Ministry of Public Health)

In the present, perinatal mortality is an important indicator for all countries to report on their performance in line with the United Nations Sustainable Development Goals (SDGs). Thailand does not have a law requiring the registration of the death of stillbirth. Therefore, some stillbirth and neonatal deaths were not available in the civil registration database, but they are collected only at some medical facilities. The Department of Health has studied perinatal mortality rates by Siriporn Kanchana et al. using reports A-1 and A-2 developed by the Department of Health. In 1990, it was found that the perinatal mortality rate equaled to 14.02 per all 1,000 live births. According to the classification of the cause of perinatal mortality using Wigglesworth classification, it showed that the top cause of infant mortality is birth asphyxia, followed by macerated stillbirth and congenital anomalies. Therefore, the project to enhance the competency of maternal and child health personnel has been established. After that, the rate of perinatal mortality fell to 12.36 and 11.84 per 1,000 births in 1992 and 1994, respectively. According to Ladda Suitsuwan et al., a study conducted in 2000 - 2001 found that the stillbirth rate was 6.8 per all 1,000 births and the early neonatal death rate was 3.97 per 1,000 live births. It also found that 68 percent of infant deaths occurred in hospital, and 37.5 percent could be prevented through quality antenatal care and in-birth care. The past studies have shown

that reporting data on stillbirth and analyzing the causes of infant mortality is important which can be used in the development of the public health service system to reduce perinatal mortality. As a result of Thailand for not regulating the law regarding the birth and stillbirth death registrations; ergo, the agencies in Thailand have not recognized the importance of collecting stillbirth rate data in public healthcare facilities, private hospitals and out-of-hospital mortality. In addition, different definitions are used in each institution. As a result, Thailand's statistical reporting lacks credibility, and there was no data connection with the Civil Registration Information System (CRVS), lack of central data storage, and there were no national stillbirth rate targets. Furthermore, a review of the causes of perinatal mortality in various medical facilities in Thailand still did not share the same standard. The Department of Health, in collaboration with the Royal College of Obstetricians and Gynecologists of Thailand and the Royal College of Pediatricians of Thailand, has developed the "Guidelines for Reporting Stillbirth and Surveillance of Perinatal Mortality for Thailand," in line with the recommendations of the World Health

Organization, and have been reviewed by the National Maternal and Child Health Board as guidelines for local implementation, but lack of coverage and links with other relevant agencies.

1.2 Implementation on mother-to-child transmission infectious diseases and hereditary diseases

1.2.1 Prevention of mother-to-child transmission of HIV syphilis

Providing services to prevent mother-to-child transmission of HIV according to national policy covers both government and private sector services and can provide standard services according to the issued national guidelines. In 1997, it was included in the National Health Security Agency's (NHSO) antenatal care benefit package and in its activities contributed to the reduction of mother-to-child transmission of HIV, with the following information.

Figure 6 Percentage of HIV screening and antiretroviral therapy in pregnant women, 2013 - 2021

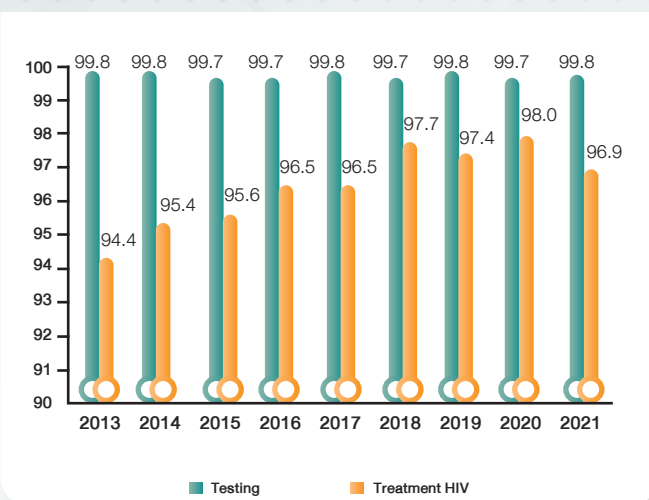
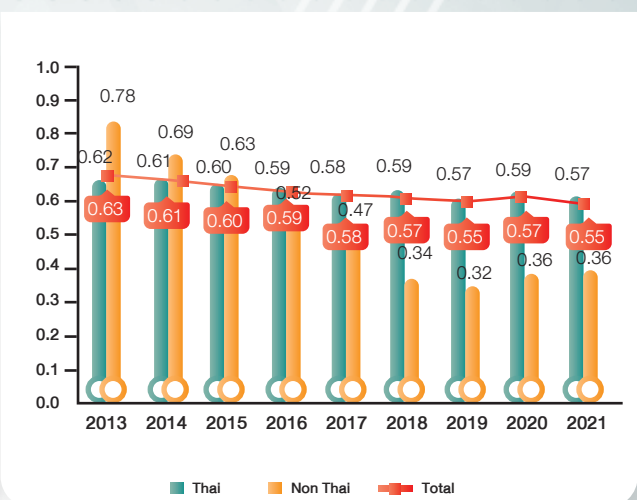
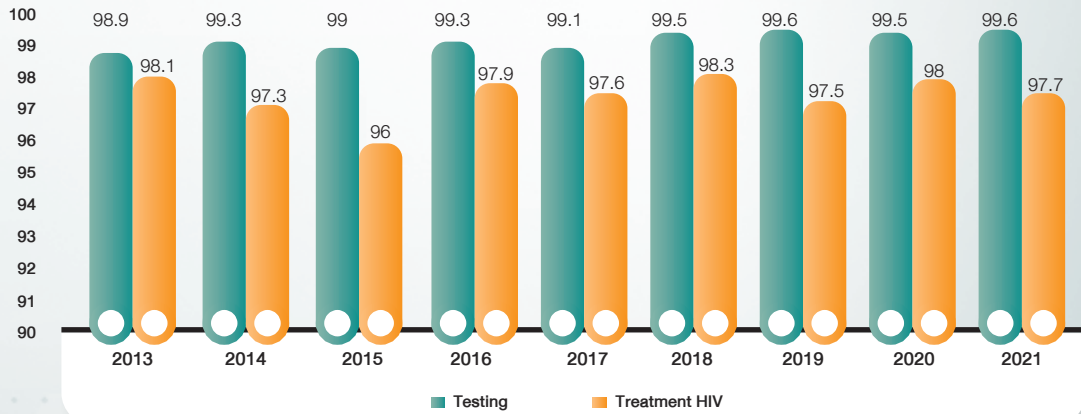


Figure 7 Prevalence of HIV infection in pregnant women



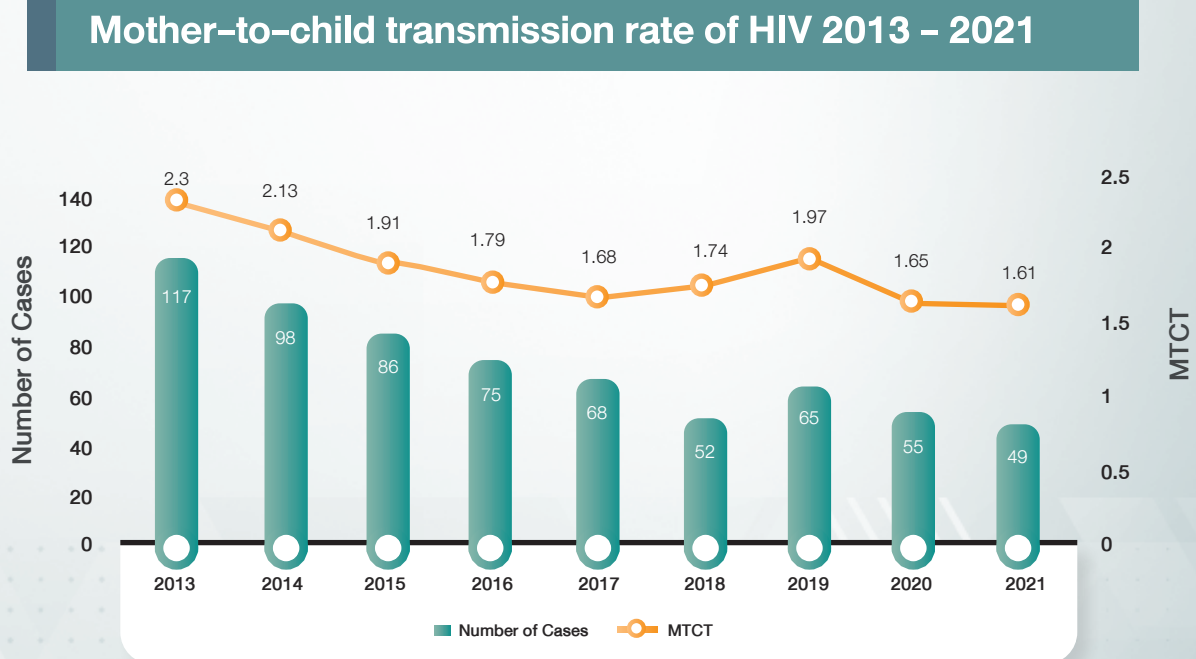
Source: PHIMS Program V.3.1 (Perinatal HIV Intervention Monitoring System) as of October 20, 2022

Figure 8 Percentage of syphilis screening and treatment in pregnant women



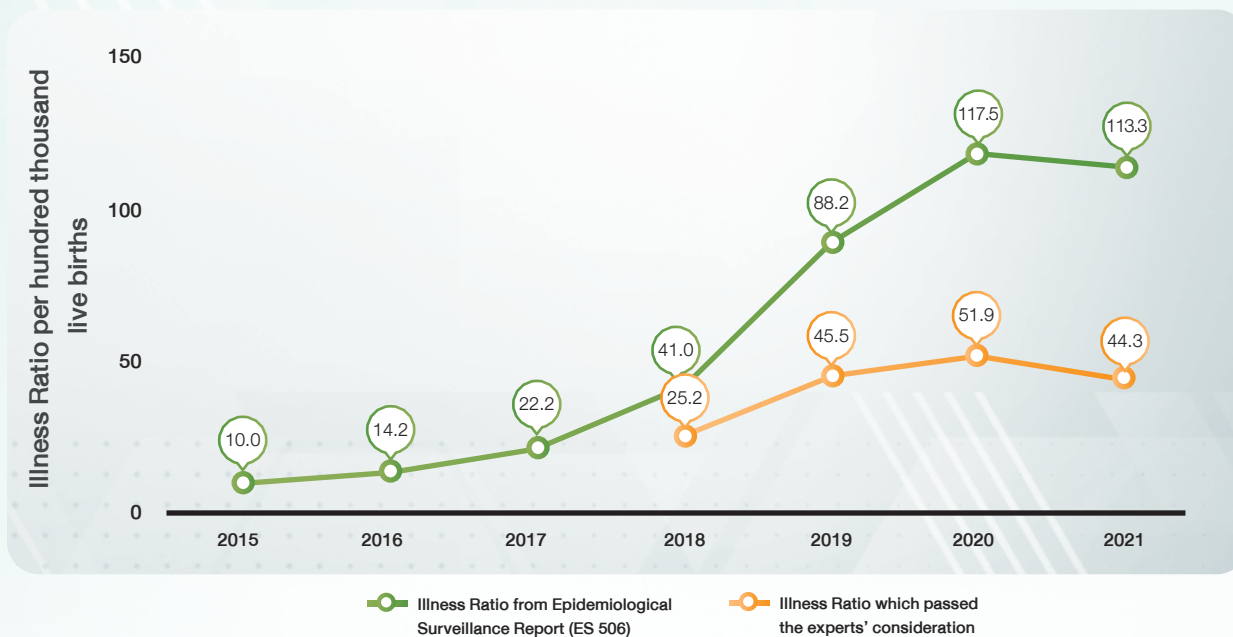
Source: PHIMS Program V.3.1 (Perinatal HIV Intervention Monitoring System) as of October 20, 2022

Figure 9 Mother-to-child transmission rate of HIV 2013 - 2021



Source: Thailand AIDS Response Progress Report (GAM Report) 2020 and Perinatal HIV Intervention Monitoring System (PHIMS V.3.1) as of October 20, 2022

Figure 10 Congenital syphilis illness rate 2015 - 2021



Source: ES 506, Department of Diseases Control, as of October 20, 2022

Based on this information, Thailand still has implementation challenges due to pregnant women delaying antenatal care before 12 weeks, resulting in incomprehensible standard treatment, as well as the increase of sexually transmitted infections in the population of all age groups, stigma and discrimination and fear of being shunned which must be kept secret. As a result, the care during the ongoing pregnancy to the newborn were affected such as taking medication irregularly, which makes the medication not as effective as it should be and develop drug resistance and subsequently results in failure of treatment. Therefore, the disseminating knowledge and campaigns widely so that all women who are pregnant and their families understand and come to receive services from the early stages of pregnancy. The sooner the medicine dose is started, the better it will prevent infection in the baby.

1.2.2 Prevention of birth of congenital babies

The Ministry of Public Health has pushed forward policies and strategies; the 2nd National Reproductive Health Development (2017-2026) on the promotion of quality birth and growth which has been implemented in the service units with started with reproductive health with providing Folic acid

supplementation tablets for women preparing for pregnancy to prevent the birth of congenital babies, the promotion of early antenatal care and antenatal care in accordance with maternal and child health standards in pregnant women, childbirth conducted by healthcare workers and standard postpartum care. Moreover, the newborn babies will receive standard care by receiving Thyroid stimulating hormone (TSH) screening, and in 2022, the Expanded Newborn Screening (ENBS) for congenital diseases screening will be expanded and included more diseases.

Neonatal genetic disease screening aims to prevent mental retardation and cerebral palsy, including illness or death of the baby at birth before symptoms of the disease appear. If diagnosed and treated delayed, it can cause mental retardation and cerebral palsy. The standardized screening in developed countries such as the United States, Britain, Japan, and almost all European countries were mostly provided for all newborns who will undergo an extended screening test using a new screening technology called Tandem Mass Spectrometry (MS/MS) which can conduct the screening for metabolic genetic diseases more inclusively compared to the previous conduct of knowing only 2 diseases.

Babies who are diagnosed and treated at an early stage will be able to develop similar to that of a child whose genetic disease has not been detected. At present, genetic diseases are rare which indicated the need of doctors who specialized in genetics, laboratories with specialized technology and medical technologists, as well as specialty medicines and milk used for treatment. According to a study conducted by the Health Technology and Policy Assessment Project (HITAP) between 2020 and 2021, the economic loss of treatment for one patient with the disease amounted to 3.6 - 8.7 million baht. It is estimated that about 70 new babies in this group would be born each year in Thailand, resulting in the economic losses of 254 - 610 million baht per year, and early clinical diagnosis and treatment are more cost-effective compared to those with the symptoms already present.

Therefore, the Department of Health, which has a duty to ensure the safe birth of every pregnancy, children born perfectly, healthy, and grow with proper development, has then established the Congenital

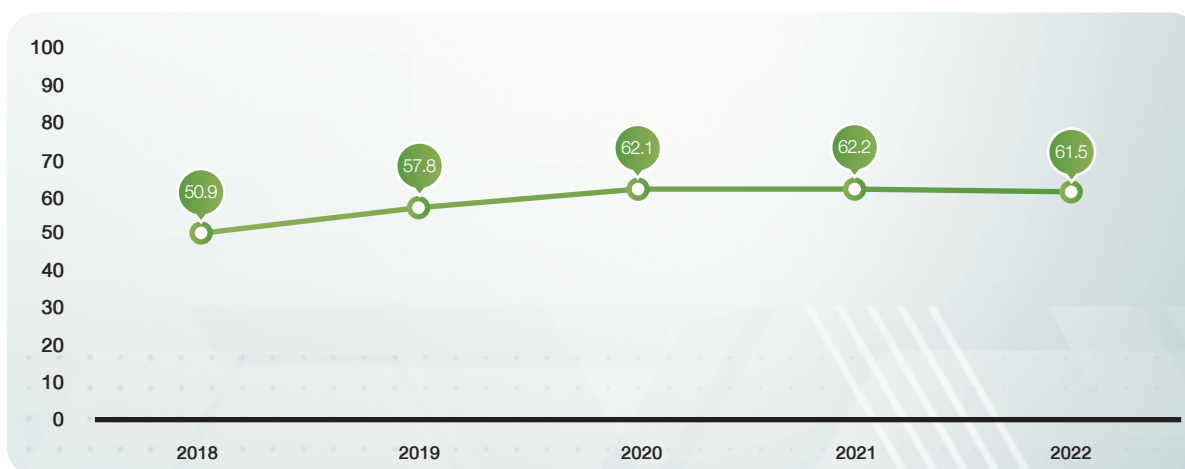
Disorder Surveillance Project of the Neonatal to promote the growth and age-appropriate development of the children and as a guideline for service units to conduct screening of newborns in a standardized and effective direction for monitoring the information system of genetic diseases in newborns in Thailand.

1.3 The Protection, promotion, and support for breastfeeding

1.3.1 The situation of 6-month exclusive breastfeeding

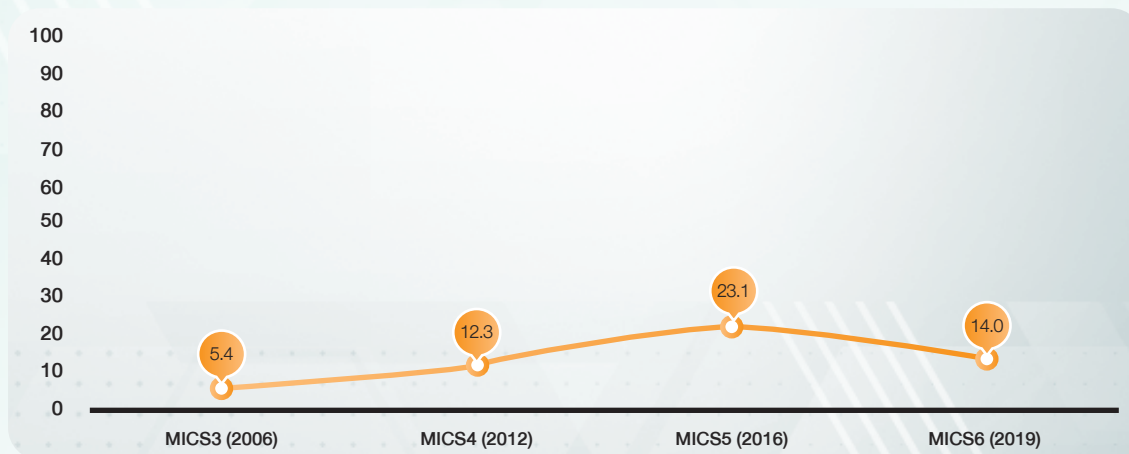
The Ministry of Public Health has a policy to promote, support and protect all children to be fully breastfed in accordance with the recommendations of the World Health Organization. According to the WHO, children from birth to 6 months should be exclusively breastfed and breastfed along with age-related diets until the age of 2 years or longer. In order to promote quality development and growth of children, the goal for 2025 was set to have at least 50% of the rate of exclusive breastfeeding for 6 months.

Figure 11 Percentage of newborns - under 6 months of age with exclusive breastfeeding



Source: HDC service system, Ministry of Public Health (September 30, 2022)

Figure 12 Percentage of babies who were exclusively breastfed in the first 6 months



Source: Survey on the Situation of Children and Women in Thailand

According to HDC service, the percentage of newborns - under 6 months of age who were exclusively breastfed showed the country's overall outcome value higher than the target and is likely to rise. According to the Multiple Indicator Cluster Surveys (MICS) of the National Statistical Office and UNICEF, Thailand's six-month exclusive breastfeeding rate was lower than the global average (44%) and still below the target value.

According to the study, the factors that prevented the exclusive breastfeeding up to 6 months were age, education level, time period for postpartum leave to support the child after childbirth, knowledge, experience, attitudes, obstacles to breastfeeding, and access to public health services (Pattaraporn Chuprapan et al., 2014), mother worried of having not enough breast milk and not enough nutrients in breastmilk and mother needed to go back to work (Nisachon et al., 2014).

In addition, it was found that the advertising also influenced mothers' decisions because it creates myths through marketing communications of the milk substitutes industry, which affects mothers' perception of breastfeeding with milk substitute formula making false understanding that the nutrients in milk substitute formula can replace breast milk and also the use of other marketing promotion campaign such

as distributing free giveaway product through medical personnel which encourage the mothers to use formula to feed the babies together with breast milk or use formula to feed the babies instead of breast milk. This resulted in family's excessive payment for about 4,000 - 6,000 baht per month to buy milk substitutes or about 40,000 - 72,000 baht per year (Dr. Bowrasan Jiadamrong, 2016).

1.3.2 The Implementation of the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017) (Milk Code Act)

This law has been in effect since September 8, 2017. The main objective is to control the marketing promotion of infant and toddler food appropriately in accordance with the international standards to protect the rights and health of all infants and young children on receiving the best and most suitable food and protect mothers and families to receive accurate information about infant and toddler food. There is an "Infant and Toddler Food Marketing Promotion Control Committee" appointed by law to determine the direction of law enforcement. Additionally, the Maternal and Child Health Group, the Bureau of Health Promotion, the Department of Health, the Ministry of Public Health is the main agency to coordinate and drive the law enforcement. At the local level, officials have been appointed both in Bangkok and

provincial public health offices nationwide as the local law enforcement in order to examine, investigate, monitor both proactively and reactively, and prevent the violation of the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017). In 2021, 10,282 officials were appointed, and in 2022, the provinces with officials appointed with ID cards were accounted for 98.70% (76 provinces).

In 2020, an action plan was developed to drive the enforcement of the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017). It is a three-year action plan from 2020

to 2022 that sets law enforcement goals and specifies the roles and duties of relevant agencies in both central and regional areas to ensure effective law enforcement. And it is currently in the process of preparing (drafting) an action plan of the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2566 - 2570 (2023 - 2027) (Action Plan No. 2) to ensure that the implementation of the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017) to be continuous and effective.

2 Maternal and Child Health Group Health Promotion Performance



2.1 Maternal and perinatal

2.1.1 Performance of maternal mortality reduction in 2022

GAP

1. Most deaths are caused by preventable causes such as hemorrhage, high blood pressure, availability of resources, personnel, and referral systems
2. Pregnant women and their families' lack of understanding and proper behavior
3. Mortality from medicine diseases continues to trend upwards, such as heart disease, SLE, cancer.

LAG

1. Surveillance, Search, and Screening and Risk Management Systems in ANC, LR, PP
2. Contraception for women of reproductive age with chronically/serious internal medicine illnesses that cannot control their symptoms
3. The service takes too much of a waiting time.

Trend

1. Telehealth or telemedicine services for monitoring, surveillance/antenatal care or consultation (The consideration of receiving services depends on the need, the severity, and the urgency of pregnant women)

Policy recommendations/recommendations for improvement

1. Proactive maternal mortality surveillance through Maternal Death Surveillance and Response: MDSR System with the review and analysis on the cause of maternal mortality
2. Establish multidisciplinary consultation at the district level, with the MCH Board hosting the establishment of experts at the district level to increase the channel for consultation by medical professionals (Teleconsultation).
3. Improve service quality with technology such as Telehealth or Telemedicine for monitoring/antenatal care or consultation.

4. Increase preventive measures to reduce maternal and infant mortality

4.1 Finding and screening for pregnant women who are at risk from pregnancy, including the risk of postpartum bleeding and the possibility of placenta adhesion, risk from medicine diseases as well as planning and preparation for delivery

4.2 Contraception for women of reproductive age with chronically/serious medicine illnesses that cannot control their symptoms

4.3 Develop a management and monitoring system for postpartum care, plan and prepare for individual postpartum care, focusing on postpartum bleeding, high blood pressure, and medicine disease severity that may worsen in women after childbirth, including postpartum depression, maternal and child health and provincial health service network

5. Provide a standardized basic service system as a seamless service

2.1.2 Performance of antenatal care and postpartum care in 2022

GAP

1. Health literacy of pregnant women in antenatal care and self-care

2. Manpower that suits the workload

LAG

1. Surveillance, finding, screening and risk management systems for ANC and postpartum follow-up visits

2. One-stop service of antenatal care system to reduce the process and duration of antenatal care

Trend

1. Telehealth or telemedicine services for antenatal care or postpartum consultation and visit

Policy recommendations/recommendations for improvement

1. Focus on antenatal care policy before 12 weeks as it is the main issue that makes the quality antenatal care process not meet the criteria. This includes communicating on free antenatal care to reduce family expense concerns

2. Improving teaching guidelines and media for parent school

3. Health literacy of pregnant women and social problems such as substance abuse, incidence of sexually transmitted infections, or taking iron and vitamin supplements during pregnancy, and baby's kick counting are necessary as they can have a significant impact on pregnancy outcomes and may be promoted through community mechanisms



2.1.3 Performance of the implementation on preventing low birth weight in newborns

GAP

1. Most underweight newborns are born from adolescent mothers
2. Mothers gave birth with less than 37 weeks pregnant
3. Prenatal maternal BMI is less than 24 kg/m and weight gain during pregnancy is less than 10 kg.

LAG

1. Poverty or low income of people, pregnant women have to work hard, not get enough rest and have unhealthy eating habits
2. Social welfare is not conducive to pregnancy, work leave cannot be requested, and the service takes too much waiting time
3. Diverse cultures, beliefs and societies

Trend

1. Telehealth or telemedicine services for monitoring, surveillance/antenatal care or consultation (The consideration of receiving services depends on the need, the severity, and the urgency of pregnant women)

2.1.4 Surveillance for Stillbirth baby

Currently, the Department of Health has implemented a perinatal surveillance system through the Maternal and Child Health Committee meeting and clarified the guidelines for mortality surveillance in accordance with the Guidelines for Reporting Stillbirths and Surveillance of Perinatal Mortality for Thailand. Furthermore, the Department of Health also developed a perinatal mortality surveillance system for Thailand using tools to review and analyze the causes of perinatal mortality for Thailand based on WHO recommendations to study, analyze data and prepare reports for Thailand.

2.2 Infectious and genetic diseases

2.2.1 Performance of the prevention of mother-to-child genetic and infectious diseases and the prevention of mother-to-child transmission of HIV, Syphilis, and Hepatitis B

There is a policy to prevent mother-to-child transmission of HIV and syphilis for Thailand in 2021

1. All network of public health facilities provided standard maternal and child health services in accordance with the New Normal guidelines and provided prevention services for mother-to-child transmission of HIV and syphilis in accordance with Thailand's standard guidelines
2. All pregnant women and their partners receive quality antenatal care services. In cases of HIV and/or syphilis infection, they should be treated according to Thailand's standard guidelines emphasized on individual treatment
3. Infants born to mothers infected with HIV and/or syphilis are treated in accordance with Thailand's standard guidelines
4. Promote participation of community and network agencies in the prevention and of mother-to-child transmission of HIV and syphilis

There are guidelines for prevention of mother-to-child transmission of HIV and syphilis for Thailand in 2021

All public health facilities provide prevention services of mother-to-child transmission of HIV and syphilis by defining it as a quality activity as follows.

1. Standard quality antenatal care services in accordance with the New Normal guidelines by emphasizing the promotion of early antenatal care before 12 weeks and complete 5 antenatal care sessions according to the criteria.
2. Providing services for pregnant women to prevent mother-to-child transmission of HIV in accordance with the guidelines for preventing mother-to-child transmission of HIV for Thailand 2020/2021 and Guidelines Eradication of congenital syphilis in 2020 with the emphasis as follows.

2.1 Providing couples counseling to pregnant women and their husbands before and after the screening for HIV and syphilis infection and screening for the risk of sexually transmitted infections throughout pregnancy

2.2 Testing for HIV and syphilis infection detection in pregnant women and couples at the first antenatal care and repeat the test at 28-32 weeks of pregnancy if the first test results were negative

2.3 Starting the treatment with medicine as early as the same day of diagnosis (Same day ART) eliminating the need to wait for CD4 results and begins the recommended regimen at any stage of pregnancy

2.4 Viral load testing for HIV-infected pregnant women at 34-36 weeks of pregnancy and taking anti-HIV medication for at least 4 weeks to manage the care of pregnant women during delivery

3. Provision of care for infants born to mothers with HIV/syphilis in accordance with the guidelines for the prevention of mother-to-child transmission of HIV For Thailand 2020/2021 and guidelines for the elimination of congenital syphilis in 2020 with the emphasis as follows.

3.1 Start the treatment with medicine within 48 hours, with antiretroviral therapy best administered to the baby within 1 hour after birth, based on consideration of potential risks

3.2 Breast milk is strictly abstained, and milk substitutes given for 18 months

3.3 Early diagnosis of HIV infection status in infants by sending HIV PCR dried blood spot according to the baby's risk, including general risk for 2 times at 1 month and 2 - 4 months of age, and high risk for 4 times at birth age (0-7 days), 1 month, 2 months and 4 months

4. Reporting on the prevention performance of mother-to-child HIV transmission on the Department of Health's PHIMS program

5. Organizing activities to prevent mother-to-child transmission of HIV and syphilis in collaboration with civil society network partners for continuity of care in the community



2.2.2 Performance of prevention for congenital infants

In 2021, the implementation expanded and included the screening for Down Syndrome babies in pregnant women and pushed for inclusion in the benefits package with QT screening. Therefore, in 2022, the implementation also collaborated with the networking agencies in the expansion of neonatal screening with additional diseases by using a new screening technology called Tandem Mass Spectrometry (MS/MS) to promote access to birth defects surveillance services in Thailand and to strengthen the standard newborn birth defect surveillance service system.

Maternal and Child Health Group, Bureau of Health Promotion has prepared the media to provide information on the prevention of birth defects.



2.3 Prevention, promotion, and advocacy for breastfeeding

2.3.1 Performance of the implementation on 6-month exclusive breastfeeding

“Breast Milk” is an important foundation of good health which is beneficial for the physical, mental, and intellectual and is the best food full of nutrients and the first drop of vaccine to build the immunity as well as an important part of the development of intelligence levels, promotion of children’s long-term development and learning.

In 2022, with the current economic and social conditions resulting in the changes in values, women were working outside the home even more, and with the COVID-19 pandemic affecting mothers to decrease breastfeeding. According to the World

Health Organization’s recommendations, babies from birth to 6 months are exclusively breastfed and then breastfed along with food as they age up to 2 years or longer. Therefore, the Department of Health, together with its network partners, has encouraged the activities continuously.

1. “Networking Partners to Send Love from Breast to Baby” Project of the Department of Health in collaboration with the Foundation of Thai Breastfeeding Center of Thailand, Everyday Doctor Co., Ltd., Transport Co., Ltd., Nakornchai Air Co., Ltd. and Thai AirAsia Co., Ltd., have a common intention to encourage mothers working upcountry to be able to deliver breast milk across provinces to bring back to their children free of charge to encourage mothers to breastfeed their babies according to their needs. You can register via Line@anamaimilk.



2. Free online breastfeeding consultation via the Everyday Doctor application is a collaboration between the Department of Health and the company; Everyday Doctor Co., Ltd., and the United Nations Children’s Fund in Thailand, to provide mothers with quick and easy access to services and up to the needs to help solve problems related to breastfeeding



2.3.2 The Implementation of the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017).

Maternal and Child Health Group, Bureau of Health Promotion, Department of Health has been implementing the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017) in fiscal year 2022 as follows.

1. Board of the Control of Marketing Promotion of Infant and Young Child Food

- The Control of Marketing Promotion of Infant and Young Child Food Board Committee Meeting No. 1/2022 was held on March 30, 2022 to acknowledge the progress of the implementation of the Control of Marketing Promotion of Infant and Young Child Food Act B.E. 2560 (2017) in the fiscal year 2022 (the first 6 months) of the Sub-Committee under the Act

2. The Sub-Committee under the Board of the Control of Marketing Promotion of Infant and Young Child Food

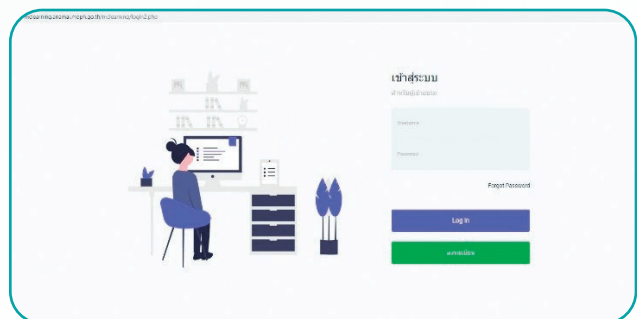
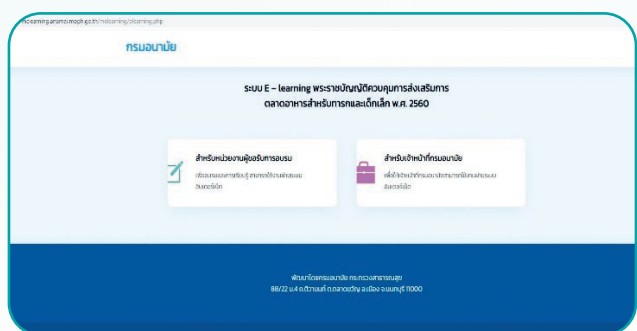
2.1 The Sub-committee on the Control of Marketing Promotion of Infant and Young Child Food held 2 meetings (1st meeting on February 18, 2022 and 2nd meeting on May 12, 2022)

2.2 The Sub-Committee on the development and giving opinion on legal issues under the Control of Marketing Promotion of Infant and Young Child Food Act B.E. 2560 (2017) during the hosting of three meetings (the 1st meeting on February 23, 2022, the 2nd meeting on May 26, 2022 and the 3rd meeting on August 17, 2022).

2.3 The Sub-committee on Communication and Network and Drive Policy and Strategy for the Control of Marketing Promotion of Infant and Young Child Food with 2 meetings held (1st meeting on January 31, 2022 and 2nd on June 30, 2022).

3. E-learning (<http://mclearning.anamai.moph.go.th/>)

To provide training channels to develop knowledge and skills for officials and public health personnel involved in the area of surveillance for violations of the Act to be able to apply the knowledge and skills gained to effectively conduct violation surveillance and law enforcement.



4. Development and Revision of the Announcement of the Ministry of Public Health / Report

4.1 Notification of the Ministry of Public Health Re: Appointment of Officials under the Act on the Control of Marketing Promotion of Infant and Young Child Food B.E. 2560 (2017) B.E. 2564 (2021). From the follow-up on the implementation of the Act, it was found that the position of the officer responsible for driving and enforcing the law is not in line with the position of the official according to the notification of the Ministry, especially the officer under the Department of Health, which is the steering group in driving and enforcing the law, in order to ensure consistency and effective operations, the Notification has been revised.

4.2 Notification of the Ministry of Public Health on the guidelines, methods and conditions for supporting professional organizations in public health due to the Ministerial Notification which is currently required the sponsors to report one-time and annual support to the Board of Control of Marketing Promotion of Infant and Young Child Food in the form attached to the Notification. However, the required timeframe for the report was not clear, hence, the sponsors had submitted the reports at different timelines. Therefore, for clarity in law enforcement, the Notification has been revised.

4.3 Notification of the Board of Control of Marketing Promotion of Infant and Young Child Food Re: Comparative Criteria (No. 2) B.E. 2022. According to the Board of Control of Marketing Promotion of Infant and Young Child Food, the said notification has been issued and enforced for a period of time. The issues found that it should be amended to be able to enforce the law appropriately in accordance with the spirit of the law to include manufacturers, importers, distributors or agents of infant supplements sales.

5. Proactive Surveillance

In Fiscal Year 2022, the Bureau of Health Promotion, in collaboration with the Health Center 4 and the Provincial Public Health Office, conducted proactive surveillance in places such as pharmacies, public and private hospitals, department stores, pediatric clinics, 5 times in total as follows.

5.1 1st time in collaboration with Health Center 4 and Pathum Thani Public Health Office, proactive surveillance at various locations in Pathum Thani Province

5.2 2nd time in collaboration with Health Center 4 and Nakhon Nayok Provincial Public Health Office, proactive surveillance at various locations in Nakhon Nayok Province

5.3 3rd time in collaboration with the Health Center 4, Phra Nakhon Si Ayutthaya and Ang Thong Provincial Public Health Offices, proactive surveillance at various locations in Phra Nakhon Si Ayutthaya and Ang Thong Provinces.

5.4 4th time in collaboration with the Health Center 4, Saraburi and Sing Buri provinces, proactive surveillance at various locations in Saraburi and Sing Buri provinces.

5.5 5th time in collaboration with the Health Center 4 and the Nonthaburi Provincial Public Health Office, proactive surveillance at various locations in Nonthaburi province



Proactive Surveillance Situation Information according to the Bureau of Health Promotion, Department of Health, the promotion of infant and toddler food marketing by entrepreneurs in public places such as public media, meetings and events has decreased significantly, but the marketing promotion model has changed to promote through online media or promote more individuals. Based on past offense statistics from 2019 to June 2022, a total of 53 complaints were found, 49 of which were classified as offenses under the law. The offense can be classified into individual sections as follows: Section 15 (5 matters), Section 18 (43 matters) and Section 21 (1 matter), most of which are found online because it was a convenient and fast channel for trading, with 80% of the offenders being large national companies, both manufacturers and distributors. In Fiscal Year 2022, a total of 14 violations of the law were found.

6. Evaluation of legal achievement

The Constitution of the Kingdom of Thailand, Section 77, Paragraph 2 consisted of one passage which states, "Once the law comes into force, the State shall conduct an evaluation of the law's achievement every specified period by listening to the opinions of relevant parties in order to develop all laws in accordance with and appropriate to the changing context. The evaluation of the achievement of the law shall be done at least every 5 years from the effective date of the law enforcement or every other period as specified in the ministerial regulations by evaluate how effective the law enforcement is for the purpose of the enactment and how worthy of the burden on the government or the people or not. The assessment of achievement must be carried out by listening to the opinions of those involved, as well as examining the content of the law. The Bureau of Health Promotion, Department of Health, as

the agency responsible for the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017), has taken steps to evaluate the achievement of the law as follows.

6.1 Held a workshop to exchange knowledge on the implementation of the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017) on May 17, 2022. Attendees included entrepreneurs from the company and those involved in infant and toddler food products.

6.2 Held a consultation meeting to discuss the preparation of implementation guidelines for the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017) on 24 June 2022 in collaboration with relevant experts.

6.3 Held a workshop to develop and drive the enforcement of the the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017) on July 22, 2022. Attendees included public health personnel, legal personnel, officials under the Act, and relevant public and private sector networks.

6.4 Conduct a questionnaire for public hearing on the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017) to evaluate the law's achievement.

7. Enforcement Steering Plan on the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017) No. 2 (B.E. 2566 - 2570)

The Department of Health as the responsible organization for driving the law has pushed for the “Enforcement Steering Plan on the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017) (2020 - 2022),” which will expire in 2022. The Department of Health, as the secretariat of the Committee, has drafted the “Enforcement Steering Plan on the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017) No. 2 (B.E. 2566 - 2570)” as a framework for the Department of Health and other related agencies responsible for the driving and enforcement of law. The Draft of the Enforcement Steering Plan on the Control of Marketing Promotion of Infant and Young Child Food Act,

B.E. 2560 (2017) No. 2 (B.E. 2566 - 2570) has already received the resolution from the Sub-committee on Communications of Network Partners and Driving Policy and Strategy. Hence, the workshop on initiating the Enforcement Steering Plan on the Control of Marketing Promotion of Infant and Young Child Food Act, B.E. 2560 (2017) No. 2 (B.E. 2566 - 2570) was then held on 20 May 2022 at SD Avenue Hotel Bangkok as a brainstorming and public hearing forum on the Draft of the Enforcement Steering Plan on the aforementioned Act.

2.4 Early Childhood Development

2.4.1 Well Child Clinic Service

Well Child Clinic is a public health service unit which plays a highly important role in promoting health of children for their wellbeing and having age-appropriated development since birth. With services that take care of normal children to be healthy, grow both physically and intellectually to their full potential, with emotional maturity, the Well Child Clinic also provides protection against preventable communicable diseases by vaccination and provide advice to families to encourage children to be healthy with age-appropriated development, prevent accidents and exposure to toxins, encouraging a wholesome family with good relationship between family members. Therefore, the development of Well Child Clinic toward better quality is of great importance.

The Importance of Providing Well Child Clinic Service

1. Promoting early childhood growth and development is provided according to standard services to promote healthy children, including developmental monitoring and developmental promotion, physical examination, growth surveillance, and oral and dental health care. When abnormalities arise at the beginning, they will be amended in order to achieve optimum growth and development according to their potential while parents and caregivers can acquire parenting knowledge and skills.

2. Reducing the risk of diseases and disorders that are problematic to child growth and development

2.1 Monitor and diagnose diseases from the outset and provide immediate treatment such as congenital hypothyroidism, vision, hearing disorders, anemia, or infants with nutritional problems, such as babies weighing less than 2,500 grams at birth

2.2 Children are fully vaccinated for the protection of diseases according to the criteria of service recipients

1. Parents and child caregivers have knowledge and understanding on child healthcare, surveillance and health promotion, child development and growth from birth as recommended in the Maternal and Child Health Handbook

2. Parents and child caregivers are knowledgeable and able to observe abnormalities in child development and promote preliminary early child development

3. Parents and child caregivers have knowledge in caring for children with common diseases such as colds, can monitor complications, take care of children's health, and know how to use medication correctly

3

Related Success Factors

1. Announcement of Quality Antenatal Care Policy for Thailand B.E. 2565
2. Perinatal Death Review Guideline for Thailand
3. Antenatal Care Guidelines for Public Health Personnel
4. Annual Report: Maternal Death Surveillance and Response system in Thailand 2021
5. Maternal and infant labour and morbidity/mortality reporting system <http://mpdsr.anamai.moph.go.th/>
6. Maternal and Child Health Standards Assessment Program for Healthcare Facilities and Provincial Networks
7. Pink Book online platform

Chapter

3



Health Promotion for Early Childhood

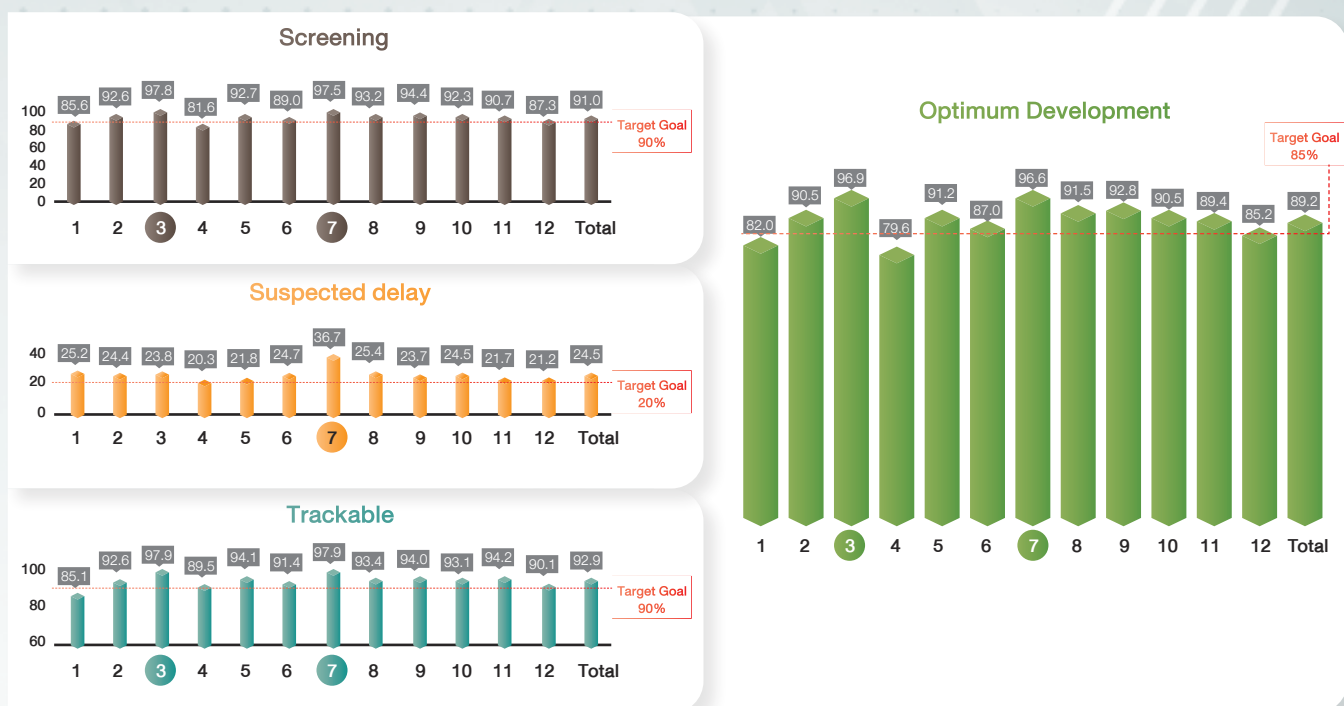
By National Institute of Child Health, Department of Health

1 Situation Analysis in Early Childhood Development

Early childhood, or the first 5 years of life, is a golden opportunity for human because the body and brain will grow quickly. Appropriate care at different ages results in the children having physical skills, intellectual and emotional intelligence with the opportunity to succeed in education, career, and

becoming adult and good parents in the future, and beneficial for the future generations of grandchildren. The situation of early childhood development in 2022 is reflected through key indicators set by the Ministry of Public Health, including:

Figure 13 Early childhood development screening results by health District and country, Year 2022

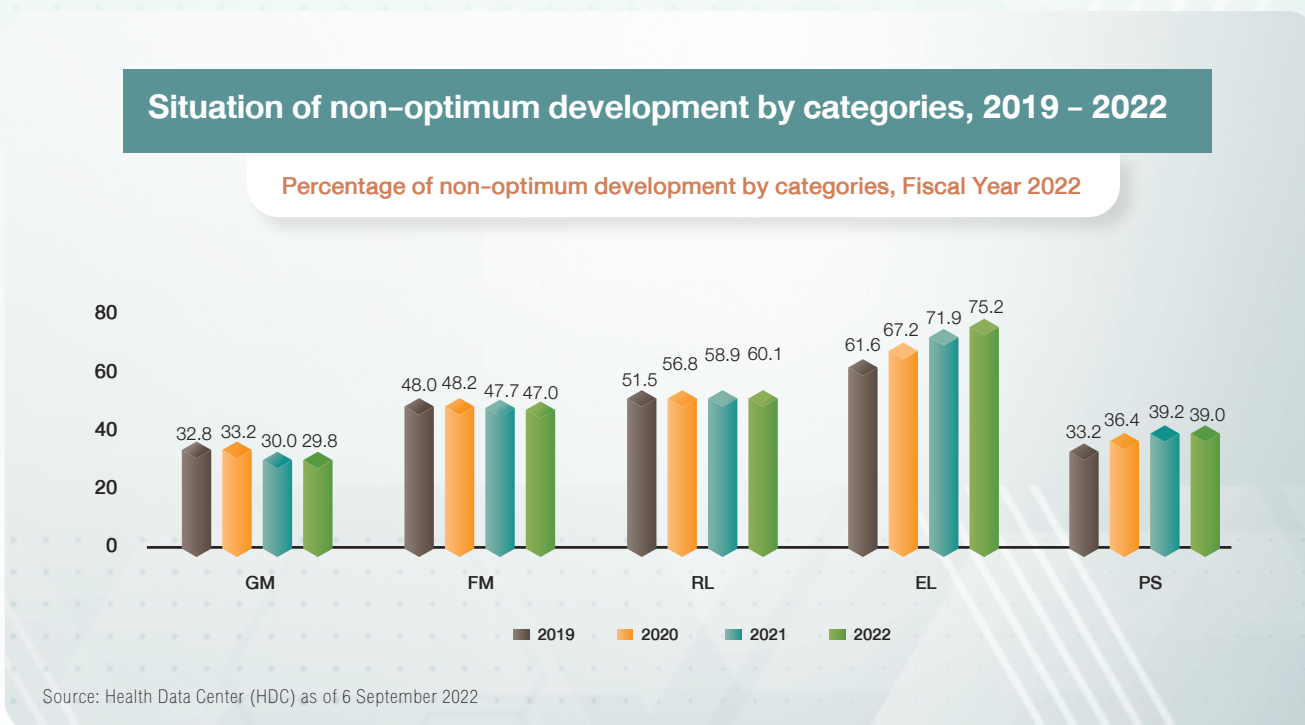


Source: HDC, cumulated data from October 2021 - June 2022 as of 22 August 2022

For the Early Childhood Development Screening Performance By Health District, in 2022, it was found that the target child development screening coverage with the target goal of 90%, the country's performance was at 91.0%. While the early childhood with suspected delay development with the target goal of 20%, the country's performance was at 24.5% and the early childhood with suspected delay development receiving stimulation within 30 days and

followed up to reassess with the target goal of 90%, the country's performance was at 92.9%. Moreover, the Early childhood with optimum development with the target goal of 85%, the country's performance was at 89.2%. In conclusion, the performance of all 4 indicators passed the target goals.

Figure 14 *Situation of non-optimum development by categories, 2019 - 2022*



From Figure 14, the situation of non-optimum development by categories, Year 2019 - 2022 is divided into 5 aspects as follows: 1. Gross Motor (GM): Movement development 2. Fine Motor (FM): Fine motor and intellectual development 3. Receptive Language (RL): understanding language development 4. Expressive Language (EL): language use development 5. Personal and Social (PS): development on self-help and social skills. When comparing the results of developmental screening from 2019 - 2022, it was found that early childhood with non-optimum development in RL and EL tend to increase every year with the following screening results:

Figure 15 *Percentage of non-optimum development by categories, Fiscal Year 2022*



* EL : 61.6% in 2019, 67.2% in 2020, 71.9% in 2021, and 75.2% in 2022.

* RL: 51.5% in 2019, 56.8% in 2020, 58.9% in 2021 and 60.1% in 2022.

From this information, it is a reflection for those in charge of early childhood work and parents to be aware and emphasize on the importance of helping these children return to their optimum development.

2

Implementation of Early Childhood Development in 2022

2.1 Developmental Surveillance and Promotion Manual (DSPM)

- Creating Health Literate (HL) Parent and caregivers, and monitoring and promoting development, hearing, sight and speech
- Building capacity of personnel in screening and stimulating child development with DSPM & DAIM

2.2 Implement the establishment of early childhood development centers for children under 3 years of age

- Prepare guidelines for the establishment of early childhood development centers for children under 3 years of age
- Prepare guidelines for internal structure design for early childhood development centers for children under 3 years of age
- Develop a holistic caregiver curriculum

2.3 Enhance the quality of 4D health for early childhood development centers

- Develop guidelines to enhance the quality of 4D health for early childhood development centers
- Develop storybook media to enhance healthy behaviors
- Integration with the Praboromarajchanok Institute to develop teacher personnel and child caregivers

2.4 Driving policy-level implementation

- National Board of Child and Youth Development Meeting
- Meeting of the Sub-Committee on Coordination and Promotion of Early Childhood Development
- Meeting for public hearing on the draft of monitoring report on the implementation of the National Early Childhood Development Center Standard of the Office of the Secretariat of the Education Council
- Meeting of the Sub-committee on Communication for Early Childhood Development

Picture 7 Guidelines for promoting the quality of early childhood development centers



<https://bit.ly/3Q5PhS8>

Picture 8 4D Storytelling



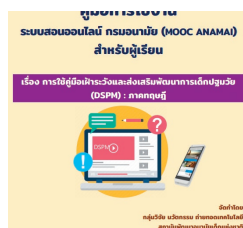
<https://bit.ly/3BEwUzT>

Picture 9 (Draft) Child Care Teacher Training Curriculum to Improve the Quality of Early Childhood Development Centers that have not met the basic health criteria (4D)



<https://bit.ly/3vxP02F>

Picture 10 Department of Health Online Instruction Manual (MDOC ANAMA) for Learners



E-Learning(DSPM)

4D Storytelling

Download
Manual



QR-code
DSPM-E learning

Chapter

4



Health Promotion for School-age Children and Adolescents

By School-age Children and Adolescents Health Group, Bureau of Health Promotion,

Department of Health

1 Various relevant and important situations

According to the Health Data Center (HDC) data as of July 14, 2022, the Nutritional Status Report of School-Age Children for Semester 1 of Academic Year 2022 showed that the percentage of school-age children (6-14 years old) was decreased with the optimum growth rate at 55%, on set of obesity and obese at 14.2% which were higher and exceeded the target (10%), and 5.3% were thin rate (higher and exceeded the target of 5%) and short rate at 10.4% (higher and exceeded the target of 5%). The average height of children aged 12 years old was higher, but still below the target goal as male's height average was at 148.4 centimeters (target 154 cm), while female's height average was at 149.2 cm (target 155 cm). In 2020, it was 65.7% which was lower than the target (66%), and other malnutrition problems, including onset of obesity and obesity, showed that in 2016 - 2020, the trend was higher and exceeded the target (10%), while it was 12.5% in 2020. For shortness rate in 2020, it was 6% higher than the target goal (5%), and thinness was at 4.4% in 2020, passing the target goal (5%). However, monitoring the growth of school-age children does not cover the entire number of schoolchildren in the country. The nutritional condition is rather a nutritional condition assessment by using growth criteria from 1995. When compared with the nutritional situation of children aged 6 - 14 years in 2021, a new set of growth reference criteria was switched to the new growth reference criteria (2021). This showed that the onset of obesity and obesity was decreased in value, but the target value has not yet been met. Meanwhile, shortness is increasing and children aged 6 - 14 years with optimum weight and height were at 58.0% (decreased), 11.6% were obese, 3.9% were thin, and 10.4% were short (increased). The average height of children aged 12 years old found that male's average height was 147.3 cm (target 154 cm) while female's average height was 148.5 cm (target 155 cm). Moreover, the mechanism of participation in the management of nutritional problems emphasized that the local organizations prioritized less on problem solving, lack of inclusivity

and quality of nutrition information of school-age children. Additionally, the COVID-19 pandemic which caused children to learn online, also resulted in creating more sedentary behavior, in line with the survey on the level of physical activity of Thai population from the Institute of Population and Social Research, Mahidol University. The survey showed that, during 2012 - 2020, Thai people had more sedentary behavior. It was also found that in physical activity situations, Thai people do not have enough physical activity, while school-age children and adolescents had sufficient physical activity at 24.9%, 20.9%, 27.6, 23.2, 26.4, 25.3, 26.2, 24.4, 17.1 and 24.2%, respectively.

The percentage of children aged 6 - 12 years old who received oral health check-ups in 2017 - 2022 was 46.1%, 54.14%, 36.5%, 57.4%, 46.6% and 22.7%, respectively. The percentage of children aged 12 years old with caries free was expected to improve between 2017 and 2022 at 60.6%, 69.8%, 69.2%, 71.2%, 70.0% and 75.2%, respectively. But when it comes to the coverage of oral health check-ups in children, it was found that oral health check-up coverage in school-age children was only half of all children. According to the Survey Report on Dental Health Conditions and Risk Factors in Fiscal Year 2021 by the Bureau of Dental Health, it was also found that school-age children had much less appropriate health behaviors related to brushing teeth and consuming food.

The percentage of tooth brushing practice of 2-2-2 (brush teeth at least 2 times; in the morning and before bedtime, with fluoride toothpaste for 2 minutes, and abstain from eating for 2 hours) were at 34.3%. On the dietary behavior, it was found that the percentage of children drinking soft drinks was at 45.1%, drinking sugar-added beverages for 45.9%, and eating crunchy snacks more than twice a day for 48.7%. Hence, it was evidently that health promotion and oral disease prevention remain an important issue in the development of oral health work among school-age children.

Adolescent and youth pregnancy is a global issue. The United Nations has identified the reduction of birth rates among adolescents aged 10-14 and 15-19 years old as one of its Sustainable Development Goals (SDGs), Target 3.7 ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes life and promoting the well-being of people of all ages which aimed to accomplish to target by 2030. The current situation of reproductive health in Thailand indicated that the live birth rate among women aged 10-14 years old per thousand women aged 10-14 years old decreased from 1.3 per thousand in 2017 to 0.9 in 2022, and the live birth rate among women aged 15-19 years old decreased from 39.6 in 2017 to 25.1 in 2022, while recurrent pregnancies among women younger than 20 years old remained high (13.8% in 2022).

Data from the 2021 Teenage Pregnancy Surveillance Report showed that 77% of teenage mothers who are students did not intend to become pregnant. The teenage mothers who were not taking pre-pregnancy contraception were at 44.2% with the top three causes consisted of accidental sexual intercourse for 47.5%, did not know how to use contraception for 28.8%, and had sex while intoxicated for 10%. Moreover, this group of teenage mothers even after giving birth had not yet received any form of contraception after the first pregnancy for 6.7%. According to the Gender Education and Life Skills Survey among children aged 10-19 years old, the knowledge of gender education and life skills was at a very good level (26.0%) and at a good level (59.2%). When considering each aspect, it is showed that the decision-making and questioning component was at a low level of 13.8% and 19.4%, respectively, while critical thinking skills were at the lowest level (10.2%).

In 2021, the Department of Mental Health, Ministry of Public Health has conducted a survey on the situation of intelligence and emotional intelligence level of Thai children in Grade 1 using the Standard

Progressive Matrices tool (SMP parallel version: update 2003), which is a standard intellectual test. It was found that, in Thailand, Thai children in Grade 1 had an average intelligence level (IQ) of 102.8, which is considered to be the normal level of intelligence (90-110). In terms of emotional intelligence, it was found that Thai children in Grade 1 had emotional intelligence within the normal range or higher at 83.3% and required improvement for 16.7%.

The implementation results of Health Literate School from the Health Literate School Assessment Program as of September 30, 2022 showed that 5,595 schools have participated in the development process, with 65.2% of students passing the NuPETHS level of health knowledge and behaviors assessment and 28.7% of students passing the Super Hero NuPETHS level of health knowledge and behaviors assessment. From such situations were associated with incorrect health behaviors. An important factor is the ability to take care of one's own health, also known as health literacy. Based on the assessment of the level of health literacy and health behavior among children and adolescents, most of them are well-versed in hygiene at a fair level for 59.94% and at a very good level for 36.97%. Only a minority of children and adolescents had low level of health literacy for 3.09%, and most of them have very good levels of health behaviors for 45.08%, followed by a fair level for 36.72%. Only a minority had poor health behaviors for 18.20% (Division of Health Education, 2014) The Department of Health's 2019 Health Literacy and Optimum Health Behavior Survey found that the majority of school-age children have a fair level of overall health literacy for 57.9%, had optimum behaviors in three areas; dental health, dietary, and physical activity for only 0.1% and had optimum health behavior on dental health for 21.7%, optimum health behavior related to physical activity for 12.3%, and optimum health behaviors on dietary for 6.1%. (Bureau of Health Promotion, 2019)

This includes the policy to drive the Thai Children with Good Eyesight Project, aiming to provide students with the opportunity to take care of and receive help of solving the eye health problems from the students' vision disorders, blurry vision, and inability to see which resulted in the inability to study and can affect children cognitive development. Therefore, it is important to pay attention to the importance and promotion of school health implementations as students shall receive quality health screening and supportive care. Due to the

COVID-19 pandemic, most schools have closed or studied online. During the past year, health screenings and eye screening for students have been conducted less comprehensively as required. It was found that from January to December 2021, 2,929 students with vision disorders received eyeglasses and between January and June 2022, 532 students with vision disorders were detected. Therefore, annual health screening should be promoted continuously.

2 Project Performance Fiscal Year 2022

2.1 New HPS Plus HL Project

The results of the project are based on the activities in the project as follows.

2.1.1 Strengthen health literacy of school-age children and adolescents according to the new normal

1) Held a Memorandum of Understanding (MOU) signing ceremony on the development of the potential of Thai children in the 21st Century 2022 - 2027 "Thai children in the 21st Century are smart, good, skilled, strong" on 9 June 2022 at Santi Maitri Building, Government House with General Prayuth Chan-ocha, the Prime Minister presided over the ceremony and witnessed the ceremony along with Mr. Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health, Ms. Trinuch Thienthong, Minister of Education, Gen. Anupong Paochinda, Minister of the Interior, Mr. Pipat Ratchakitprakan, Minister of Tourism and Sports, Mr. Somsak Thepsutin, Minister of Justice, Mr. Juti Krairik, Minister of Social Development and Human Security, Prof. Dr. Samphan Rittidej, Secretary-General, Higher Education Commission, Ministry of Higher Education, Science, Research and Innovation, Mr. Ittipol Khunpluem, Minister of Culture, Mr. Chalermchai Srion, Minister of Agriculture and Cooperatives, Mr. Chaiwut Thanakamanusorn, Minister of Digital Economy and Society, Mr. Jatuporn Buruspat, Permanent Secretary, Ministry of Natural Resources and

Environment and Mr. Suthep Chitayawong, Secretary to the Minister of Labour. It was a collaboration of 12 Ministries under the framework of driving to enhance cooperation in the development of Thai children in the 21st Century with the 4H principles, namely: 1) Head: critical thinking, good intelligence, high performance, 2) Good (Heart): morality, ethics, good mind, discipline, volunteerism, 3) Hand: learning skills, practical skills, vocational skills, life skills, and 4) Health: literate, safe, good physical and mental health. This is aimed to co-enhancing the cooperation on efficiency development for Thai children, pushing forward from the policy level towards the concrete practical level, creating a driving mechanism to facilitate the implementation of at the area level in accordance with the government policy and national strategic plan to achieve sustainable goals by the Ministry of Public Health's management team led by Dr. Kiattiphum Wongrachit, Permanent Secretary, Ministry of Public Health, Dr. Suwannachai Wattanayingcharoenchai, Director-General of the Department of Health and his team welcomed all the distinguished guests.



Picture 11 Memorandum of Understanding (MOU) signing ceremony on the development of the potential of Thai children in the 21st Century 2022-2027 “Thai children in the 21st Century are smart, good, skilled, strong.”

2) Propelling the Thai Children with Good Eyesight Project “Thai children have good eyesight, a new way of learning towards a better way of learning” by donating eyeglasses to students on the occasion of National Children’s Day 2022 Tuesday, December 28, 2021 during the Cabinet Meeting at Santi Maitri Building, Government House



Picture 12 donating eyeglasses to students on the occasion of National Children’s Day 2022 during the Cabinet Meeting at Santi Maitri Building, Government House



3) Driving health promotion for school-age children and adolescents in Bangkok area conducted by the Bureau of Health Promotion in collaboration with Professor Somboon Watcharothai Foundation and meeting with the Governor of Bangkok to discuss the mean to implement health promotion for school-age children and adolescents in schools under the Office of Education, Bangkok Metropolitan Administration to solve health problems and promote health literacy to be ready to learn to their full potential and become Thai children in the 21st Century.

Picture 13 Development of a joint database system for student health according to the new normal Fiscal Year 2022 “Linking the Student Database System of School Health Work (HDC-SH) with the Report of COVID-19 Vaccination Results in Students (MoPH IC)”



4) Driving the Development of a joint database system for student health according to the new normal Fiscal Year 2022 “Linking the Student Database System of School Health Work (HDC-SH) with the Report of COVID-19 Vaccination Results in Students (MoPH IC)”



5) Visited the area to monitor and evaluate the integrated performance with network partners at the area level by strictly following the COVID-19 outbreak response measures in school.



2.1.2 Enhancing the quality of health promotion standards for school-age children in the digital era

1) Yellow book Platform

1.1) Develop health diary content for students in grades 1 - 4 which consisted of 3 parts: 1) Personal information, 2) Student health information (Part 1 Parents record information, Part 2 for homeroom teachers, Part 3 for health personnel), and 3) Communication/knowledge appropriate for each age group and up-to-date with the current situation.

1.2) Development Progress

- Display of health book application with data linked with Pathumthani Hospital
- Usage test of health notebook application (demo) both Android and iOS system
- Dashboard display design

2) Development of new standards for health promoting school

2.1) Enhance the level of development to be in line with the changes in society in today's era where children face challenges from all sides in order to move into the increasingly complex world of work in the future by developing health promoting school standards that are comparable to global standards and driving the implementation together globally as the "Global Standards for Health Promoting School (GSHPS)" which consists of 10 process indicators and 6 health outcome indicators.

2.2) Trial and follow-up of standard trial in 25 schools and improve the standards to be complete.

2.3) Preparing to promulgate new health promotion school standards "Global Standards for Health Promoting School (GSHPS)" at the beginning of Fiscal Year 2023.

3) Enhance the quality of integrated school health work according to health insurance: School Health Expert Teacher Course, School Health Implementation Guidelines through planning meeting on a curriculum for health teachers to build Thai children with health literacy, meeting of the Curriculum Committee to prepare a training curriculum for health teachers to build Thai children with health literacy, and Expert and Curriculum Committee meetings on training curriculum for health teachers to build Thai children with health literacy to review and complete the curriculum.

4) Access and utilization of surveillance and monitoring systems through the digital platform

4.1) Manage the information of the assessment system for health promoting school and health literacy for students to proceed the accreditation assessment of health literate school through digital platform, including analyzing/improving the usage of the system to meet the needs of users.

4.2) Development of joint database system and information technology for effective surveillance of student health by linking Vision 2020 database with HDC of the Ministry of Public Health for efficiency in receiving the services of the target audience.

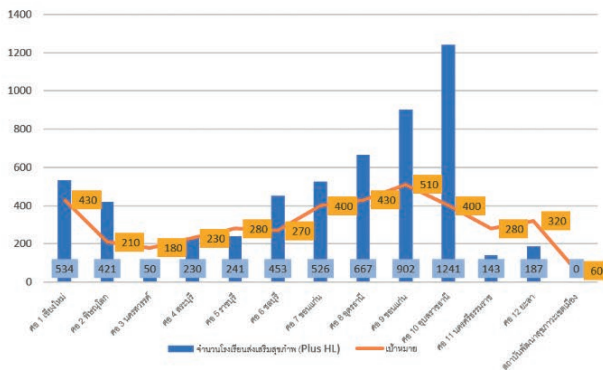


ผลการดำเนินงานโรงเรียนรอบรู้ด้านสุขภาพ ปี 2565



ประเมินรับรองโรงเรียนรอบรู้ด้านสุขภาพด้วย Digital Platform

ผลการดำเนินงานโรงเรียนรอบรู้ด้านสุขภาพจำแนกตามศูนย์อนามัย



รายการ	จำนวนโรงเรียนเข้าร่วมกระบวนการพัฒนาโรงเรียนรอบรู้ด้านสุขภาพ	ร้อยละของนักเรียนที่ผ่านการประเมินตามแบบวัดความรู้ด้านสุขภาพ ระดับ NuPETHS (พฤติกรรมที่พึงประสงค์)	ร้อยละของนักเรียนที่ผ่านการประเมินตามแบบวัดความรู้ด้านสุขภาพ ระดับ Super Hero NuPETHS (พฤติกรรมที่พึงประสงค์และความรอบรู้ด้านสุขภาพ)
ผลงาน	5,595 แห่ง	65.2	28.7
เป้าหมาย	4,000 แห่ง	50	50

2.1.3 Health Promotion for Children with Special Needs

Implementation to develop systems and mechanisms for access to health promotion services for children with special needs holistically with quality.

1) Set the direction to drive the implementation of health promotion for children with special needs in 2022 by setting a target threshold of 50% of children with special needs received screening for health service planning (20,000 people) and distributing the target values to all health centers. The target group is 48 disability-specific special education schools and special education centers in 77 provinces, prepare the implementation templates and clarify implementation guidelines, including performance reporting systems.

2) Support children with special needs for health screening tools in targeted areas to serve as a guideline for providing quality health promotion services for children with special needs, support the knowledge body and speakers to develop the potential of target personnel for the Health Center.

3) Implementation meeting on health promotion for children with special needs with the objectives to present the performance results, problems/

GAP, drafting the framework and direction of the implementation and the next phase of the implementation plan as well as to support for health screening tools for children with special needs and development of reporting systems. The meeting was presented with the recommendations as follows.

- Pushing for health promotion of children with special needs as a national policy.
- Prepare an action plan to be in line with the 6th Plan for Improving the Quality of Life of People with Disabilities 2023 - 2027.
- Develop a mechanism for the implementation in the local area to be clear, focus on proactive strategies and consider transferring the Health Promotion Hospital to the Provincial Administrative Organization as well.
- Connect service systems with local authorities, establish care and support system for a faster service so that the support can come to normal in the ecological model.
- Develop screening tools to be able to use and access easily for parents and guardians.



Picture 14 Workshop on personnel capacity development in holistic health promotion for children with special needs to enhance the capacity of health personnel, teachers, caregivers and related parties

4) Workshop on personnel capacity development in holistic health promotion for children with special needs to increase the capacity of public health officers, teachers, caregivers, and those involved in health screening assessments of children with special needs and exchange of learning on health promotion for children with special needs at the local level in the development of next phase of the implementation. The essence from this meeting were as follows.

- Health Screening Techniques for Children with Special Needs (growth and paleness assessment, oral and dental health assessment, physical/mental symptom assessment, vital sign assessment and vaccination according to the immunization program, Ministry of Public Health)
- Exchange of learning on the implementation of health promotion for children with special needs at the local level according to the framework (driving implementation in the area, problems, obstacles and suggestions to improve/develop the implementation in a driven, managerial, next-phase action plan, and exemplary innovation)

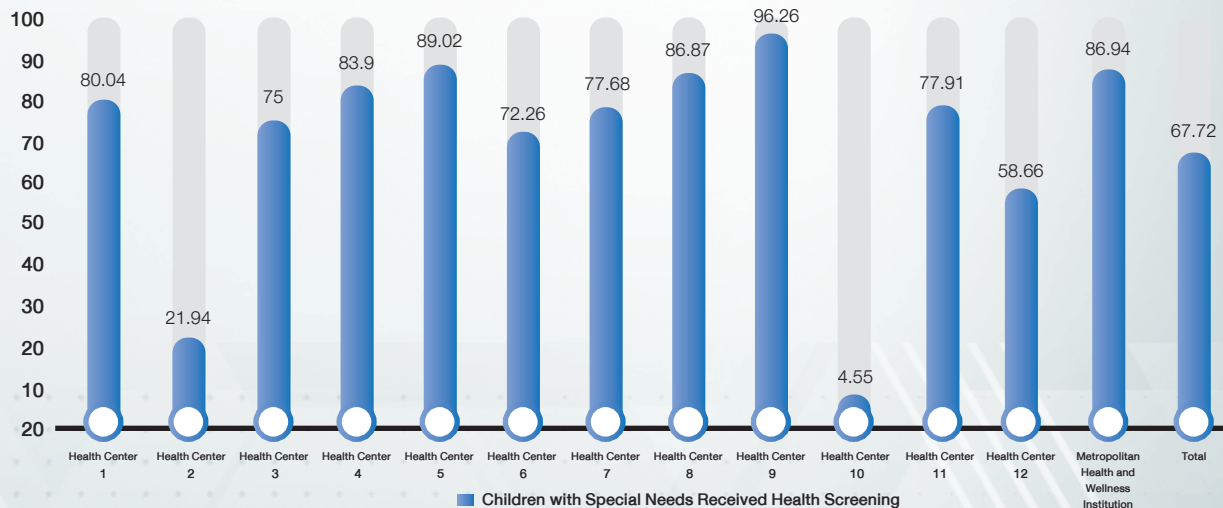
- Managing the environment conducive to the health promotion of children with special needs (food sanitation management in cafeterias, water quality management, creating environments and facilities for children with special needs, caring for health and preventing health impacts from air pollution and climate change).

5) Develop the potential on health promotion for children with special needs to network partners at the local level with the Health Center as the core of the implementation under academic standards and guidelines.

Performance in 2022 consisted of children with special needs undergo health screenings for health service planning for 25,680 people (67.72%) above target (target goal at 50%). Report diagram below showed children with special needs received health screening for health service planning in 2022.

Figure 15 Report Diagram on Children with Special Needs Received Health Screening for Health Service Planning in 2022

Report Diagram on Children with Special Needs Received Health Screening for Health Service Planning in 2022



Source: Report on the Results of Health Screening for Children with Special Needs from Health Centers and Metropolitan Health and Wellness Institution via Google Sheet, as of 30 September 2022

1. Held a meeting on guidelines for improving the quality of water for consumption in schools in the remote area under the participation of partners in the central network and health centers in the targeted areas.

2. Attended the preparatory meeting of the Royal Initiative Project Under Her Royal Highness Princess Maha Chakri Sirindhorn on Nutritional Health Promotion for Children and Adolescents in Remote Area 2022 as the preparation for the selection of schools that improve the quality of life of children and outstanding adolescents and prepare the contest criteria for health promotion activities as submission to request for the Royal Award.

3. Attended meeting of the Royal Initiative Project Under Her Royal Highness Princess Maha Chakri Sirindhorn on Nutritional Health Promotion for Children and Adolescents in Remote Area 2021 “41 Years of Compassion for Education, Academic Development, Ethics on the implementation of the Royal Initiative Project Under Her Royal Highness Princess Maha Chakri Sirindhorn on Nutritional Health Promotion for Children and Adolescents in Remote Area”

4. Support media on health literacy, hygiene and safety from COVID-19 and eyesight measurement pads for students in the Thai Children with Good Eyesight Project.

5. Support the development and improvement of educational institutions in rural areas.

6. Participate in project performance monitoring in target schools, and welcomed Her Majesty via Zoom meeting on the occasion Her Royal Highness Princess Maha Chakri Sirindhorn has been conducting royal duties in the area to monitor the implementation of the project on Nutritional Health Promotion for Children and Adolescents in Targeted Remote Area.

7. Being a consultant and give suggestions on food sanitation and environmental development training in Phrapariyattham School.

8. A meeting was held to clarify the action plan and report on the performance of the Royal Initiative Project.

9. Held a meeting to drive the implementation with network partners, Joint Response Unit and schools under the Royal Initiative Project.

10. Potential development for teachers, staff and students who are health leaders at the local level.

11. Two research studies were conducted as follows:

1) Development of an evaluation system for the Nutritional Health Promotion for Children and Adolescents in Remote Area

2) Study and development of models for health promotion and environmental health in schools in the remote area

2.3 Royal Initiative Project Under Her Royal Highness Princess Maha Chakri Sirindhorn on Health Development for Children and Residents In Phufa Pattana Area

1. Organized capacity building workshops on nutrition promotion for maternal and child, adolescent, health screening for goiter in students and health promotion services for maternal and child, school-age children, and general people according to the health insurance benefit package, network partners at the representative level of each area, Nan primary educational service area office 2 for 2 Districts, 3 local government organizations, 5 child development centers, 9 schools, and there were 44 people attended the meeting.

2. Organized a workshop on family planning technology and women's health care for healthcare personnel (via Zoom meeting), network partners, 18 hospitals in Nan province and Chiang Mai Health Promoting Hospital Health Center 1. There were 30 participants attended the meeting to support the development of the capacity of counseling providers, family planning and pregnancy termination services to provide accurate, appropriate and confident family planning and contraception services to reduce the rate of recurrent pregnancies in women younger than 20 years.

3. Empowering community development towards Phu Fa Healthy Community by developing a program for the school health database system in Health District 1 consisting of 1) program to calculate the nutritional status of children aged 0 - 19 years old, 2) school health information system program from Health District 1 for 1 program to support network

partners, educational institutions in the processing of growth situation of school-age children based on growth reference criteria of children aged 6 - 19 years old in 2021.

4. Supervision and empowering visit on nutritional health promotion, height and weight measurement, goiter screening, oral health check-up, surveillance of sanitation of food and drinking water, and helminth examination in school children in Chalermprakiat District for 1 time. There were also empowering and monitoring visits in 3 implementation centers which were one District Public Health Office, one Sub-district Health Promoting Hospital, and one school on the issue of empowering the community towards uplifting development to Phu Fa Healthy Community on nutritional health promotion including height and weight measurements, goiter screening, oral health check-up, food and drinking water sanitation surveillance, helminth detection, and the use of free chlorine residual monitoring kits in water, cleaning drinking water systems and hose lines of drinking water dispensers, and cleaning school water coolers as well as increase drinking water sanitation surveillance, free chlorine residual monitoring in water, chlorine in water with 2% concentration, improve consumption water quality, food sanitation surveillance, and preliminary coliform monitoring kit (SI-2).

5. Organized a workshop to strengthen the health development network of children and people in the Phu Fah Development Center area under to Her Royal Highness' Initiative during 4 - 5 August 2022. The network partners in local level consisted of Nan Primary Educational Service Area Office 2, Bo Kluea District Public Health Office, Chalermphrakiet District Public Health Office, 3 local administrative organizations, 5 child development centers, and 9 schools, including local administration officials, educator, teacher, child care teacher, public health officer from Nan Provincial Public Health Office, Association, Bo Kluea District Public Health Office, and Chalermphrakiet District Public Health Office. The objective was to encourage students and people in the Phu Fa Development Center area to have good quality of life, receive age-appropriate nutritional promotion as well as can access to services according to the health insurance benefit package as follows.

1. Child Development Centers under the Royal Initiative Project and schools have encouraged every child to eat breakfast every day to help feed the brain.

2. Child Development Centers under the Royal Initiative Project and schools provided 2 cartons of milk per day.

3. Child Development Centers under the Royal Initiative Project and schools provided quality lunch meals with high protein and balanced diet with 5 food groups and teachers must be the one who determines the nutritious menu according to the nutritional principles

4. Child Development Centers under the Royal Initiative Project and schools provided physical activities of jumping and dancing for 3 hours a day in their teaching plan such as free jumping and dancing and climbing. For children under the age of 5 years old, teacher must encourage them to take an afternoon nap for 2 hours a day

5. Educating on 6-month absolute breast feeding, quality eating according to age as recommended in the ANC handbook, eating 1 egg a day or other protein sources, and playing appropriate to the age.

6. Promoting environmental health on clean food and drinking water sanitation, waste management in schools.

7. Educating and encouraging the changes of health behaviors on helminth control as an activity to be carried out in 2023.

2.4 “Best Friend for Life Theory” with the principle of Thailand 10 for Health: A New Way of Life in the Digital Era

The Bureau of Health Promotion, Department of Health, has established the “Best Friend for Life Theory” with the principle of Thailand 10 for Health: A New Way of Life in the Digital Era, to promote and support children and youth aged 10 years old and above to access health promotion in the digital era with the integration between related agencies such as Royal Thai Volunteers Head Quarter, Thai Health Promotion Foundation, organizations on the Ministry of Public Health consisted of Department of Disease

Control, Department of Mental Health, Department of Health Service Support, Department of Thai Traditional and Alternative Medicine, Food and Drug Administration (FDA), Department of Medical Sciences, Office of the Permanent Secretary, Ministry of Public Health, and Ministry of Education to drive the implementation of health promotion for children and adolescents with the principle of Thailand 10 for Health to be more effective and covers all target groups with continuity and tangible success.

Objectives

1. To encourage educational institutions to organize activities to enhance health learning with physical activity skills or health according to the guidelines of promoting good health with the principle of Thailand 10 for Health.

2. To encourage students to care about their health and to change their behavior or approach to appropriate lifestyle according to the new digital era.

3. To enhance health literacy for students to have knowledge and understanding of guidelines and practical skills to promote good health with the principle of Thailand 10 for Health according to the context of the situation in a fun way.

Performance

1. Meeting on project implementation.

2. Meeting to clarify the guidelines for the implementation of the Thailand 10 for Health Promotion Project via Zoom Meeting.

3. Held a kick-off event for the “Best Friend for Life Theory” with the principle of Thailand 10 for Health: A New Way of Life in the Digital Era 2022 on the occasion of His Majesty the King’s Birthday on Thursday 28 July 2022 at Phayathai School, Bangkok.

4. Training for Trainer session on the implementation of “Best Friend for Life Theory” Project with the principle of Thailand 10 for Health 2022 at TK Palace Hotel Chaengwattana, Bangkok. The 1st Class was during October 10 - 12, 2022 and 2nd Class was during October 18 - 20, 2022 with the number of trainees for training to strengthen personnel competency (Training for Trainer) in promoting good health through the “Best

Friend for Life Theory” with the principle of Thailand 10 for Health totaling 2 classes with 200 participants.

5. Number of participating schools: 100 schools.



Picture 15 Kick off activity for “Best Friend for Life Theory” with the principle of Thailand 10 for Health: A New Way of Life in the Digital Era 2022 on the occasion of His Majesty the King’s Birthday

3 Project Implementation

P



(P : Partner) Enhance health literacy of school-age children and adolescents according to the new normal.

- Driving the implementation of preventive measures of COVID-19 pandemic on campus.
- Driving the implementation of the Memorandum of Understanding (MOU) on the development of the potential of Thai children in the 21st century “Smart, good, skilled, strong.”
- Driving the Thai Children with Good Eyesight Project in accordance with the New Normal.
- Workshop on health promotion for school-age children and adolescents in the digital era in a virtual meeting.

A



(A : Advocate , I : Invest) Enhance the quality development of health promotion standards for school-age children in the digital era.

- Enhance the development of school health work in the digital era.
- Enhance the development of new HPS Plus HL standards in accordance with WHO guidelines.
- Develop health information system for school-age children, adolescents and digital platform (vision 2020, HDC).
- Develop a school assessment system for health promoting school and students’ health literacy (Digital Platform HPS Plus-HL).

B



(B : Build Capacity) Empower the capacity of student health guardians to safely monitor health threats.

- Provide health literacy curriculum according to the new normal for school health guardians.

R



(R : Regulate and Legislate) Develop systems and mechanisms for accessing health promotion services for children with special needs holistically and qualitatively.

- Develop the potential of personnel for the health promotion of children with special needs holistically.

Challenge for the next phase of work development

1. Elevate to the development of new future skills for Thai children in the 21st century with 4H (Head, Heart, Hand, Health) to be intelligent, good, skillful and strong.
2. Develop a digital platform to make it accessible to all school-age children and adolescents.
3. Expand the target group to enhance health literacy and health promotion to be comprehensive for vulnerable children.

Chapter

5



Health Promotion for Working-age Population

By Working-age Health Group, Bureau of Health Promotion, Department of Health

1

GOOD HEALTH GOOD HEART for the Nation, Religions and King Project (on building literacy in health promotion and environmental health for inmates)

1.1. Significance/Origin of the Project

According to the health statistics of inmates over the past 4 years (fiscal year 2016 - 2019), it was found that inmates were ill and then referred to prison hospitals for treatment, including that there was a significant upward trend in sending sick inmates to other hospitals outside of the prison. From 2016 to 2019, there were 1,721,729, 1,787,358, and 2,801,000 inmates who were sick and went to hospitals outside of the prison for treatment, respectively and there were 6,430, 37,985, 69,256, 82,817 inmates, respectively, who were sick and referred to the hospitals outside the prison on a case-by-case basis (Department of Corrections, 2020). Based on the analysis of illness reports of inmates in medical facilities, the diseases most found in inmates who came to the prison medical facility for treatment were underlying diseases such as respiratory diseases, musculoskeletal diseases, skin diseases, gum and tooth diseases, gastrointestinal tract diseases, while the diseases that required referral to an external hospital were mostly chronically contagious diseases (e.g. tuberculosis, immunodeficiency, tumors, kidney failure, chronic non-communicable diseases (NCDs) such as diabetes, high blood pressure, cardiovascular diseases and psychiatric disorders).

Access to health services is a fundamental right of every person even if a person loses his or her freedom from imprisonment, such rights are subject to the Article 12 of the International Covenant on Economic, Social and Cultural Rights. The state has a duty to prevent foreseeable public health threats and provide medical care for those in need of medical assistance. In addition, to establish international guidelines for the health care of inmates in the prison, the United Nations' Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules),

“prisoners should receive the same standard of health services as provided by the state to the general public, and must have access to essential health services free of charge and without discrimination on the grounds of legal status.” Furthermore, creating knowledge on health promotion and environmental health as guidelines to raise awareness of disease prevention for prisoners and staff in prisons and correctional institutions can encourage them to behave correctly and appropriately. The Bureau of Health Promotion, Department of Health, has established the GOOD HEALTH GOOD HEART for the Nation, Religions and King Project (on building literacy in health promotion and environmental health for inmates) to build health literacy and environmental health and to ensure that prisoners have equal access to medical care according to humanitarian principles. Upon release, they will be in good health both physically and mentally, coming out to the outside society and having a profession of faith with quality.

1.2 Performance in Fiscal Year 2020

1. Established the guidelines handbook on environmental health and food and water sanitation management in prison for 1 handbook (by the Bureau of Food and Water Sanitation and the Bureau of Environmental Health)
2. Maternal and child health curriculum in prison for 1 handbook (by the Bureau of Health Promotion)
3. Produced teaching media bestowed by His Majesty for 2 categories which were 500 sets of flip photos and 500 sets of video clips in CD and then supported the media to the prison

1.3 Performance in Fiscal Year 2021

1. Workshop to improve the implementation of health promotion and environmental health in prison.
2. Workshop on Oral Health Service System Development and Oral Health Service Plan Phase 2.
3. Meeting with the Department of Corrections on increasing the daily food budget of prison inmates for the Department of Corrections to present to the Cabinet.
4. Prepared a handbook for elderly caregivers in prisons.
5. Prepared health promotion guidelines for inmates.
6. Established a standard curriculum for elderly caregivers in prisons in collaboration with the Department of Skill Development.
7. Provided maternal and child health courses in prisons.
8. Set up a mobile exhibition series on health promotion and environmental health.



1.4 Performance in Fiscal Year 2022

1. Board of Directors and Working Group meeting on the discussion of the implementation of the project 4 times.
2. Integrated collaboration meeting on the implementation of determining sanitation surveillance, sanitation and environmental health surveillance in prisons 4 times.
3. Meeting to develop cooperation in oral health services in juvenile detention centers.
4. Workshop on organizing oral health services in juvenile detention centers.
5. Workshop to develop the capacity of health officers and prison staff in environmental health surveillance in prison.
6. Workshop on developing and driving health promotion implementation in prison.

7. Meeting to develop guidelines for posting information on dental services in medical institutions in prison.

8. Organize signing ceremony for a Memorandum of Understanding to improve health promotion and environmental health in detention facilities between the Department of Health and the Department of Corrections.

9. Support scientific materials, chlorine tablets and standard kitchen cleaning kits to targeted prison

10. Produce media to enhance knowledge of food sanitation, prison hygiene and environmental health, and oral health literacy.

11. Monitoring and evaluating visit for the performance of the GOOD HEALTH GOOD HEART for the Nation, Religions and King Project.



Picture 16 Monitoring and evaluating visit for the performance of the GOOD HEALTH GOOD HEART for the Nation, Religions and King Project



Picture 17 Signing ceremony for a Memorandum of Understanding to improve health promotion and environmental health in detention facilities between the Department of Health and the Department of Corrections



Picture 18 Oral health service workshop in juvenile detention centers



Picture 19 Joint Field Visit to the Implementation of the 5R Food Safety Project to Fight COVID-19 at Fang District Prison, Chiang Mai Province

1.6 Challenges

1. The COVID-19 pandemic has occurred. As a result, the activities could not be carried out as planned. The implementation model needs to be remodeled.

2. Coordination between prisons and local health centers

1.7 Success Factors

1. Received support for the implementation from the executives of the Department of Health at all levels.

2. Received cooperation in supporting academic information to build knowledge on health promotion from various departments in the Department of Health.

1.8 Recommendation for next year's implementation

1. The integrated Health Center works with host hospitals and local NHRC.

2 Health Promotion in Workplace for Good Quality of Life Project (10 Packages)

2.1 Significance/Origin of the Project

According to the Master Plan under the National Strategy 2018 - 2037, Issue 11: Developing people's capacity throughout life course focused on building wellbeing literacy, prevention and control of risk factors that threaten the well-being, and Issue 13: Enhancing the well-being of Thai people, focusing on developing and building systems to respond to and adapt to the emerging infectious diseases and re-emerging infectious diseases caused by the climate change, and focusing on developing and enhancing the capacity of the workforce by scaling up the skills and performance of people during working age in line with the individual abilities and the needs in labor market.

When considering the 12th National Economic and Social Development Plan, it focuses on the results for working people in the country to have a good quality of life and happiness. At the same time, the quality of work life is very important in today's

work because people are an important resource and valuable social capital. At present, most people have to enter the working system, must work to survive and meet basic needs. When people have to work mostly in the workplace, there should be appropriate conditions for it may bring happiness both physically and mentally for the people in workplace, enable them to feel a sense of security and physical, emotional, spiritual, and social well-being. (Labour Welfare Division. B.E. 2547: 18). The quality of work life affects work a lot. That is, it causes good feelings towards oneself, then creates a good feeling towards work and the organization. It also promotes mental health, helping to progress, develop oneself to be a quality person of the organization, and also reduce the problem of absenteeism, resignation, accidents, and promote good productivity and service, both quality and quantity (Tipawan Sirikoon. 1999: 18).

Approximately 1.9 billion working-age people around the world are suffering from work-related problems that contribute to worsening health conditions and insecurity at work. According to the National Statistics Office, there are 38.41 million workers in Thailand (15 - 59 years old). Most working-age people suffer from diseases caused by adverse health behaviors that can be prevented, such as the risk of non-communicable diseases (NCDs).

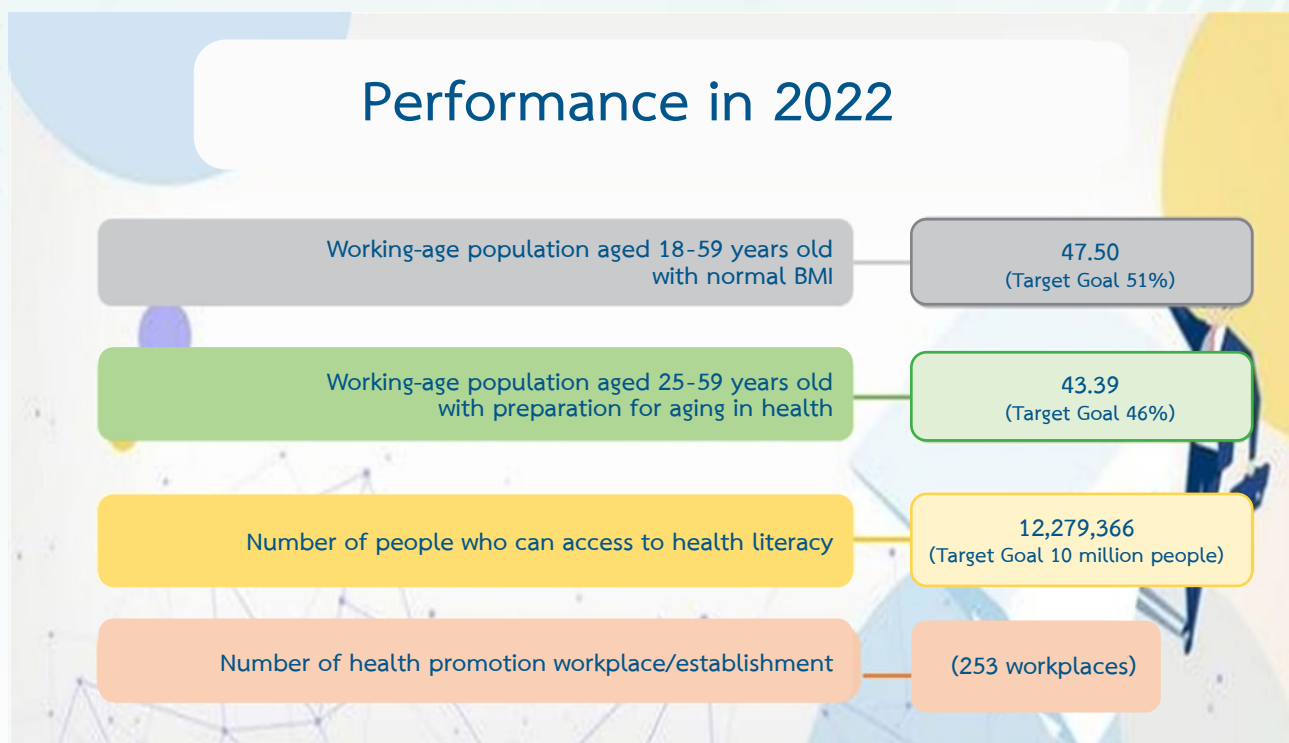
As the Department of Health has a role as a pastor of the health promotion system and environmental health to take care of people of all age groups, especially the working-age population working in the workplace, the Department of Health has implemented a project to promote the well-being of Thai people in working age (promoting the health of working age in the workplace for a better quality of life). The “10 Packages of Safety, Healthiness, Good Work, and Happiness in the Workplace Approach” is a proactive health promotion strategy. It is managed by means of providing knowledge, techniques, methods, advice and public communication to create well-being and good quality of life by integrating cooperation in the form of public and private sectors to participate in

thinking and decision making in order to comply with the intention, context and problem condition of the workplace as well as to achieve Thailand’s vision of “a stable, prosperous, sustainable, developed country with development based on the philosophy of Sufficiency Economy.” This will lead to the development of happiness for Thai people and respond to the achievement of national interests in order to improve the quality of life and create high income. Moreover, it is to become a developed country which creates happiness for Thai people, creates a stable, equitable and fair society where the country can compete in the economy system. Thus, we can see that the goal of the strategy is focused on “developing Thai people to be happy,” so a project to strengthen the knowledge of healthy working age in the workplace has been established to ensure continuous implementation. Project outcomes and performance are evaluated with country-wide inclusivity. This includes building information platforms and developing capacity building systems for health promotion and disease prevention for a better quality of life of the people in working age in the public-private integrated workplaces for continuity and sustainability.

2.2 Past Performance

Performance of Key Indicators, Fiscal Year 2021 towards the goal in 2022

Indicator Goals for 2022	Performances (Percentage) 2018-2021				
	2018	2019	2020	2021	Remarks
1. Percentage of working-age population aged 18 - 59 years old with normal BMI (Target Goal 51%)	(49.09) 49.09	(48.29) 48.29	(49.00) 48.21	(50.00) 48.06	HDC&H4U 20-9-64
2. Percentage of working-age population aged 25 - 59 years old with preparation for aging in health by practicing optimum health behaviors (Target Goal 50%)	N/A	(25.35) 25.20	(30.00) 36.52	(40.00) 45.0	H4U 20-9-64
3. Number of health literate family (Target Goal 10,000,000 people)	Performances (Family) 2021				
	1 st Quarter (1.25 million) 1,481,514	2 nd Quarter (2.5 million) 2,910,106	3 rd Quarter (3.75 million) 4,414,885	4 th Quarter (5 million) 5,004,259 (20 Sept 21)	



The Working Age Health Group, Bureau of Health Promotion held a forum to honor and exchange knowledge on health promotion implementation in the workplace at the Royal Thai Army Club Meeting Room, Vibhavadi Rangsit Road, Chomphon Sub-district, Chatuchak District, Bangkok. Dr. Sathit Pitutecha Deputy

Minister of Public Health presided over the opening ceremony and awards were given to 261 health promotion establishments and labor unions at the basic, standard, outstanding and excellent levels, covering 77 provinces that focus on health promotion for the country's working-age population.



Picture 20 A forum to honor and exchange knowledge on health promotion implementation in the workplace at the Royal Thai Army Club Meeting Room, Vibhavadi Rangsit Road, Chomphon Sub-district, Chatuchak District, Bangkok

Research/Innovation

- Digital Health Book (Red Book)

Challenges

Implementation of each project activity was partly managed by different groups. This resulted in a lack of unity in the implementation. And due to the COVID-19 pandemic, the implementation plan had to be adjusted and delays occurred.

Success factors

The key factor was that the executives were supportive and had a clear work policy. The team were expert, professional with the coordination to create operational cooperation with network partners at both central and regional levels.

Recommendations for next year's implementation

- 1) Develop a workplace model of 10 Packages of health promotion (expand the target audience)
- 2) Organize a forum to share lesson-learned and honor outstanding establishments and organizations for outstanding performance
- 3) Develop a health promoter curriculum

2.3 Royal Initiative Project Fulfilling Her Royal Highness Princess Srinagarindra's vision against breast cancer

The Department of Health, Ministry of Public Health and Thanyarak Foundation in His Royal Patronage, Her Royal Highness Princess Srinagarindra recognized the importance of supporting Thai women with breast self-examination (BSE) skills by a Triple Touch technique and have been working together since 2012 in 21 pilot provinces under the Royal Initiative Project Fulfilling Her Royal Highness Princess Srinagarindra's vision against breast cancer.

The implementation of this project was conducted as the logging of data of targeted women aged 30-70 years old in 21 pilot provinces by using breast self-examination records, along with expert public health volunteers who would encourage women in the areas of responsibility to conduct breast self-examination regularly and continuously. This was to support Thai women with breast self-examination and healthcare skills connected with health service system which currently covers all provinces across the country.

Figure 16 Percentage of women aged 30-70 years old with regular breast self-examination (BSE)



The implementation of the 2021 Royal Initiative Project Fulfilling Her Royal Highness Princess Srinagarindra's vision against breast cancer, The Department of Health, Ministry of Public Health and The Thanyarak Foundation integrated work with the Princess Mother's Medical Volunteer Foundation, to expand opportunities for Thai women in remote areas who needed help to be able to access to an effective treatment while pursuing joint implementation. It is found that the joint implementation of the 3 agencies was an opportunity to continuously and sustainably expand the area of implementation across the country continuously and sustainably due to the area of responsibility of the Volunteer Medical Foundation of Her Royal Highness Princess Srinagarindra covering 63 provinces. This was also an opportunity to collaborate on the creation, development, and empowerment of network parties to expand the implementation area such

as in local government administration and educational institutions. In 2022, the project has expanded to 26 Rajabhat universities, including the establishment of a self-learning model based on the Breast Cancer Care Manager curriculum to develop knowledge for practitioners and the creation of student leaders in breast self-examination and conducted empowerment visit to supervise monitoring and evaluation of performance in the pilot province for the development of the project's database system. The meeting of the Committee supported and monitored the implementation of the project to drive the implementation of the Royal Initiative Project Fulfilling Her Royal Highness Princess Srinagarindra's vision against breast cancer continuously until the development and expansion of the screening and surveillance system for breast self-examination of Thai women in pilot provinces. The success factor of this project was from having a precise framework on both academic and operational procedures, integration with network partners and, most importantly, faith in Her Royal Highness Princess Mother. This has resulted in a form

of breast cancer screening that can be expanded to cover the entire country, including health literacy studies on breast self-examination in Thai women in 4 provinces, namely Chanthaburi, Chon buri, Lop buri and Saraburi.

The problem encountered in the implementation was that there are not enough equipment and media to accommodate the number of facilities and women who want to receive support. There was still a shortage of personnel who have the potential to use Portable Ultrasound machines, and some service units were defective, unable to use. Changing the person responsible for both district and provincial levels resulted in uninterrupted implementation in some areas. In the provinces that were expansion areas, some provinces still lack knowledge and understanding of the implementation of the project in one's own area



Picture 21 Empowerment Visit to supervise monitoring and evaluation of performance in the pilot province of the prototype of the development of the project database system. Meeting of the Committee to Support and Monitor the Project Performance to drive the implementation of the Royal Initiative Project Fulfilling Her Royal Highness Princess Srinagarindra's vision against breast cancer

2.4 Pathway to the Royal Award Project: Princess Health Award 2022

Ministry of Public Health, as the main organization of the country responsible for taking care of people's health to be healthy and living in an environment conducive to health promotion. From the rapidly changing of the situation from internal and external factors, it is affecting the health system both now and in the future. Therefore, the 20-year national strategic plan on public health has been prepared under the goal of "healthy people, happy staff, sustainable health system." To achieve this goal, it is essential to have cooperation from all sectors, including the government, the private sector and the public sector to drive the health system. Health promotion and environmental health is one of the important tasks to prevent disease and encourage people not to get sick, have healthy literacy, have optimum health behaviors and live in an environment conducive to good health by applying technology to work. This includes integrating cooperation from all government agencies to create values, identities and pride of those who participate in the development of health promotion and environmental health.

The Department of Health, Ministry of Public Health, is the main agency of the country responsible for pastoral care of the health promotion environmental health system of the country. The Department of Health has embraced the initiative of Her Royal Highness Princess Maha Chakri Sirindhorn to work to improve people's quality of life for all age groups in all areas of the country to be healthy by implementing 6 projects consisting of 1) Nutrition and Health Promotion for Children and Adolescents in Remote Area Project 2) Royal Initiative Project Under Her Royal Highness Princess Maha Chakri Sirindhorn on Health Development for Children and Residents In Phufa Pattana Area, 3) Anemia Control and Prevention Project, 4) National Iodine Deficiency Control and Prevention Project, 5) Royal Initiative Project Fulfilling Her Royal Highness Princess Srinagarindra's vision against breast cancer, and 6) Environmental Health Development Project in the area under the Royal

Initiative and Commemoration Project. As a result of the implementation of the project, more people have access to public health services, illness decreases and were able to live in an environment conducive to living with the aim for the ultimate goal for people to have a good quality of life with sustainability in a long term. Incidentally, this success was due to the integrated cooperation from all sectors, both central and regional, public and private sectors, and the public sector. It has been very cooperative with empirical results at local, regional and national levels.

With gratitude to Her Royal Highness Princess Maha Chakri Sirindhorn who placed the importance on health promotion and environmental health to enhance people's quality of life, has performed Her Royal Highness' work with dedication, sacrifice and patience, being a role model and inspiration to academics and agencies in the Ministry of Health. For the implementation in that past, the Department of Health organized the selection of outstanding individuals and organizations in the field of health promotion and environmental health (Princess Health Award) for the first time in 2021 and received the graciousness of Her Royal Highness Princess Maha Chakri Sirindhorn who bestowed the Princess Health Award Medal and an opportunity to receive the medal at Sra Pathum Palace, Bangkok. In 2022, Her Royal Highness Princess Maha Chakri Sirindhorn has bestowed the Princess Health Award medal and presided over the opening ceremony of the 15th National Conference on Health Promotion and Environmental Health as well as bestowed an opportunity for the outstanding persons/organizations to receive the Royal Medal as well. This event has brought the utmost pride for those who have contributed to the development of health promotion and environmental health, and to communicate to gain an acceptance and participation of society in the management of the health system, as well as to honor and appreciate Her Royal Highness Princess Maha Chakri Sirindhorn's kindness. The Department of Health has continuously selected outstanding individuals and organizations in health promotion and environmental health on an annual basis.

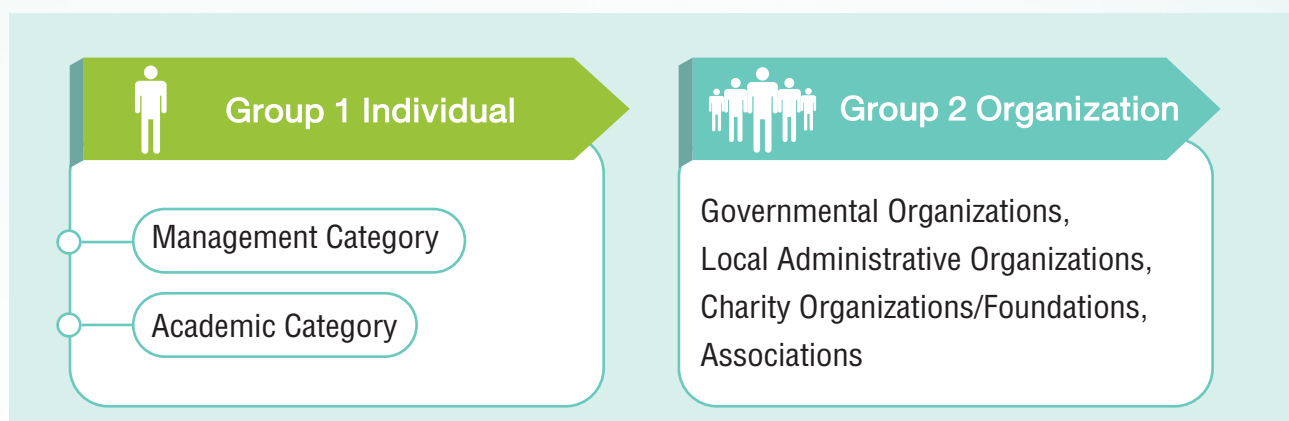
2.4.1 Objectives

1. To honor individuals who use their knowledge, ability, and creativity to promote work in health promotion and environmental health recognized and praised by agencies and the general public.
2. To honor institutional organizations with outstanding academic achievements in health promotion and environmental health

3. To encourage good deeds, develop progress and be committed to work continuously in health promotion and environmental health as well as being a good role model for personnel and other organization.

4. To promote and develop the quality of work in health promotion and environmental health.

2.4.2 Types of selection are divided into 2 groups as follows:



2.4.3 Awards and recognition

Princess Health Award with 40,000 baht cash prize for 1 category for a total of 3 awards



2.4.4 Implementation Process

1. Submit a request letter to the Royal Household to invite Her Royal Highness Princess Maha Chakri Sirindhorn to the National Conference and to request for the Royal Permission to bestow the Princess Health Award Medals.

2.4.5 Public Relations and Procurement

Public Relations via the website of the Bureau of Health Promotion, Department of Health and through official letters, i.e. agencies under the Ministry of Public Health, government organizations, private sector organizations, local administrative organizations, charity organizations, public sector, media, universities and foundations, etc.

Nomination

1. Nomination agency nominates individuals and organizations for consideration
2. The Nomination Committee nominates individuals and organizations for consideration
3. Health Center 1-12 nominates for selection through the secretariat of the working group to select individuals, organizations, and works of the Department of Health

However, a person cannot nominate oneself. Nominations for selection must be submitted by another person or organization.

The Committee decided who should receive the Awards



2.4.6 Nomination Principles for Selection

The Health District appoints a Selection Committee for individuals and organizations at the Health District level, chaired by a representative of the Health District Office. The Board consists of government agencies, the private sector, and related agencies, and all health centers act as secretaries. The Committee selects individuals and organizations for nomination in 3 categories, 1 entry per Health District. The names of selected candidates at the health district level will be submitted to the secretariat of the Selection Committee and organizations at the health district level for submission to the Department of Health, compiling the names of individuals and organizations from 3 channels, and conducting preliminary screening from all works. The secretariat team searches for information for consideration and presents it to the Committee.

2.4.7 Meeting of the Working Group on Selection of Outstanding Individuals and Organizations

- To consider the Flowchart, the process of recruitment and selection of individuals and outstanding performance for Princess Health Award

- Selection criteria for individuals and outstanding achievements in health promotion and environmental health/Application

- To Prepare an appointment letter of the Ministry of Public Health appointing 2 committees 2 including

1st Committee: Nomination and Screening Committee consisted of the Director-General of the Department of Health as Chairman, Deputy Director-General of the Department of Health (assigned) and the Secretary have the authority and duty to consider the selection and recruit criteria of the individuals/organizations for consideration, consider the work and select the person/organization that deserves the award, and summarize selection results submitted to Selection Committee

2nd Committee: Selection Committee judge who deserve to receive awards consisted of Permanent Secretary, Ministry of Public Health as a Chairman, Director-General of the Department of Health as a Vice President, Deputy Director-General of the Department of Health (assigned), the Secretary have the authority and duty on the certification of criteria for determining deserving award winners, judging the deserving entries proposed by the Nomination and Screening Committee, including award winners certification and announcement.



Picture 22 Meeting of the Working Group on Selection of Outstanding Individuals and Organizations

2.4.8 Nomination and screening process for awardees

- Meeting of the Nomination and Screening Committee of the award deserving recipients to consider the criteria for selection of outstanding individuals and achievements and to recruit 54 qualified persons/organizations from the Health District (18 academic categories, 14 management categories and 22 organizational categories) to select 4 submissions per category (total 12 submissions) and submit them to the Selection Committee.
- Meeting with the secretariat team to prepare and find more information, inspect preliminary examination of individuals and work (as determined by the Nomination and Screening Committee for deserving individuals)

Selection Procedure Meeting of the Selection Committee to consider and certify the selection criteria for outstanding individuals and work and to judge the outstanding individual and organization works proposed by the Nomination and Screening Committee to receive the Princess Health Award from the Ministry of Public Health.

Selection Results

1st Award: outstanding individual and organization in health promotion and environmental health received the Princess Health Award from Her Royal Highness Princess Maha Chakri Sirindhorn with 40,000 baht prize money divided into 3 categories as follows:

- (1) The Outstanding Individual Award in the category of management or leadership: Mr. Chonlathi Youngtang, Governor of Yasothon Province

- (2) The Outstanding Individual Award in the category of academic: Mr. Sutit Khunpradit, Deputy Medical Director, Advisory Level Lamphun Hospital

- (3) The Outstanding Organization Award: Faculty of Medicine, Ramathibodi Hospital, Mahidol University

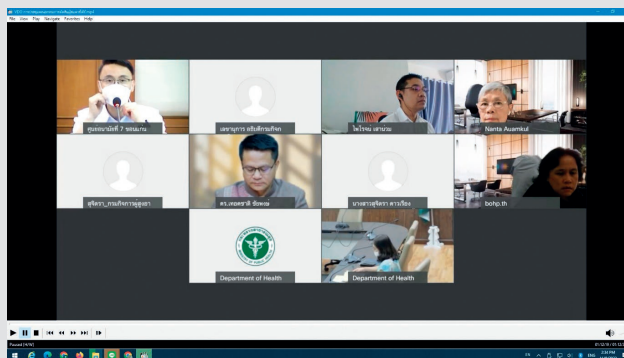
2nd Award: Outstanding individuals and organizations in health promotion and environmental health receive awards from the Permanent Secretary of the Ministry of Public Health divided into 3 categories as follows:

- (1) Individual Award in the category of management or leadership: Monk Permanent Secretary Chatchawan Tikkhayono, Assistant Abbot of Thai Samakkhi Temple, Mae Sot District, Tak Province

- (2) Individual Award in the category of management in academic: no selection

- (3) The Outstanding Organization Award: Dow Group Thailand, Rayong Province

Individuals and organizations have passed the criteria for health promotion and environmental health received certificate from the Director-General of the Department of Health.



Picture 23 Meeting of the Selection Committee for the Outstanding Individual and Organization to consider the draft selection criteria (online)



Picture 24 Award Ceremony Procedures and Requests for Her Royal Highness Princess Maha Chakri Sirindhorn's Invitation to Receive the Outstanding Individual and Organization Award for Health Promotion and Environmental Health with Princess Health Award Medal

2.4.9 Award Ceremony Procedures and Requests for Her Royal Highness Princess Maha Chakri Sirindhorn's Invitation to Receive the Outstanding Individual and Organization Award for Health Promotion and Environmental Health with Princess Health Award Medal

Prepared the information to coordinate the preparation of video scripts, dissemination video of individual and works at the ceremony, supervise and monitor the preparation of video scripts, dissemination video of individual and works at the award ceremony to receive the awards, as well as coordinate and notify the winners of awards to attend Her Royal Highness' visit and received the Outstanding Individual and Organization Award for Health Promotion and Environmental Health Awards from the Permanent Secretary, Ministry of Public Health.

2.4.10 Future Development

1. Selection criteria for the awards at the organization level because in 2021, there are large, medium, and small organizations whose qualifications cannot be compared. There should be a clear classification/type of the organization participating in the contest.

2. Implementation Period

2.1 The implementation was on track, but the timing of each process was very short-lived.

The following year should start the implementation sooner.

2.2 The public relations recruitment process should be done at the beginning of the fiscal year. Having a clear timeline will result in a wider variety of works.

3. The Nomination Committee should come from various sectors and be well known to individuals/agencies that carry out extensive health and environmental health promotion and should exercise their right to conduct nomination.

4. Selection of entries using the Health District may not cover those who work in health promotion and environmental health as they should. Provincial organizations should also be involved.

5. The implementation was in accordance with the plan and had good results because the implementation guidelines were set in a thorough procedure and through consultation and approval from the management every time.

6. Due to the severe COVID-19 situation, video conferencing was limited. The implementation in a form of inter-agency cooperation requires communication using appropriate channels and requires regular communication.





Chapter

6



Elderly Health Promotion

By Bureau of Elderly Health, Department of Health

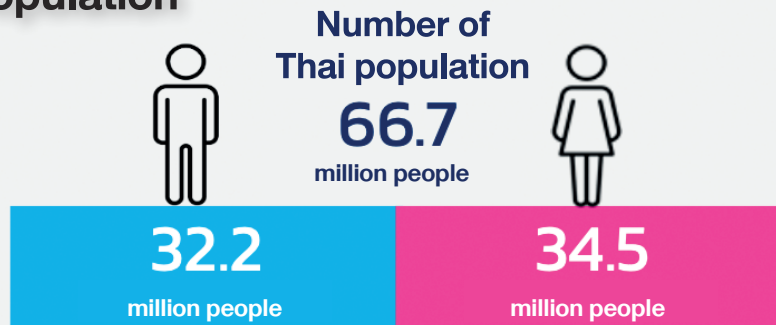
1

Situation of the Elderly: Statistical data related to the Thai elderly

Thailand has a total population of 66.7 million. Thailand's aging population is growing rapidly. There are 12.5 million elderly people, or 19% of the total population, and will become a "fully aged society" by 2022. Thailand's total population is slowly increasing. The rate of population growth will drop to negative levels, but the aging population will increase rapidly.

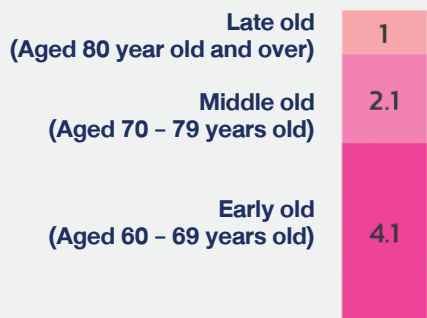
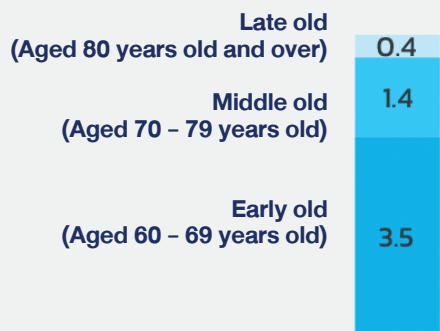
The older the population, the faster it increases, while the older 60 years and older will increase by an average of 4% per year. The elderly aged 80 years and over will increase at an average rate of up to 7% per year. (Situation of Thai Older Persons, 2021 (Foundation of Thai Gerontology Research and Development Institute (TGRI))

Thai population



Gender Ratio of the Total Population: 93 Male per 100 Female

Old Persons



Number of Old Persons
(Aged 60 years old and over) **12.5** million people

Equals to 19% of the Total Population

Gender Ratio of Old Persons

74 male per 100 female

Gender Ratio of Early Old Persons

83 male per 100 female

Gender Ratio of Middle Old Persons

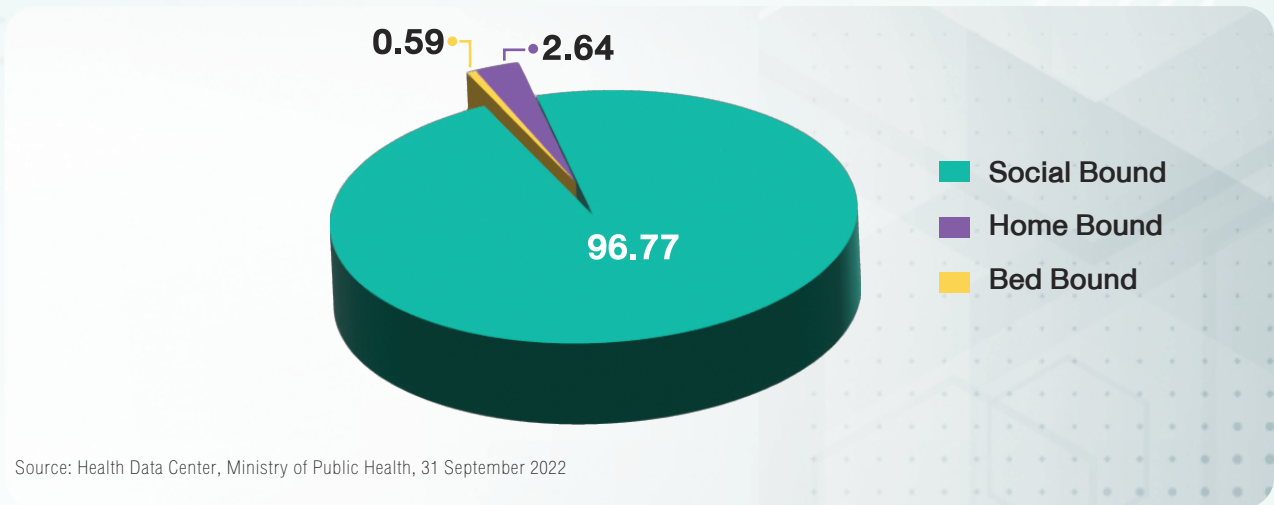
67 male per 100 female

Gender Ratio of Late Old Persons

40 male per 100 female

Situation of the Thai Older Persons, 2020,
Foundation of Thai Gerontology Research and
Development Institute (TGRI)

Figure 17 Assessment Screening of the ability to perform daily activities Barthel Index for Activities of Daily Living (ADL)



2 Major problem scenarios

Health

- 95% of elderly have chronic diseases but are still able to carry out daily activities and participate in activities.
- In 2020, 651,950 elderly people with dementia are expected to increase to 1,396,472 by 2040.
- The rate of the elderly tends to be inadequate physical activity multiply.

Social

- Elderly people who live alone in the household for 11% and 21% live alone with their spouse.
- The elderly still does not have access to technology and online activities.
- The elderly is the age group that sends fake news the most.

Economic

- 34.3% of the elderly are also poor.
- 34% of elderly are still working, but only 18.5 % want to work voluntarily.

Environment

- Elderly people die from falls for 900 - 1,000 people per year.
- Most falls occur inside the house and outside.

Source: 1. Situation of the Thai Older Persons, 2020, Foundation of Thai Gerontology Research and Development Institute (TGRI)
 2. Thai Health Promotion Foundation

3 Performance National and Ministry of Public Health Level

3.1 Integrated Collaboration of 7 Ministries: Lifelong Human Development (Elderly Group)



3.2 Memorandum of Understanding Signing Ceremony for Integrated Collaboration of 7 Ministries: Lifelong Human Development (Early Childhood and the Elderly) 2022 - 2026

On March 24, 2022, at the Santi Maitri Building (Inner Building), Government House, presided over by the Prime Minister together with Ministry of Social Development and Human Security, Ministry of Higher Education, Science, Research and Innovation, Ministry of Digital Economy and Society, Ministry of Interior, Ministry of Labour, Ministry of Education and Ministry of Public Health. The intention was to promote cooperation between each other to propel the implementation of Lifelong Human Development (Elderly Group) by jointly pushing at the policy level up to the practical level concretely.



3.3 National Health Reform

Driving the national reform activities to reform the elderly health service system in terms of nursing care, home/community healthcare, and self-care in the innovative primary health system (Big Rock 3) with network partners inside and outside the Ministry of Public Health to improve quality of life and reduce inequalities in access to services through local participation.

3.4 National Elderly Citizens' Day Gift Policy

The policy “Public Health Caring and Giving Gifts to the Elderly on National Elderly Citizens’ Day 2022” through seamless integration of elderly health care to support the aging society holistically, both physically and mentally, by giving 3 gifts: 1st Gift: Screening for Body Deterioration, 2nd Gift: Anti-Degeneration Program and 3rd Gift Providing Benefit Packages to Vulnerable Elderly.



3.5 Announcement of “Public Health Caring and Giving Gifts to the Elderly on National Elderly Citizens’ Day 2022”

on April 4, 2022 at Centra by Centara Hotel, Government and Convention Centre Chaengwattana, Bangkok





Public Relations

National Elderly Citizens' Day Gift Policy 2022 on 10 May 2022 at Santi Maitri Building, Government House

Certification of Honor

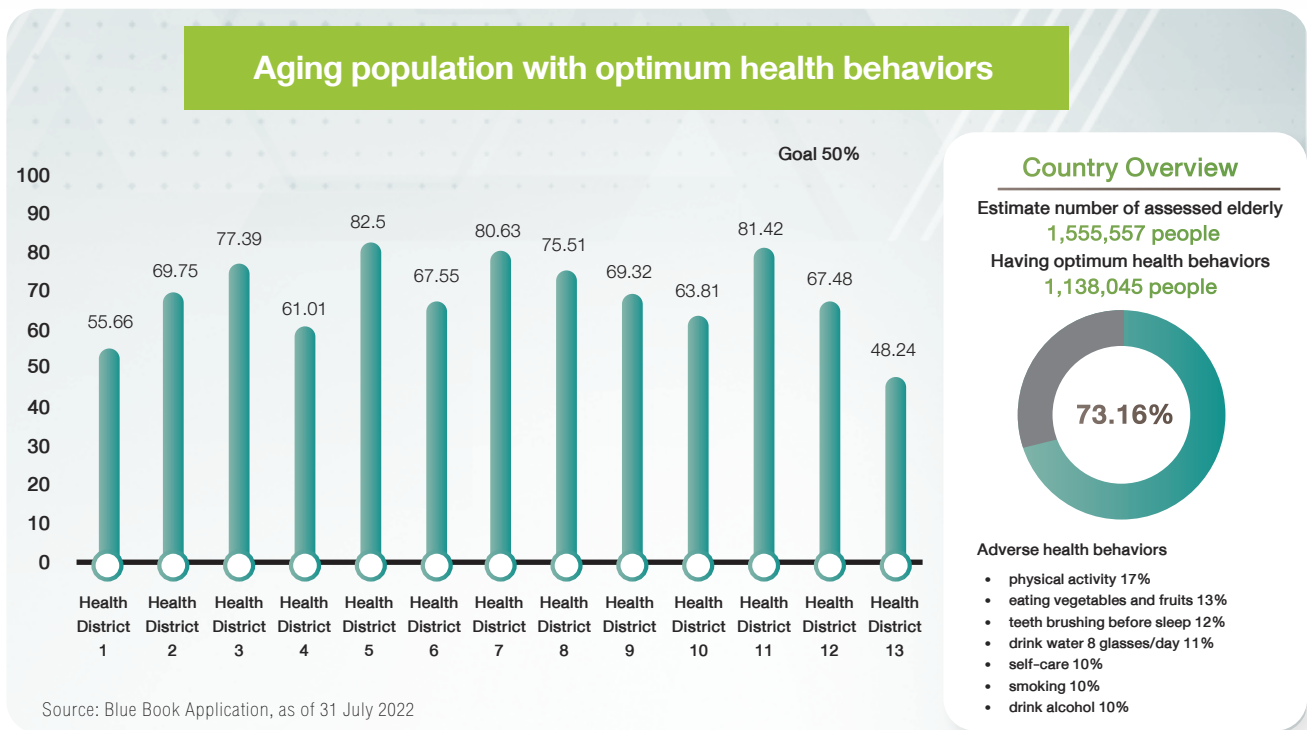
Provinces with outstanding performance in implementing the National Elderly Citizens' Day Gift Policy 2022 on 11 July 2022 at Hall 3, 1st Floor, Office of the Permanent Secretary, Ministry of Public Health



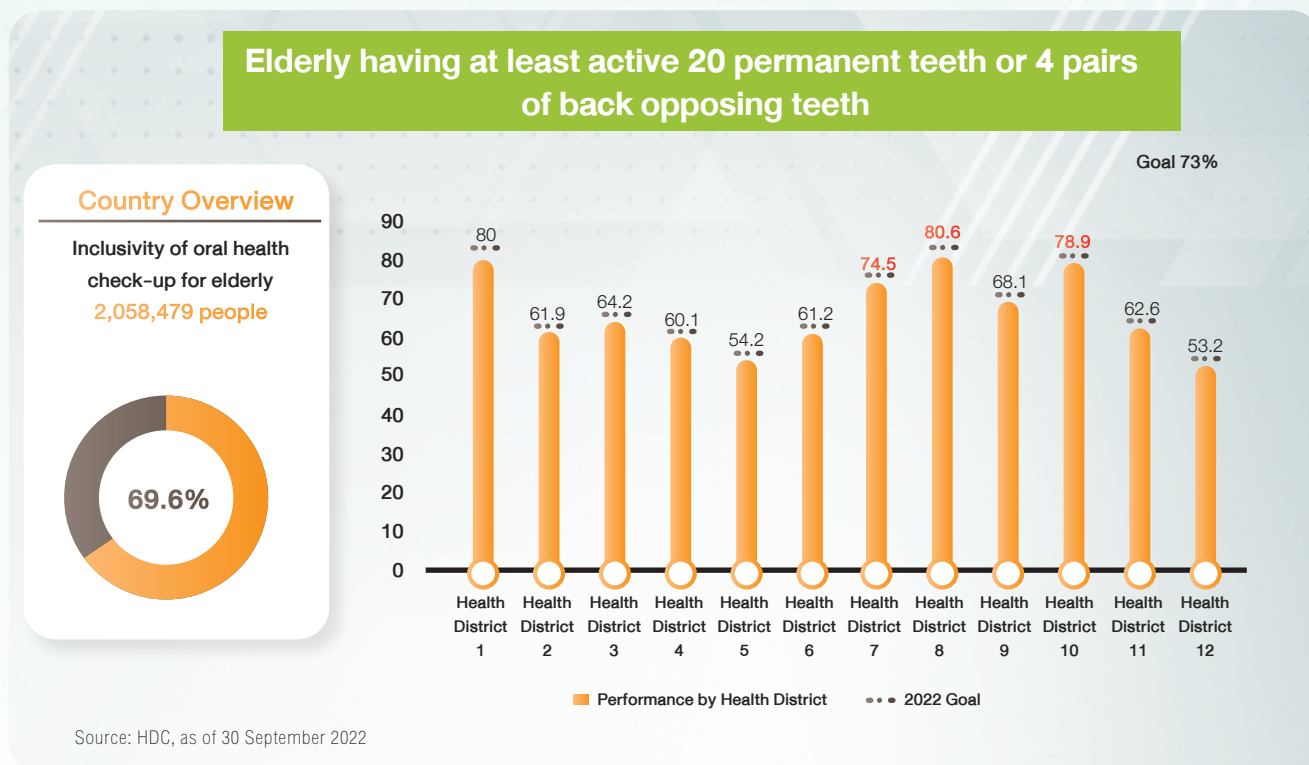
4 Project Implementation for Fiscal Year 2022

The Elderly Cluster operates under 4 projects as follows: (1) Preventive Long Term Care Project 2022, (2) Integrated Health Promotion System for the Elderly and People with Long Term Dependencies, (3) Buddhist Monks and Wellness Development Project 2022, and (4) Oral Health Care System Development Project for the Elderly in 2022, which has the following performances:

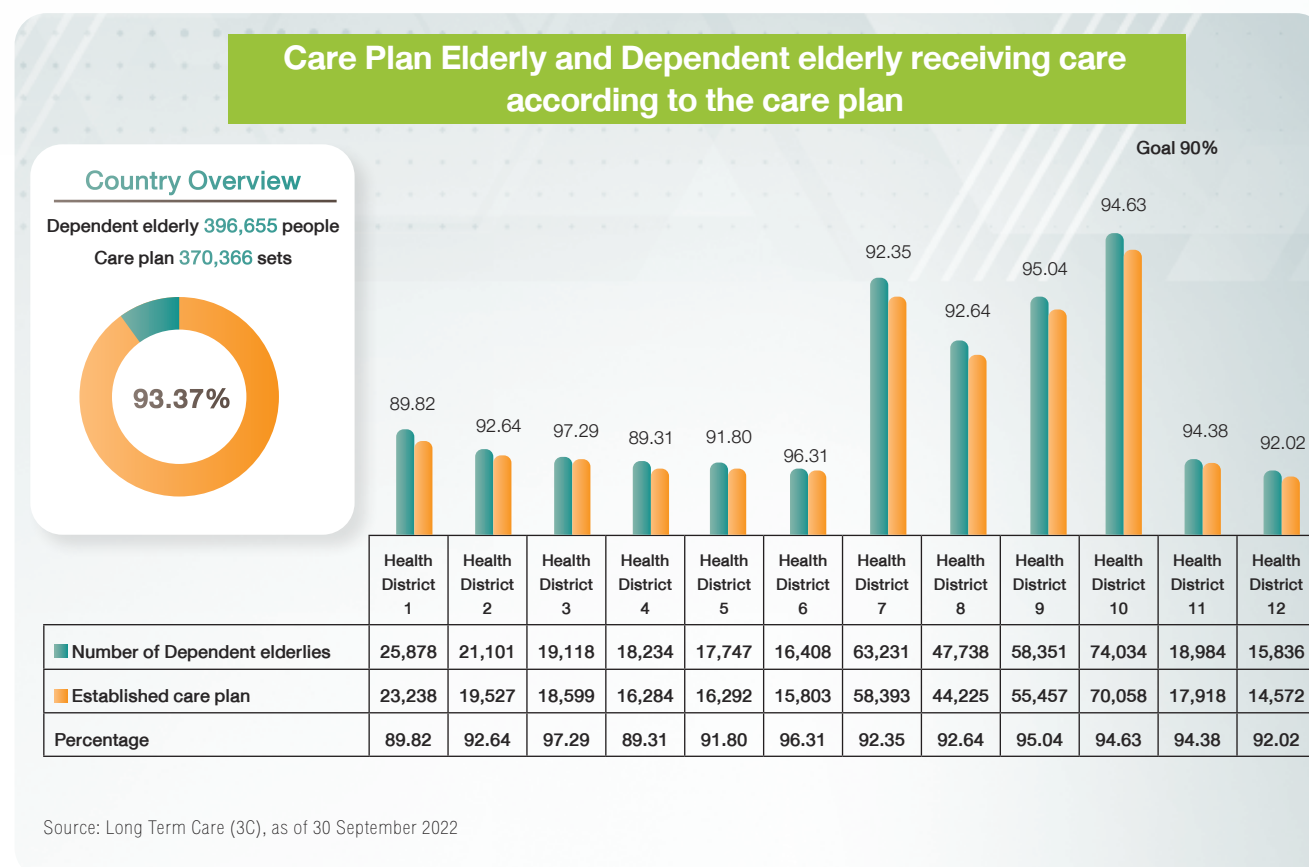
(1) [Figure 18](#) Aging population with optimum health behaviors



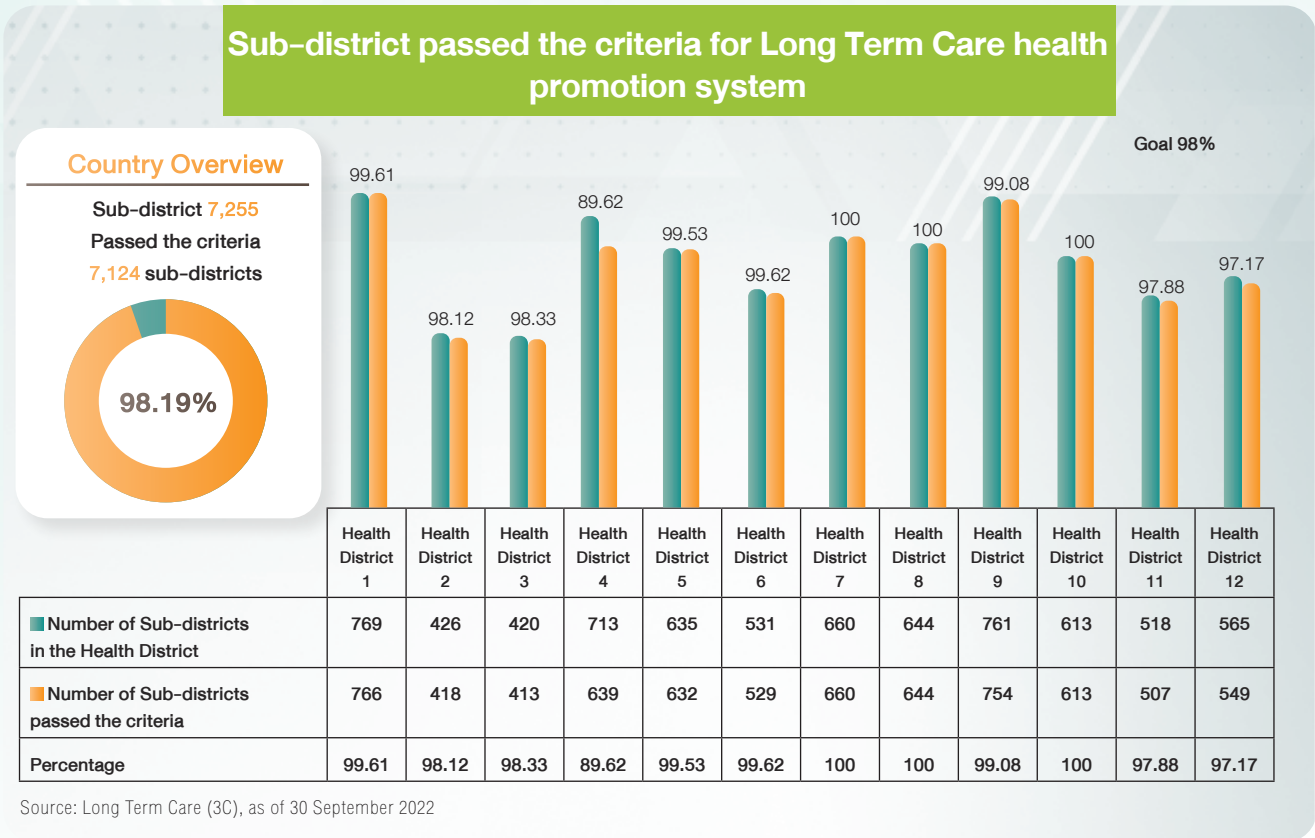
(2) **Figure 19** Elderly having at least active 20 permanent teeth or 4 pairs of back opposing teeth



(3) **Figure 20** Care Plan Elderly and Dependent elderly receiving care according to the care plan



(4) **Figure 21** Sub-district passed the criteria for Long Term Care health promotion system



5

Key Activities for the fiscal year are as follows:

5.1 Health promotion and environmental health for healthy elderly

○ Elderly Health Handbook Application (Blue Book Application)

Health screening database and health literacy for elderly for Health Screening Database for the Elderly and Promoting Health Literacy with a total of 4,325,504 people and 658,423 people or 15.22% received health screenings (as of September 30, 2022).



○ Driving the Wellness Plan at the local level and support social integration/health quality aging clubs

There are 91,586 elderly people with a wellness plan (as of August 31, 2022) through the Health Quality Elderly Club, totaling 1,294 clubs (as of September 30, 2022).





○ Driving Age-Friendly Cities/Communities

- Develop age-friendly city criteria appropriate to the Thai context to implement in Fiscal Year 2023.
- Friendly city/community model for elderly has been developed for 99 locations (as of 22 September 2022).

○ Promote guidelines for oral health care and prevention services in service units

- Integrated development of digital dentistry: digital database system and standard data set for dentistry in oral health promotion.
- Press Conference on Dental Implants Project in Commemoration of His Majesty.
- 692,120 (6.9%) of elderly people have access to integrated oral health innovation/services on key issues.
- 3,039,354 (30.4%) elderly people can access activities/innovations/educational materials for oral care through public sector clubs/networks or through platform technology.

5.2 (Health Promotion on Intermediate Care & Long Term Care)

CM, CG rehabilitation training and replacement training



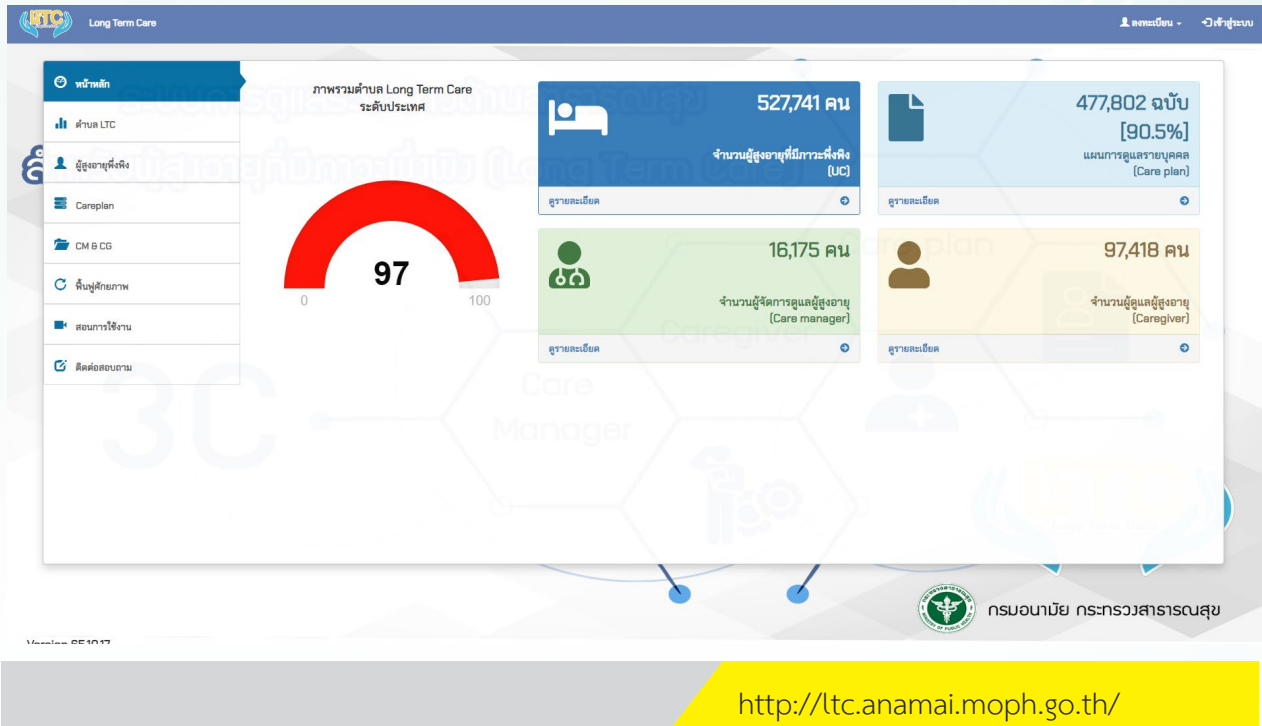
- Support Care Manager training, rehabilitation courses, caregiver training, rehabilitation courses, and training of new Care Managers (replacement) with cumulative performance of Care Manager training for 16,117 people and caregiver for 98,575 people (data from Long Term Care (3C) as of 30 September 2022).
- Cooperation of all stakeholders to help develop long term care health promotion systems for the elderly resulting in 96.44% of sub-districts nationwide were assessed as having a health promotion system for long term care in the community and 92.68% of dependent elderly were receiving care according to the individual care plan (data from Long Term Care (3C) as of September 30, 2021).

Capacity Development/Exchange of Intermediate Care Implementation in the Community

- Support the implementation of long term care and intermediate care model areas at the community level. The performance in Health Zones 1 - 12 were totaled 281 locations (as of August 3, 2022).

○ Continuous improvement of the use of Long Term Care (3C) program.

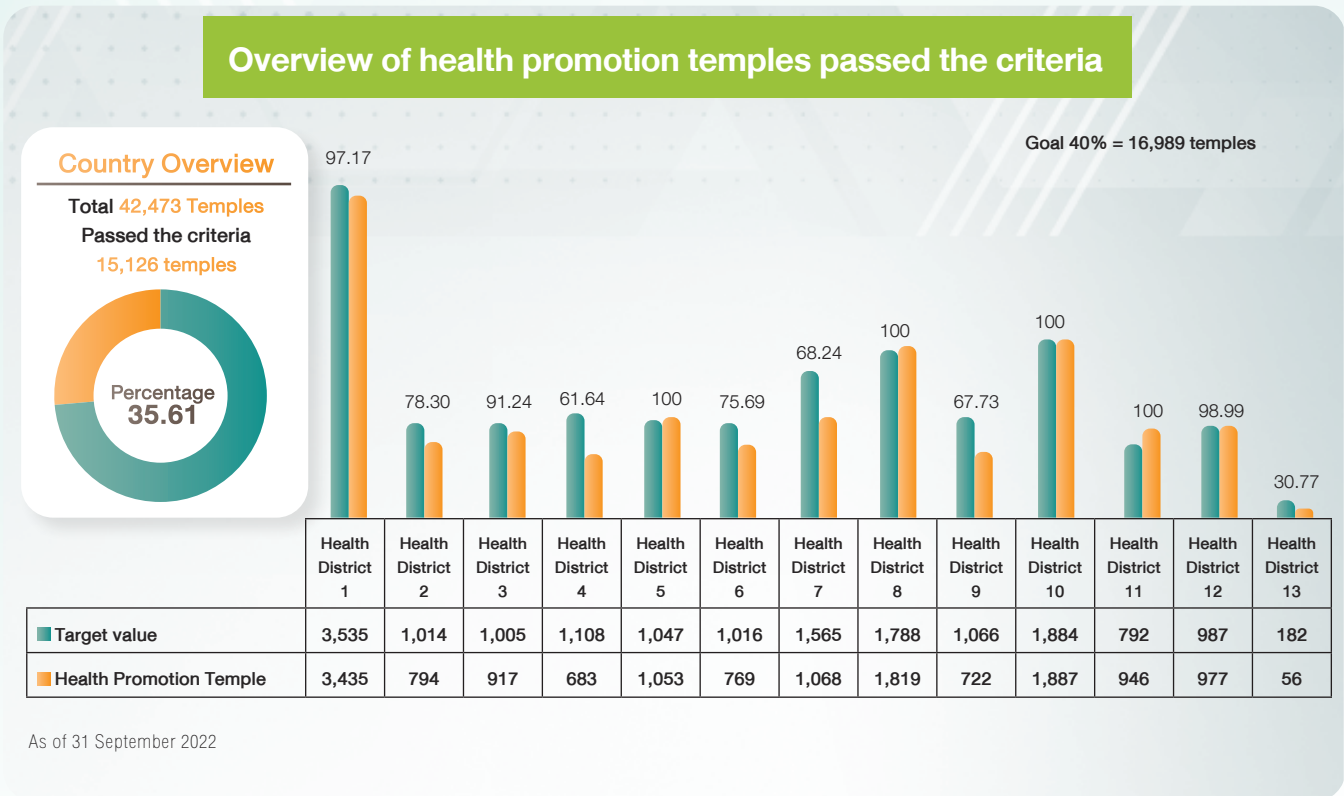
- Develop a system of Long Term Care (3C) data recording program for the Department of Health, Ministry of Public Health to be stable, fix system bugs, maintain system maintenance, and increase adult diaper support data collection according to the National Elderly Citizens' Day Gift Policy Fiscal Year 2022.



○ Driving the use of the Announcement of the Ministry of Public Health Re: Control Measures and Supervision of the Business of Providing Care for the Elderly at Home of Service Recipients B.E. 2564 (2021)

Clarify and drive the cooperation plan on health promotion for the elderly with provincial administrations nationwide.

Figure 22 Overview of health promotion temples passed the criteria



○ Driving monastic implementation and improving the well-being

○ Driving the Health Promotion Temple

From Figure 22, the measure of health promotion temple which passed the criteria were 15,126 temples out of a total of 42,473 temples or 35.61%.

○ Gilanupatthaka Monk On-site and Online Training

- The total of 9,645 Gilanupatthaka monks, there were 9,280 Gilanupatthaka monks participated in the training on-site and 365 Gilanupatthaka monks participated online (As of September 30, 2021).

- Develop guidelines for potential development of Gilanupatthaka monks (Monk Health Volunteer) for 15-hour elderly care course.

35.61%

Health Promotion Temple passed the criteria for

15,126 temples



Number of Gilanupatthaka Monk

9,645 monks

on-site

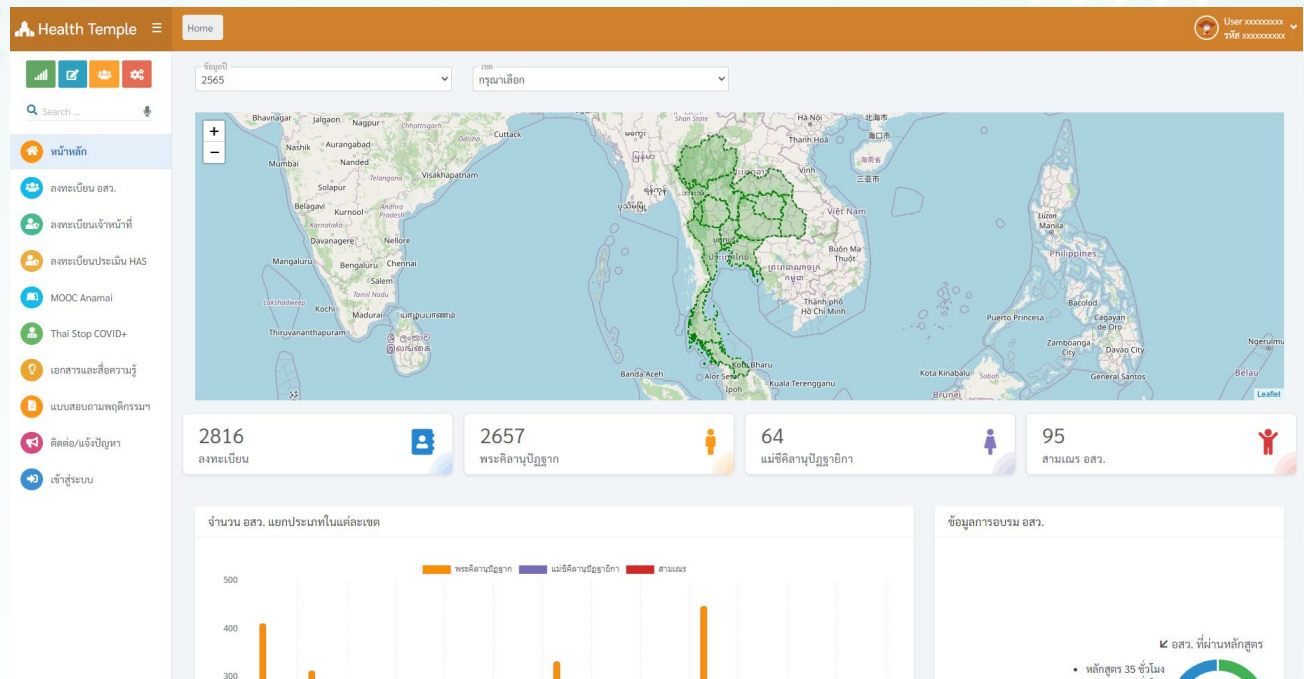
9,280 monks

online

365 monks



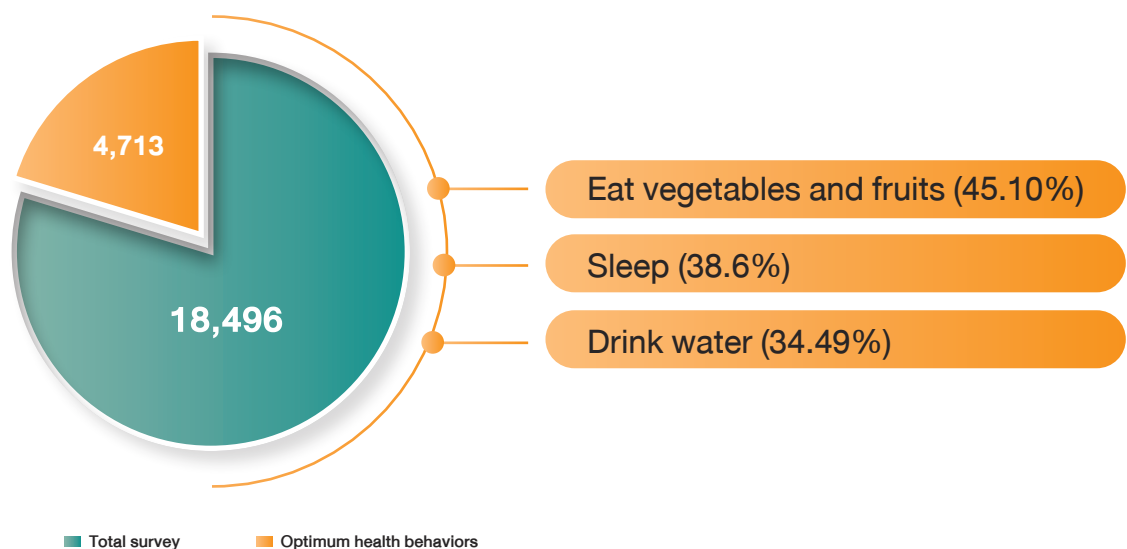
○ Driving the use of health promotion temple and Gilanupathaka monks information system



<https://healthtemple.anamai.moph.go.th>

○ Optimum health behavior assessments of 7 aspects of optimum health behaviors of monks, it was found that 18,496 monks were assessed, with 25.48% of optimum health behaviors (Bureau of Elderly Health, as of July 31, 2022).

Figure 23 Top 3 Optimum Health Behaviors



5.3 Propelling COVID-19 prevention measures/guidelines through Platform Thai Stop COVID+

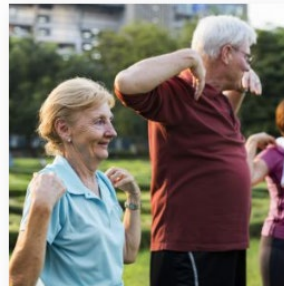
- **Elderly Clubs:** A total of 147 elderly clubs were assessed with 137 passed the assessment, and 10 were not passed (as of August 31, 2022) and prepared a manual for the assessment of elderly clubs/schools for elderly people.

- **Elderly care facilities:** Of the 364 elderly care facilities that took the self-assessment with 25 of the facilities were under the care of government agencies and 339 were of private sectors, 87 facilities (23%) were able to comply with 30 COVID-19 prevention and control measures (severe pandemic phase) and 19 facilities (5%) were able to comply with 15 COVID-19 prevention and control measures (endemic phase). (Data from Thai Stop COVID+ Platform as of September 2022).

- **Religious sites:** A total of 8,804 religious sites participated in the assessment, 8,561 sites (97.24%) passed the assessment (as of 30 September 2022), of which 159 monasteries participated in the target assessment. The religious site with implementation results were participated for 204 sites (100%) with 202 sites (99.02%) passed the criteria, and 93 tourism temples participated in the target assessment, 58 sites (62.37%) were presented with the implementation results and 57 sites (98.28%) passed the criteria.



สถานดูแลผู้สูงอายุ/ชมรมผู้สูงอายุ/โรงเรียนผู้สูงอายุ



ชมรมผู้สูงอายุ v2 (เริ่ม 26
มี.ย.64 - 28 พ.ย 65)

ทำแบบประเมิน

✅ 100% 100% 100%

✅ 100% 100% 100%



สถานดูแลผู้สูงอายุV2

ทำแบบประเมิน

✅ 100% 100% 100%

✅ 100% 100% 100%

6

Other related success

6.1 Application development based on Blue Book Application

Respectfully reported to Her Royal Highness Princess Maha Chakri Sirindhorn on the development of an application developed from the Blue Book Application at the 15th National Conference on Health Promotion and Environmental Health on 12 June 2022 at Miracle Grand Convention Hotel.



6.2 Assessment of Public Sector Management Quality Award (by category) in 2022

The Department of Health passed the assessment criteria under Chapter 6 on Quality and Innovation Process, which was assessed by the Office of the Public Sector Development Commission (OPDC) of Public Health at the site visit of Kamthorn Suwannakit Meeting Room and presented outstanding best practices. The Bureau of Elderly Health participated in the exhibition booth to present the outstanding

work of the development of long-term care systems linked to the elderly health screening system through the Blue Book Application, which showcased the results of the management of health information for the elderly to reflect the success of data management to ensure systematization and sustainability in the development of the data management system that links the country's health promotion system in the future.



Chapter 7

Capacity Building for Health Promotion and Development of Quality of Life for People with Disabilities

By Capacity Building for Health Promotion and Development of Quality of Life for People with Disabilities Group, Bureau of Health Promotion, Department of Health



1

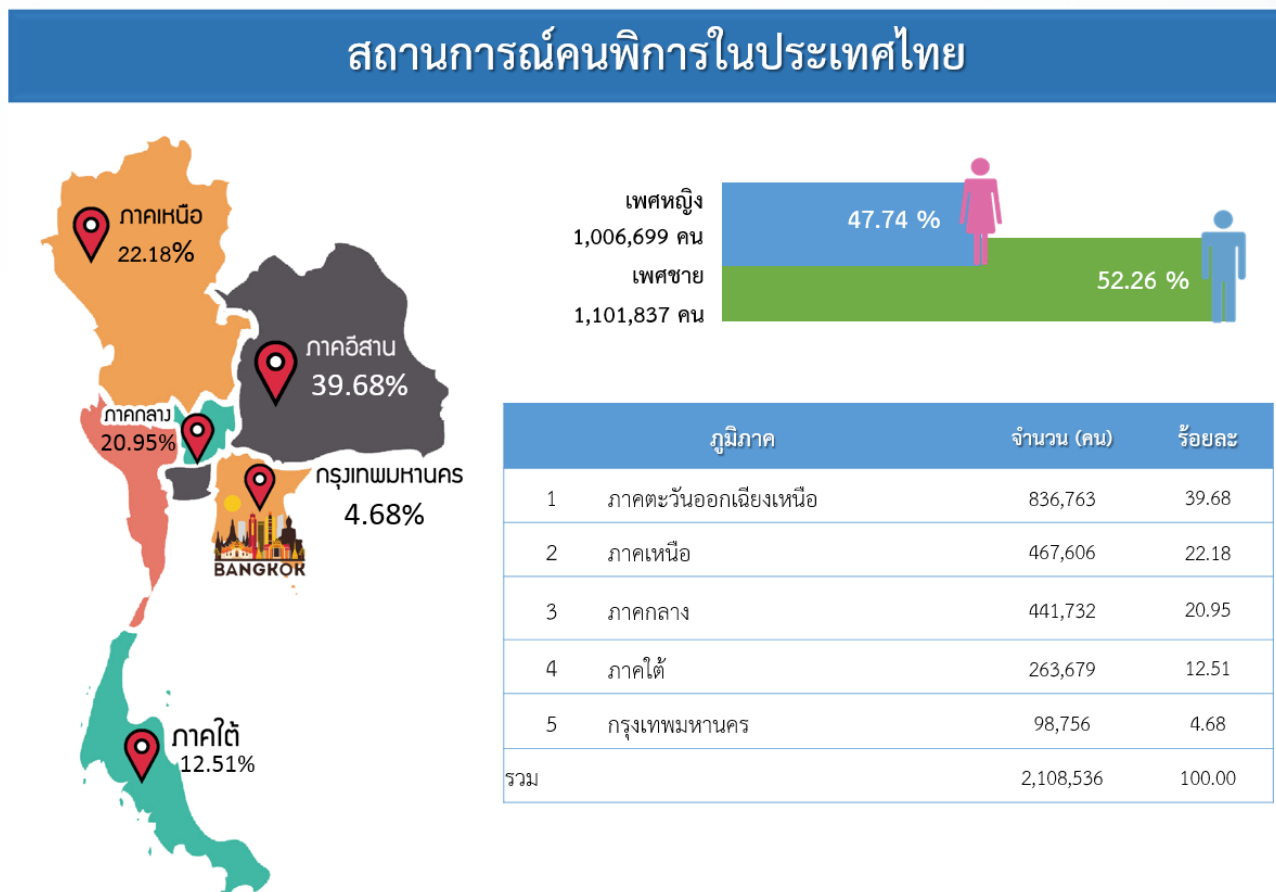
Health Promotion Project to Improve the Quality of Life of People with Disabilities, Fiscal Year 2022

1.1 Key scenarios

The situation of persons with disabilities in Thailand showed individual with disabilities who have been issued a disability identification card were 2,108,536 people (3.19% of the total population), including 1,101,837 males (52.26%) and 1,006,699 (47.74%) females. When analyzing by age and type of disability, there were 1,178,550 people with disabilities aged 60 years and over, or 55.89% of the total number of people with disabilities. There are 852,033 people with disabilities of working age between 15 - 59 years old, or 40.41% of the total number of people with disabilities. People with disabilities aged between 15 - 59 years and elderly people with disabilities (60 years and over) were with mobility or physical disabilities accounted for 43.95% and 56.95% of people with

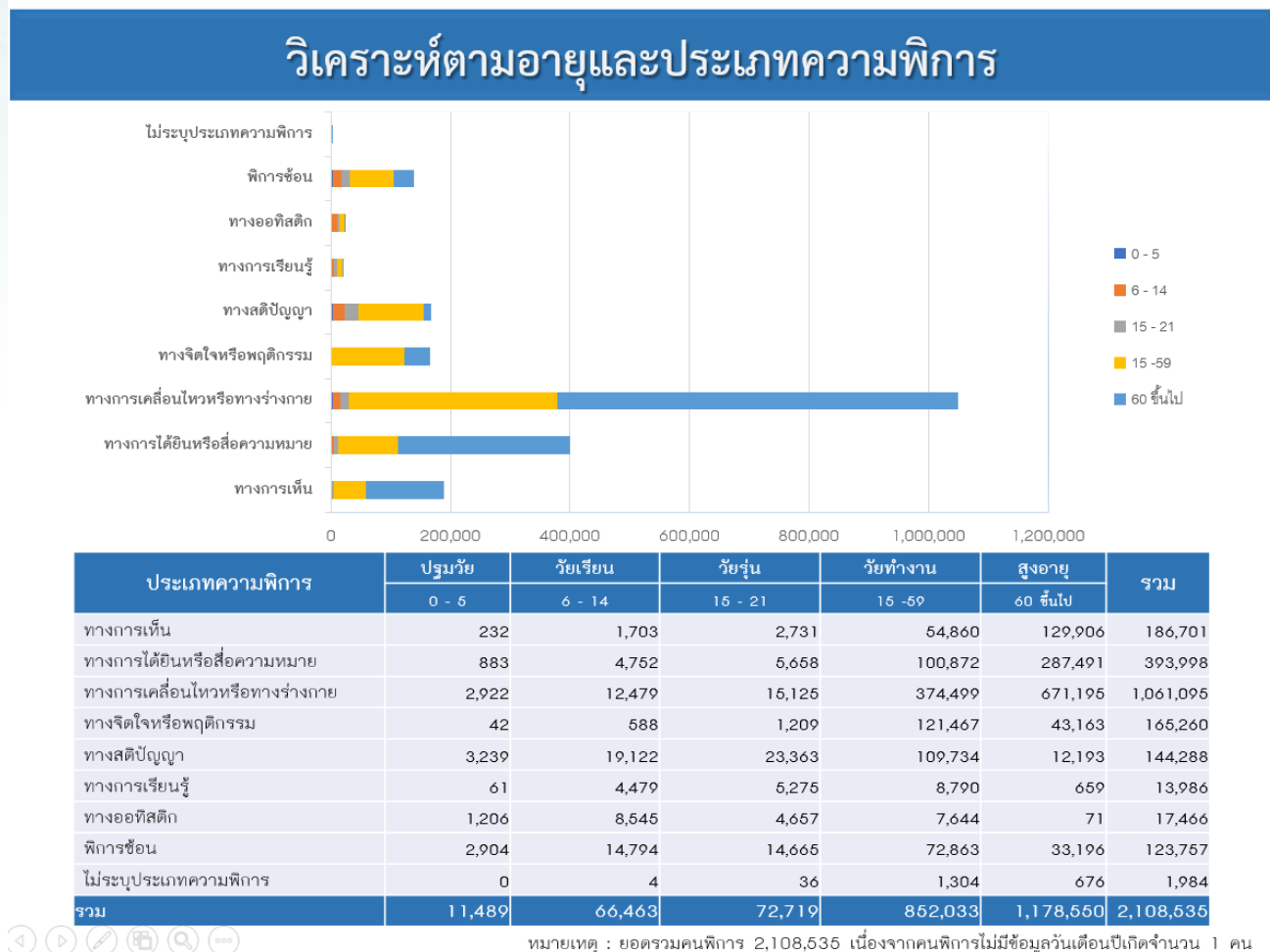
disabilities aged 15-59 and 60 years and above, respectively. People with disabilities in childhood and school age (0 - 21 years) showed the highest ratio of people with intellectual disabilities for a total of 150,671 people or 30.39% of the total number of people with disabilities in childhood and school age (0 - 21 years). Based on the disability etiology analysis, it showed the rank of 1st most-found cause: doctors did not specify the cause of disability for 46.46%, 2nd most-found cause: unknown reasons for 24.63%, 3rd most-found cause: other illness/disease for 20.55%, 4th most-found cause: accident for 7.64%, 5th most-found cause: hereditary/genetic for 0.67%, and 6th most-found cause: congenital defect for 0.05%.

Figure 24 The Situation of People with Disabilities in Thailand



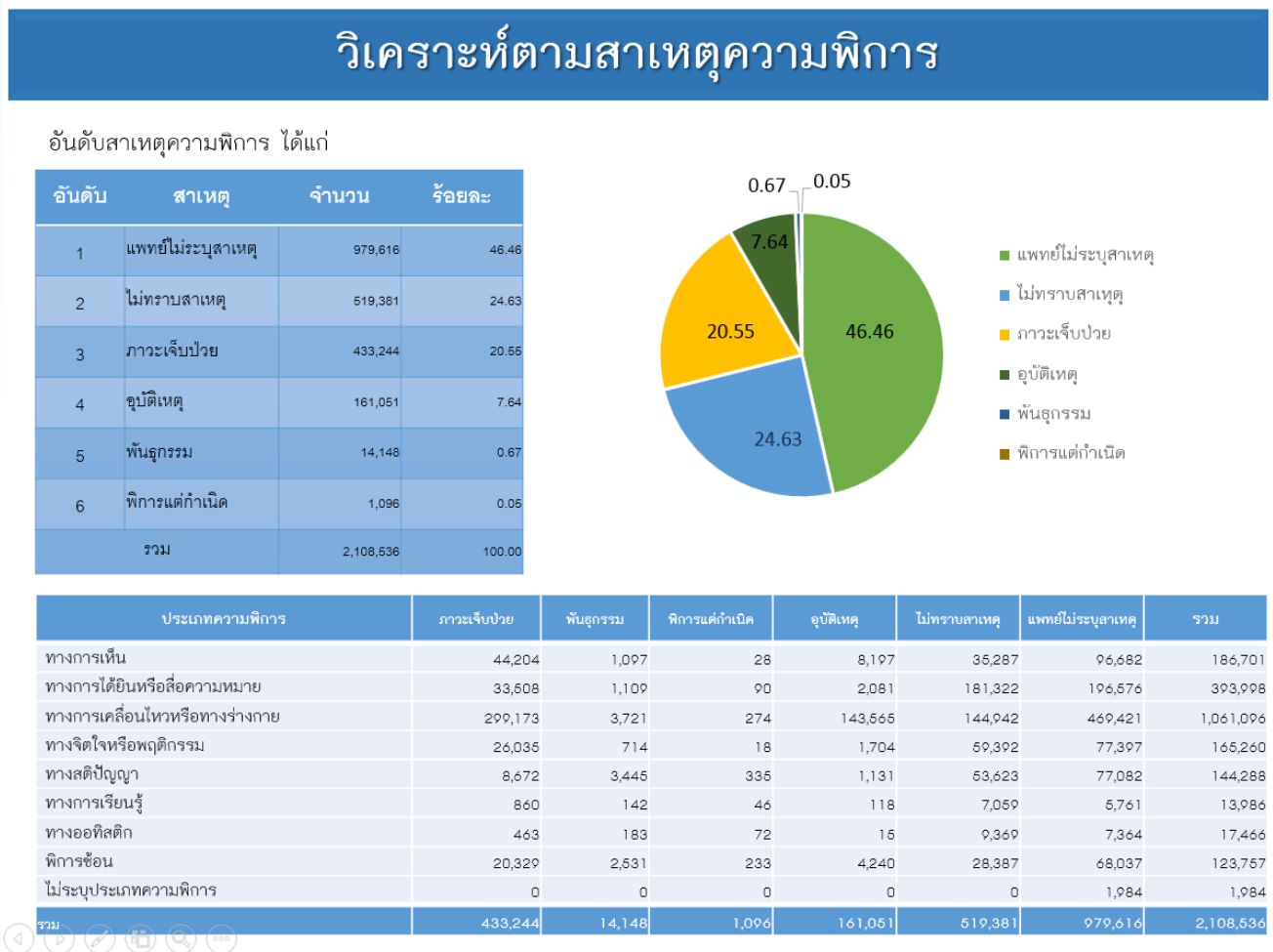
- คนพิการที่ได้รับการออกบัตรประจำตัวคนพิการ จำนวน 2,108,536 คน (ร้อยละ 3.19 ของประชากรทั้งประเทศ)
 ****ข้อมูลประชากรประเทศไทยจาก สำนักทะเบียนกลาง กรมการปกครอง ณ วันที่ 31 ธันวาคม 2564
 - คนพิการเพศชาย จำนวน 1,101,837 (ร้อยละ 52.26) และเพศหญิง จำนวน 1,006,699 คน (ร้อยละ 47.74)

Figure 25 Analysis by age and types of disability



- คนพิการอายุตั้งแต่ 60 ปีขึ้นไป มีจำนวน 1,178,550 คน ร้อยละ 55.89 (ของจำนวนคนพิการทั้งหมด)
- คนพิการที่อยู่ในวัยทำงาน อายุระหว่าง 15 - 59 ปี มีจำนวน 852,033 คน ร้อยละ 40.41 (ของจำนวนคนพิการทั้งหมด)
- คนพิการที่มีอายุระหว่าง 15 - 59 ปี และคนพิการวัยสูงอายุ (อายุ 60 ปีขึ้นไป) มีความพิการทางการเคลื่อนไหวหรือทางร่างกายมากที่สุด คิดเป็นร้อยละ 43.95 และร้อยละ 56.95 ของจำนวนคนพิการ อายุ 15 - 59 ปี และ 60 ปีขึ้นไป ตามลำดับ
- คนพิการที่อยู่ในวัยเด็กและวัยศึกษา (0 - 21 ปี) มีอัตราส่วนของคนพิการทางสติปัญญามากที่สุด จำนวน 150,671 คน คิดเป็นร้อยละ 30.39 ของจำนวนคนพิการที่อยู่ในวัยเด็กและวัยศึกษา (0 - 21 ปี) ทั้งหมด

Figure 26 Analysis based on causes of disability



สาเหตุความพิการ

อันดับที่ 1 แพทย์ไม่ระบุสาเหตุความพิการ ร้อยละ 46.46

อันดับที่ 2 ไม่ทราบสาเหตุ 24.63

อันดับที่ 3 ความเจ็บป่วย/โรคอื่น ๆ ร้อยละ 20.55

อันดับที่ 4 อุบัติเหตุ ร้อยละ 7.64

อันดับที่ 5 กรรมพันธุ์ / พันธุกรรม ร้อยละ 0.67

อันดับที่ 6 พิการแต่กำเนิด ร้อยละ 0.05

The Executives of the Department of Health recognized the importance of people with disabilities receiving health promotion on an equal footing with the general public in order to ensure their health and quality of life. Therefore, the Bureau of Health Promotion, Department of Health has driven the work of health promotion for people with disabilities since mid-fiscal year 2021 and have achieved a sequence of successful performance as follows.

1. Conducted a health survey for people with mobility or physical disabilities in Thailand to survey health information of people with mobility or physical disabilities in Thailand through a meeting of experts from relevant network agencies to jointly examine the accuracy of the content and language used in the test and its conformity with the desired objective, the IOC (Index of item objective congruence) value was 0.91. The survey was conducted from a target group of 50 people from The Redemptorist Foundation for People with Disabilities, Chon buri Province and the Independent Living Center for People with Disabilities, Bang Bua Thong District, Nonthaburi Province to check confidence and estimate the time it takes.

Objectives

1. To survey health information of people with mobility or physical disabilities.
2. To create access to health promotion and improve the quality of life of people with disabilities.

Benefits

1. To receive basic health information about disabilities and health problems of people with mobility or physical disabilities in Thailand.
2. To create access to health promotion and improve the quality of life of people with disabilities.
3. To build relationships with network partners in health promotion and enhance the quality-of-life development of people with disabilities.



Picture 25 The meeting conducted a health survey for people with mobility or physical disabilities in Thailand (On-site and Online)



2. Health information survey test for people with mobility or physical disabilities of working age at The Redemptorist Foundation for People with Disabilities, Bang Lamung District, Chon buri Province was conducted with the target group of the test was 30 people with mobility or physical disabilities aged between 20 - 59 years.



Picture 26 Health Information Survey Test for People with Mobility or Physical Disabilities

3. The development of health promotion curriculum for people with mobility or physical disabilities. The resulting curriculum is in line with the role of the Department of Health, which is to promote health according to the principle of 3O, 2S, 1F, 1N; food, mood, exercise, not drinking alcohol, not smoking, oral and dental health care and sleep.

Objectives

1. To provide a curriculum for health promotion of people with disabilities.
2. To create access to health promotion and improve the quality of life of people with disabilities.

Benefits

1. Health promotion curriculum for people with mobility or physical disabilities that meet the needs of people with disabilities
2. People with disabilities have access to health promotion and can gain better health and quality of life.



Picture 27 Health Promotion Curriculum Development Meeting for People with Mobility or Physical Disabilities





Success in the Implementation of Health Promotion for People with Disabilities

The most evident achievement from the beginning of the drive to promote the health of people with disabilities was the support of information and cooperation from relevant network partners whether from the public and private sectors as follows.

1. Department of Empowerment of Persons with Disabilities
2. Persons with Disabilities Service Center Promotion Group, Department of Empowerment of Persons with Disabilities
3. Disabilities Thailand
4. Association of the Physically Handicapped of Thailand
5. Thailand Council for Independent Living Foundation
6. The Redemptorist Foundation for People with Disabilities
7. Health Network of People with Disabilities
8. Srithanya Hospital, Department of Mental Health
9. Sirindhorn National Medical Rehabilitation Institute (SNMRI), Department of Medical Services
10. Rajanukul Institute, Department of Mental Health
11. Department of Thai Traditional and Alternative Medicine
12. Department of Health both central and regional offices
13. Ministry of Social Development and Human Security
14. Ratchasuda College, Mahidol University
15. Local Administrative Organizations

And most importantly, the cooperation from people with disabilities themselves who come together to think, plan, and drive health promotion work at the same time because we believe that “the power of teamwork is always greater than doing it alone.”

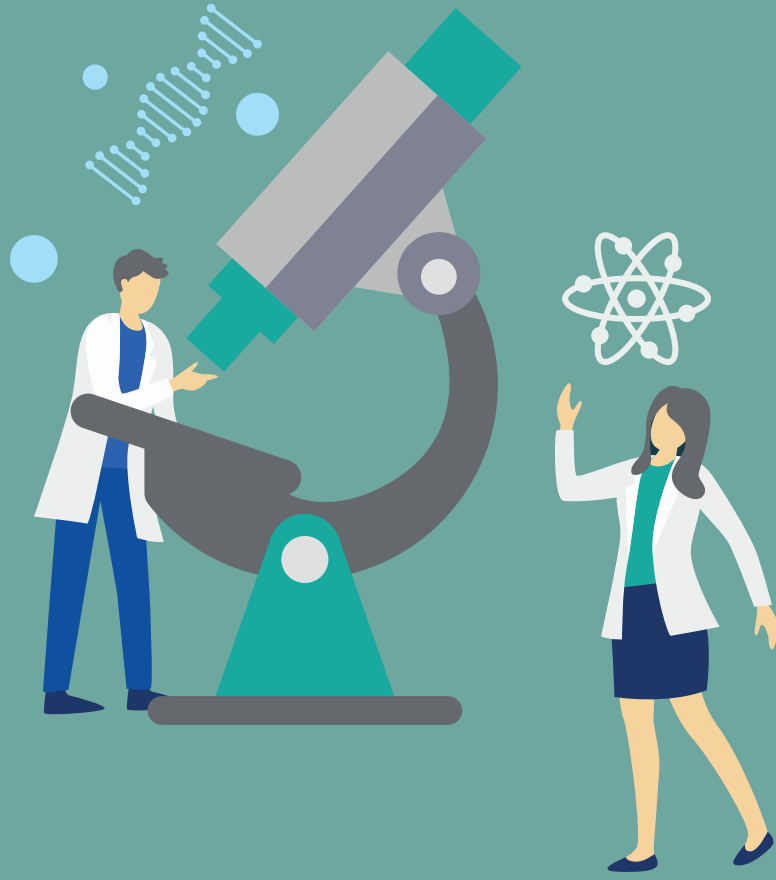


Chapter

8

Academic Development and Health Promotion Research

By Academic, Research, and Innovation Support, Bureau of Health Promotion,
Department of Health



Abstract

The Evaluation of the System to Promote Health of Women and Pregnant Women Under the Miracle of the First 1,000 Days of Life Project in Honour of Queen Sirikit at the 60th Anniversary Commemoration of Queen Sirikit Health Centers

Chaweewan Tonpuksa et al.

Maternal and Child Health Group, Bureau of Health Promotion



Abstract

This study is qualitative research with a holistic and multi-facet approach. The study is about the holistic phenomenon of the health promotion of women and pregnant women under the Miracle of the First 1,000 Days of Life project in honour of Queen Sirikit at the 60th Anniversary Commemoration of Queen Sirikit Health Centers. The study collected information from in-depth interviews, group discussions, and implementation results from 24 Health Centers located in 12 health areas. The study's objective is to learn about the implementation, the consistency between the system and the implementing mechanisms at the local level, and the success factors of the Miracle of the First 1,000 Days of Life project. The data and information were analyzed by content analysis and summarized in connection to relevant guidelines. The issues were identified and sorted to find connections. The results found that Queen Sirikit Health Center Development Foundation's committee and Child and Family Care Team (CFT) have implemented the project through health and social activities to enhance the maternal and child health services in the area of responsibility. Activities include meetings to create understanding with networking partners, the appointment of CFT teams, encouraging community network at the village level, surveying target groups, preparation of drugs, pharmaceuticals, and milk, and providing knowledge to CFT teams using holistic health care tools, and hugging, playing, and telling story activity.

Recommendations from the study are that the project implementation prioritizes families and communities, which are considered an important mechanism for understanding the conditions in the area. They also play important roles in helping and solving problems appropriately and continuously. There should be a shift in mindset from working to fulfill indicators to working based on the goal to make the mother and children in the area become healthy and be involved in the development and solving of problems in the area.

Keywords : health promotion of women and pregnant women, Miracle of the First 1,000 Days of Life project

A Study of the Health System Management Model for the Elimination of Mother-To-Child Transmission of HIV in Thailand Context

Chaweewan Tonpudsa

Maternal and Child Health Group, Bureau of Health Promotion

Abstract

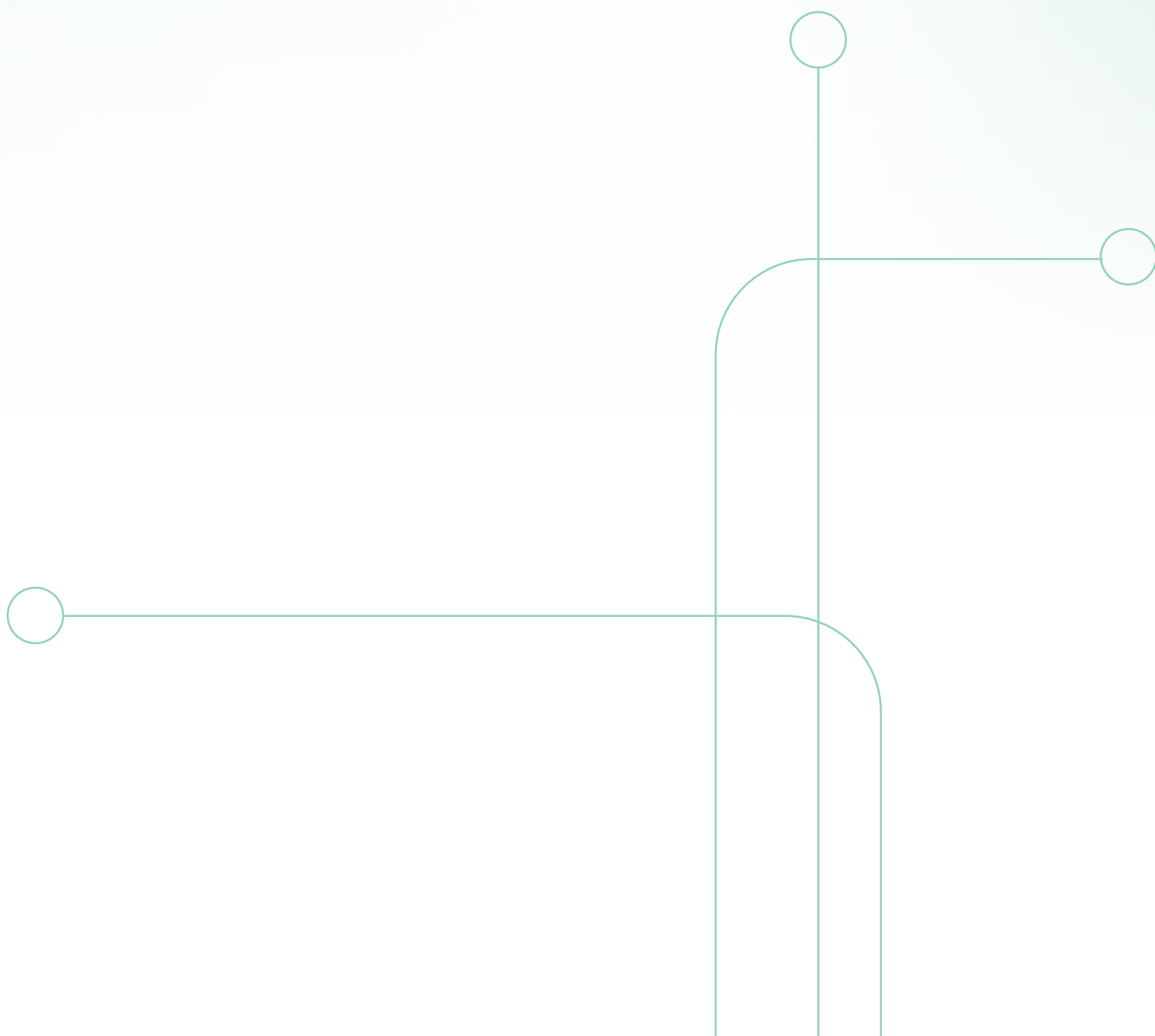
This study is a research and development by systematic study and research. The objective of the study is to analyze the supporting process of health system management to eliminate the mother-to-child transmission of HIV and to study the results of the implementation to eliminate the mother-to-child transmission of HIV during the years 2017 - 2019 after the World Health Organization (WHO) endorsed the elimination of mother-to-child transmission of HIV in Thailand.

The study is conducted by the following processes: (1) collecting and synthesizing the documents on the situation and needs and (2) management of the health service system for the elimination of mother-to-child transmission of HIV according to the standards that still need to be developed. The data and information were processed and analyzed by synthesizing documents and monitoring programs, including PHIMS and NAP.

The results showed that the prevention of mother-to-child transmission of HIV in Thailand is in accordance with the WHO's health system building blocks, including: (1) policy and operational guidelines for the prevention of mother-to-child transmission of HIV/syphilis at the national, regional and service levels; (2) budget for the implementation of services on antiviral drug, personnel capacity development, formula provision, and laboratory examination in accordance with the standards; (3) in terms of personnel, there are clear assigned roles and duties, multidisciplinary teams, and capacity development at the ministerial, district, provincial, and service unit levels; (4) in terms of information, there are reporting and monitoring systems of the outcome and quality; (5) in terms of health services, the level of services has been determined from primary level and continuing to tertiary level with an appropriate referral system; and (6) health and laboratory support systems, and the results of the prevention of mother-to-child transmission of HIV. The HIV screening coverage among pregnant women was 99% in 2017. The coverage of antiviral drug for pregnant women were more than 95%, and the mother-to-child transmission rate of HIV in 2017 - 2019 were 1.68%, 1.34%, and 1.97%, respectively.

The recommendations from the study, in terms of health service system management, there needs to be a mechanism that is strong, continuous, and covering all six pillars of health to provide services according to the needs of the people, target groups, and following the standards. The mechanism must cover the government sector, the private sector, and cooperation from civil society, including the target groups who receive the service. Early antenatal care should be promoted before 12 weeks to identify risks and provide standard care. The prevention of mother-to-child transmission of HIV needs to be strengthened, such as the provision of counseling, the antiviral drug, continuous individual care, and HIV prevention in the general population with emphasis on the premarital blood testing and promotion of safe sex.

Keywords : health system management, prevention mother-to-child transmission of HIV



Monks' health literacy in promoting physical activity

Thapanee Kongrungruang

Sataporn Teyanarong

Working age health group, Bureau of Health Promotion

Abstract

This research was analytical research. The objectives of this were 1) to compare health literacy in physical activity, 2) to compare desirable physical activity behaviors, and 3) to compare the physical activity of monks with different levels of health literacy and monks living in urban temples and semi-urban temples. The samples group are monks in Nonthaburi Province consisted of 227 monks, divided into a group of 175 monks who spent their Buddhist Lent in an urban temple and 52 monks who had a Buddhist Lent in a semi-urban area. A simple random sampling was performed according to the proportion of the number of monks in the area. The samples were able to communicate and help themselves. The researchers collected the data themselves during May - December 2021 by using a questionnaire developed by the researcher consisting of Health Knowledge, Health literacy and Health behaviors in the practice of physical activities of monks. The questionnaire was examined for content validity by 3 experts. The research instrument had Cronbach's alpha coefficient of confidence equal to .902. The data were analyzed by percentage, mean, standard deviation. Test correlation with Pearson's correlation coefficient and testing the differences between groups using One-way ANOVA statistics.

Result

1) Health literacy in Physical activity among Buddhist monks in urban and semi-urban temples overall differed statistically at the .01 level ($F=9.70, p<.01$), there were four different aspects: Understand (0.35 ± 0.14 points, $p=.012$), Questioning (0.38 ± 0.15 points, $p=.009$) apply (0.59 ± 0.16 points, $p=.000$) and health information sharing (0.74 ± 0.16 points), $p=.000$)

2) The desirable physical activity behaviors of monks in urban and semi-urban temples differed not statistically ($F=1.28, p=.26$)

3) The physical activity behaviors of monks with different levels of health literacy differed in at least one pair of physical activity by one-way variance. ($F(2,172) = 38.22, p=.000$)

3.1) Monks with low and moderate levels of Health literacy there was no difference in physical activity behavior (0.19 ± 0.22 points, $p=.673$)

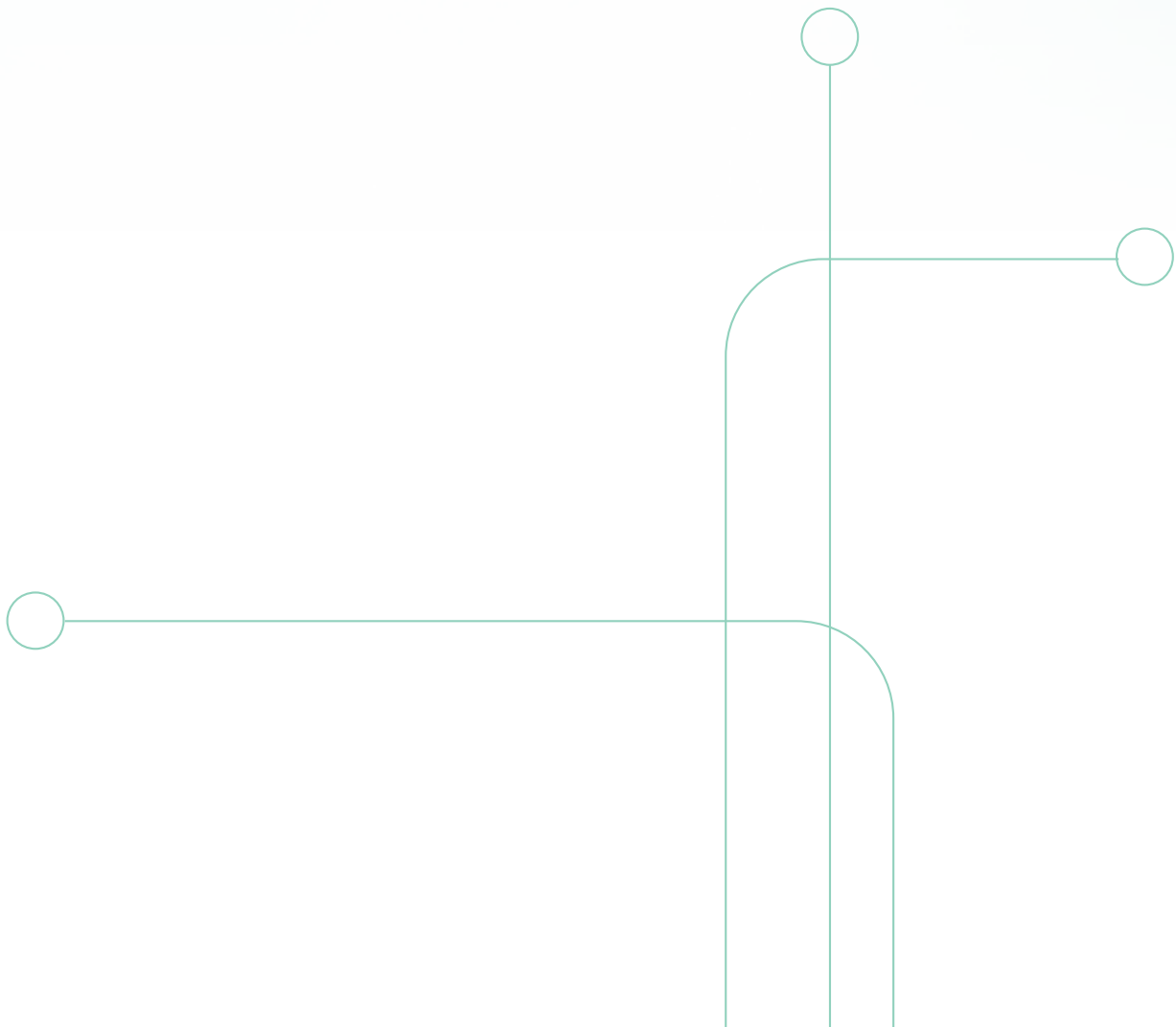
3.2) Monks with low levels of Health literacy had significantly different physical activity behaviors than monks with high levels of Health literacy at the .01 level (1.06 ± 0.20 points, $p=.00$)

3.3) Monks with moderate levels of Health literacy had significantly different physical activity behaviors than monks with high levels of Health literacy at the .01 level (0.86 ± 0.11 points, $p=.00$)

Conclusion and Suggestions

Living in different areas is not a factor that differentiates monks' physical activity, but different levels of health literacy were an important factor for monks to have different physical activity behaviors. Therefore, the guidelines for enhancing the monks to have desirable and sufficient physical activities should be developed to make the monks have knowledge of health.

Keywords: Health literacy, Physical activity, Monk, urban area, semi-urban area, semi-rural area



The situation and results of operations improve the health of employees in the establishment by the participation of employees and the support of the owners of the establishment

Unchalin Pansiri

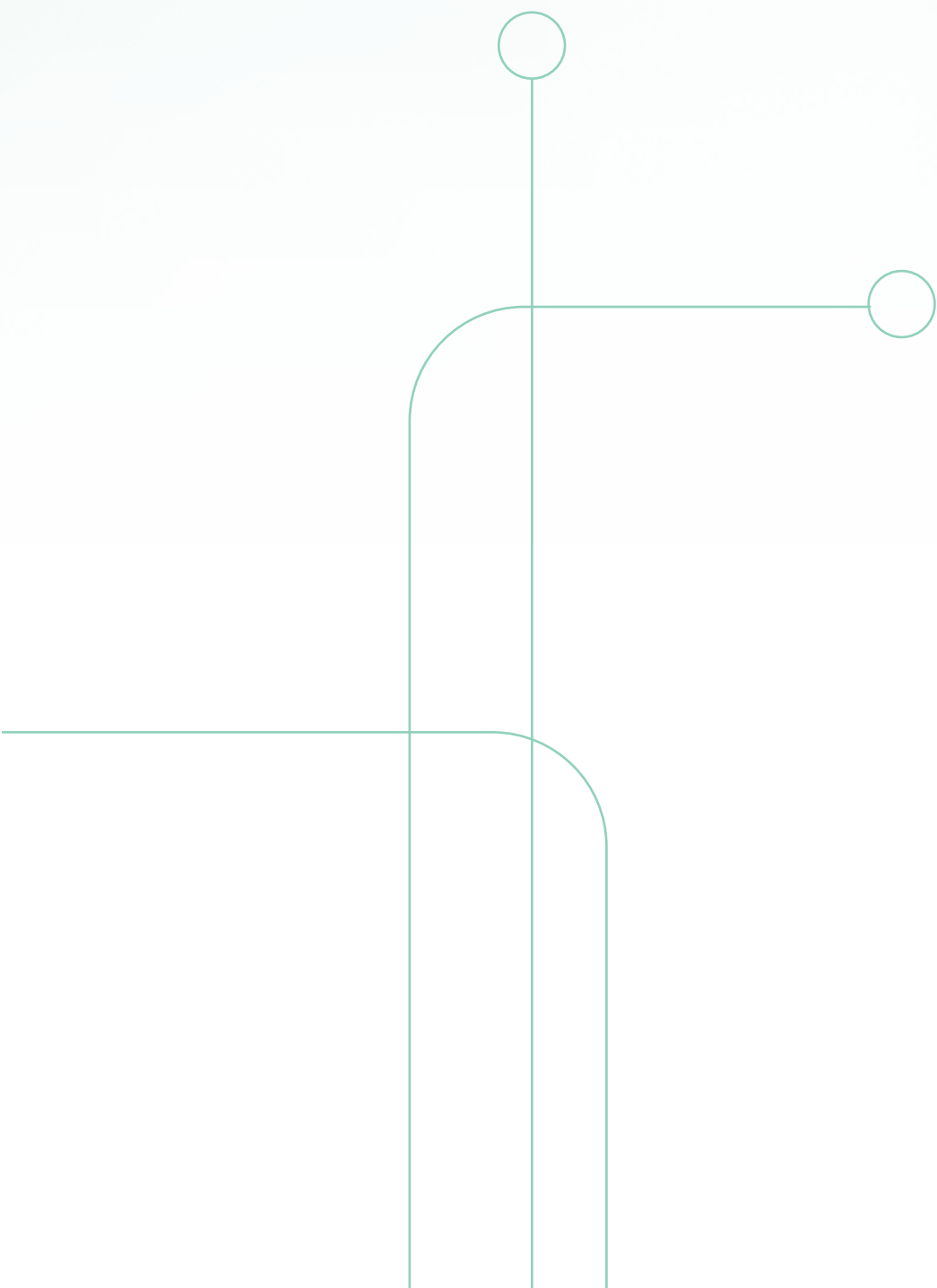
Working age health group, Bureau of Health Promotion

Abstract

This study was to assess the situation of health improvement implementation according to the 10 package guidelines. To study the outcomes of health improvement of employees in the workplace and to study the relationship between personal factors and health behavior development. From the sample group of 425 employees in the workplace that has developed employee health according to the 10 package guidelines of the Department of Health, Ministry of Public Health. The results of the leaders of the establishment cooperated very well in attending the meeting and showing interest. Project responsible person of the district health center. There was a positive opinion towards the management of the health center they belong to continue the project and the project driving team of the health center had the highest and most positive opinions. The reasons and conditions that make an establishment interested in “health” include safety at work and health policy with planning method of operation and evaluation that are supported by the management of the establishment and the staff involved. So, the study, was found that a breakfast of rice is consumed every day, additional seasonings are added to the already cooked food, drink sweetened beverages every day, eat foods that are high in fat and eat less than 5 spoons of vegetables every day. Do not exercise, no physical activity or movement until you feel more tired than usual, sitting or reclining (consecutively for 2 hours) about 1 - 3 days, sleep of 6 hours a day, brush your teeth before bed every day and not going to the dentist for dental care. No smoking, but drinking alcohol infrequently. A normal BMI no underlying disease, working in the same position repeatedly for more than 1 - 2 hours. Perceived that stressed infrequently and sometimes managed to self-stress. Happiness from work was at level 8. The health of promotion activities was organized and sometimes to put the knowledge into practice for personal. As for the relationship between personal factors and health outcomes of employees in the workplace. It was found that physical health healthy behavior was related to sex, age, education, marital status, childbearing and job position in the range of 14.0 - 69.0 percent of employees' health status

relationships with sex, age, education, marital status and childbearing were between 35.0 - 68.0 percent. Mental health and spirituality were related to sex, age, education, marital status and job position in the range of 20.0 - 24.3% and on social health the relationship with age was 23.0% with statistical significance at 0.01 and 0.05.

Keywords : Health Improvement, Participation of Employees, the Support of the Establishment Owner



The Quality of Work Life that Influences Satisfaction and Tendency to Continue Working of staffs in The Department of Health, The Ministry of Public Health

Unchalin Pansiri

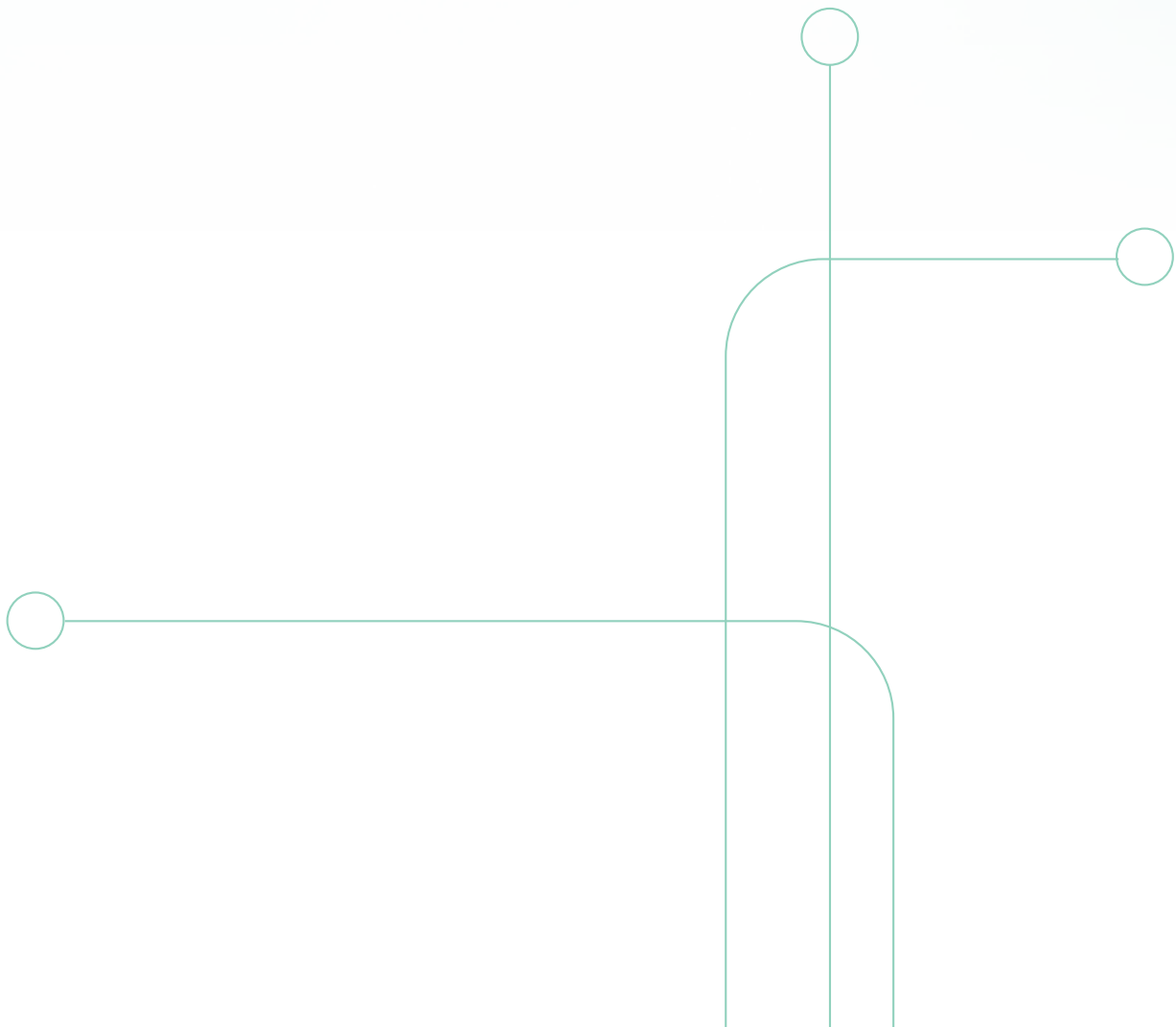
Working age health group, Bureau of Health Promotion

Abstract

This research has objectives to 1) Study personal characteristics factors, consisting of gender, age, marital status, education level, position, working age and income towards the satisfaction of Department of Health personnel 2) Study the quality of life at work in terms of sufficient and fair remuneration, operational conditions, pleasant to work and promote health, progress and stability in work, opportunities for the development and use of people's abilities, collaboration and relationships with other people, democracy and fairness at work, balance between work and personal life and pride in the organization that are related to the satisfaction of the Department of health personnel and 3) Study the satisfaction of work that is related to the work behavior trends of the Department of Health personnel. The samples used in this study were 429 personnel in the persons who are civil servants, government employees, employees of the Ministry of Public Health and personnel employees under the Department of Health. The research instruments were a questionnaire. The statistics used of data analysis consisted of frequency, percentage, average, standard deviation. One-way Analysis of Variance and Pearson Product Moment Correlation Coefficient. The results of the study revealed that 1) Personnel of different age, position, working age, salary rate have different work satisfaction. Statistically significant at the level of .00, .01, .00, .00. 2) The overall quality of work life is associated with a very high level of work satisfaction in the same direction ($r = .956$). When considering the aspects, it was found that adequate and fair compensation ($r = .744$), pleasant working conditions and health promotion ($r = .789$), progress and stability in the work ($r = .833$), opportunities for the development ($r = .858$), collaboration and relationships with other people ($r = 8.59$), democracy and fairness at work ($r = .833$), pride in the organization ($r = .793$) 3) The overall satisfaction is associated with the trend of future work behaviour in the same direction moderately ($r = .635$) and when considering each aspect, it was found that when personnel are satisfied with adequate and fair compensation ($r = .424$), the operating conditions are pleasant to work and promote health ($r = .500$), progress and stability in personnel

work ($r = .532$), opportunities for development and use of abilities ($r = .519$), collaboration and relationships with other people ($r = .527$), democratic and justice opportunities in work ($r = .508$), higher work balance with personal life of personnel will cause personnel to have a moderate increase in behaviour. ($r = .537$)

Keywords: Quality of work life, Satisfaction, the tendency to continue working, Department of Health personnel





คำสั่งสำนักส่งเสริมสุขภาพ

ที่ ๑๐๐/๒๕๖๕

เรื่อง แต่งตั้งคณะกรรมการจัดทำรายงานประจำปี ๒๕๖๕ สำนักส่งเสริมสุขภาพ สถาบันพัฒนาอนามัยเด็กแห่งชาติ สำนักอนามัยผู้สูงอายุ กรมอนามัย

ตามที่สำนักส่งเสริมสุขภาพดำเนินงานตามภารกิจการส่งเสริมสุขภาพประชากรทุกกลุ่มวัย และด้วยภารกิจสำคัญอีกประการหนึ่งนั่นคือ การมุ่งสู่การเป็นองค์กรแห่งการเรียนรู้ (Learning Organization) และมีสมรรถนะสูง (High Performance) ตามคำรับรองการปฏิบัติราชการ และตามตัวชี้วัด “ความสำเร็จของการเป็นองค์กรแห่งการเรียนรู้ (Learning Organization : LO) จำเป็นต้องพัฒนางานพร้อมบันทึกการทำงาน เพื่อเป็นประโยชน์และแหล่งอ้างอิงของบุคลากรรุ่นต่อ ๆ ไป พร้อมทั้งเป็นการสร้างความภาคภูมิใจแห่งความสำเร็จขององค์กร จึงขอแต่งตั้งคณะกรรมการจัดทำรายงานประจำปี พ.ศ. ๒๕๖๕ สำนักส่งเสริมสุขภาพ สถาบันพัฒนาอนามัยเด็กแห่งชาติ สำนักอนามัยผู้สูงอายุ กรมอนามัย โดยมีองค์ประกอบ หน้าที่และอำนาจ ดังนี้

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หน้าที่และอำนาจ

๑. รวบรวมผลการดำเนินงานในรอบปีงบประมาณ ๒๕๖๕ จากทุกกลุ่มวิชาการ เพื่อนำเสนอเป็นข้อมูลการดำเนินงานของสำนักส่งเสริมสุขภาพ ปีงบประมาณ ๒๕๖๕

๒. จัดพิมพ์ผลการดำเนินงานฯ ในรูปแบบตัวพิมพ์ไทยสารบรรณ (ฟอนต์ TH SarabunPSK) ขนาด ๑๖ พอยต์ และพิจารณาเนื้อหาสาระ รูปเล่มของเอกสารรายงานประจำปี ๒๕๖๕ สำนักส่งเสริมสุขภาพ สถาบันพัฒนาอนามัยเด็กแห่งชาติ สำนักอนามัยผู้สูงอายุ กรมอนามัย

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ทั้งนี้ ตั้งแต่บัดนี้เป็นต้นไป

สั่ง ณ วันที่ ๒๕ ตุลาคม พ.ศ. ๒๕๖๕



(นายพิระยุทธ สาณุกุล)

ผู้อำนวยการสำนักส่งเสริมสุขภาพ



กรมอนามัย
สำนักส่งเสริมสุขภาพ



กรมอนามัย
สำนักส่งเสริมสุขภาพ

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QR Code:
Industrial Self-Assessment Form
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Self-assessment form for school's
semester preparation in response to the
new wave of COVID-19 ThaiStopCOVID
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