



Department of Health  
Bureau of Health Promotion

# 24<sup>th</sup>

Anniversary



Go back to **the past**

## Bureau of Health Promotion

Annual Report 2019





Department of Health  
Bureau of Health Promotion

24<sup>th</sup>  
Anniversary

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Bureau of Health Promotion

Annual Report 2019 Bureau of Health Promotion  
National Institute of Child Health, Bureau of Elderly Health



# Annual Report 2019 Bureau of Health Promotion

## National Institute of Child Health, Bureau of Elderly Health

24<sup>th</sup>  
Anniversary

Go back to the past,  
Bureau of Health Promotion

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**Department of Health**  
**Bureau of Health Promotion**

On the occasion of the 24<sup>th</sup> anniversary of the Bureau of Health Promotion, I would like to congratulate and encourage all personnel to carry out health promotion activities for the well-being of Thai people and to express my gratitude for your dedication and your cooperation to perform duties for the advancement of the Department of Health.

(Mrs. Panphimol Wipulakorn)

Director-General  
Department of Health



## Introduction

The 2019 Annual Report from the Bureau of Health Promotion was prepared to celebrate the 24<sup>th</sup> anniversary of the Bureau of Health Promotion while presenting the story of the past to the present. All of which is very captivating.

In addition, the opinions of past and present management regarding the future operation direction of the Bureau of Health Promotion from our executives were gathered. Each executive expects that the Bureau of Health Promotion will continue its prosperity from the past and the present to the future. “The Bureau of Health Promotion must be the leader of the change, be as one, to think and create innovation integration, morality driven organization, pass down to the next generations for them to be smart, creative, able to pushing the policies” in order to be an organization of “Be Smart and Healthy in Happy Bureau.”

For the implementation throughout the year of 2019, the Bureau of Health Promotion has been driving forward with important indicators in line with the 4 goals of the Ministry of Public Health’s strategic excellence consisting of 1) Health promotion, disease prevention, and consumer protection (Promotion, Prevention and Protection Excellence) 2) Service Excellence 3) People Excellence and 4) Governance Excellence consistent with the department’s vision — “The Department of Health is the main organization of the kingdom in overseeing health promotion system and environmental health system for the well-being of the citizens,” in accordance with the mission of the Bureau of Health Promotion of being the backbone of the Department of Health.

This annual report has been granted courtesies from the National Institute of Child Health and the Bureau of Elderly Health on the implementation of child health promotion for up to 5 years and the elderly health promotion. We would like to thank you and hope to receive this kind of support in the forthcoming.

Finally, our gratitude is expressed to the Director-General, Deputy Director-General, Senior Experts, Executives of the Department of Health, 1<sup>st</sup> - 12<sup>th</sup> Regional Health Promotion Center, Metropolitan Health and Wellness Institute (MHWI), Provincial Health Office, network partners from both public and private sectors, local administrative organizations, executives, academics, and international organizations together with the people for the support for the Bureau of Health Promotion throughout the year of 2019 and may the blessing of Phra Sri Rattana-trai to be with everyone and your family for happiness, prosperity, good health for Thai people endlessly.



(Mr. Ekachai Piensriwatchara)

Director of the Bureau of Health Promotion



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Go back to the past,  
**24<sup>th</sup> Anniversary**

Bureau of Health Promotion

”

# 24<sup>th</sup> Anniversary

## Go back to the past, Bureau of Health Promotion

His Majesty King Prajadhipok has established the Department of Public Health under the Ministry of Interior on November 27, 1918, operating on Maternal and Child Welfare Service.

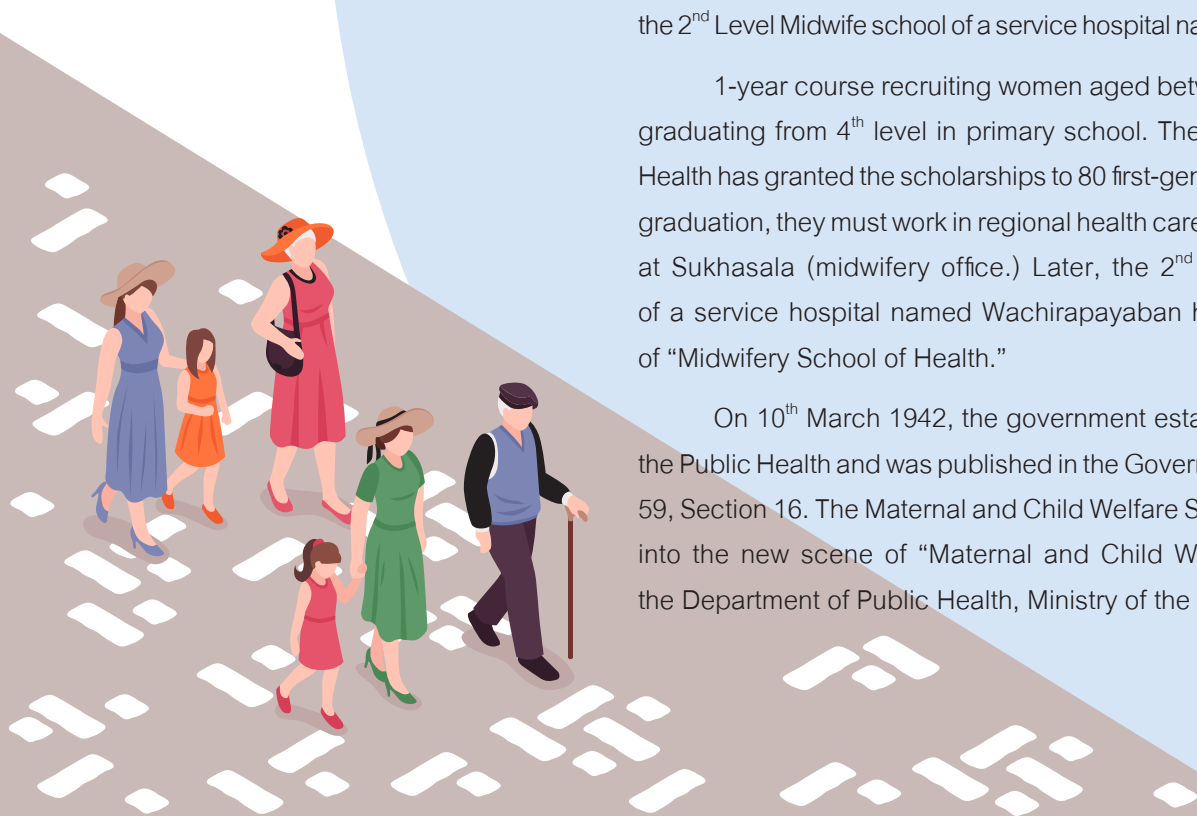
A.D. 1926, there was the position allowance as “Nang Songkroa Sukhabhiban” (The Sanitation Welfare Lady) to operate a Maternal and Child Welfare Service. After changing the administration in 1935, the status of sanitation was raised to become a municipality and the position of “Nang Songkroa Sukhabhiban” was changed to “Nang Songkroa Tessaban” (The Municipal Welfare Lady).

A.D. 1938, the Maternal and Child Welfare Service has widened and expanded the position of “2<sup>nd</sup> Class Midwife” along with the position of “Nang Songkroa Tessaban” which was changed into “Nang Songkroa” (The Welfare Lady) or “Phayaban Anamai” (Health Nurse).

A.D. 1939, The Maternal and Child Welfare Service has been promoted to be “The Section of Maternal and Child Welfare” at the same time, there was an establishment of the first midwife school called the 2<sup>nd</sup> Level Midwife school of a service hospital named Wachirapayaban.

1-year course recruiting women aged between 19 - 30 years old, graduating from 4<sup>th</sup> level in primary school. The Department of Public Health has granted the scholarships to 80 first-generation students. Upon graduation, they must work in regional health care service organizations, at Sukhasala (midwifery office.) Later, the 2<sup>nd</sup> Level Midwife school of a service hospital named Wachirapayaban has got the new name of “Midwifery School of Health.”

On 10<sup>th</sup> March 1942, the government established the Ministry of the Public Health and was published in the Government Gazette, Volume 59, Section 16. The Maternal and Child Welfare Section was designated into the new scene of “Maternal and Child Welfare Division” under the Department of Public Health, Ministry of the Public Health.



From 1950 to 1952, There were 10 maternal and child health mobile units providing services in remote areas consisting of 9 of motor vehicle units and 1 motorboat unit. The Department of Public Health established those 5 units and the latter 5 units were founded under the cooperation of the United Nurses Associations of California (UNAC). Later, in 1967, there were only 3 units remained because the health service provider organizations were even inclusive more with most of the rural areas, and 2 out of 3 units are the units that King Bhumibol Adulyadej the Great has granted to the Department of Health. Later, in 1979, there was only the Maternal and Child Health Unit left in Yala Province.

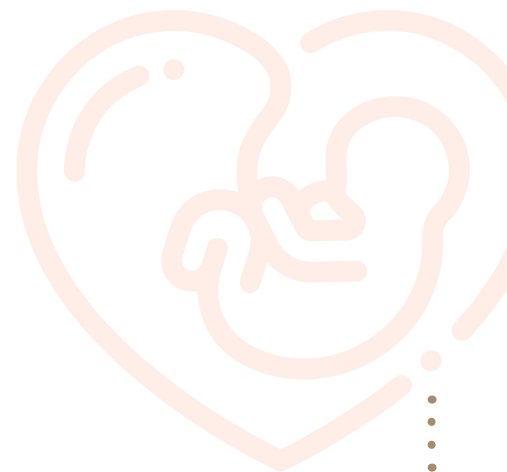
A.D. 1951, The Vajira Midwife School of Health has updated the 1-year course into a 1-year-6-month course recruiting women aged 19 - 25 years old who had finished Mattayomsuksa 3 (Grade 7) in 1968.

A.D. 1952, King Bhumibol Adulyadej the Great graciously ordered to enact the revised Ministry Act 1952, in the Government Gazette, Volume 69, Part 16, March 11, 1952, stating the name change as follows:

1. "Ministry of the Public Health" is "Ministry of Public Health."
2. "Department of Public Health" is "Department of Health."

A.D. 1952, Maternal and Child Welfare Division, Department of Health, Ministry of Public Health established maternal and child health programs with the cooperation of the Thai government by the Ministry of Public Health, the World Health Organization (WHO), and the United Nations International Children's Emergency Fund (UNICEF). Maternal and child health programs were divided the into 3 areas of work

- A) Training of personnel responsible for maternal and child health and training for traditional midwives.
- B) Maternal and child health services.
- C) Supervision of maternal and child health in provincial areas.





A.D. 1953, There was a 6-month Nang Songkroo inspectors training at Vajira Midwifery school of Health: 8 people at the first training, assigned to perform duties in various provinces. The mission was to give advice and control the operation of health personnel responsible for maternal and child health such as a Nang Songkroo welfare lady or midwife, etc. The training was held again in 1954, after changing to granting 50 midwifery and sanitation scholarships a year to produce a Nang Songkroo welfare lady or a health nurse at health centers in various provinces around the country for the training of the Nang Songkroo inspector. The operation has started again since the fiscal year of 1965 onwards, by selecting 80 Nang Songkroo welfare ladies or health nurses from various provinces to receive training per year. The purpose was to train personnel to help ease the burden of the Nang Songkroo welfare lady or health nurse who acts as a supervisor from a central location.

A.D. 1954, Maternal and Child Health Project of Maternal and Child Welfare Division, Department of Health, Ministry of Public Health established 2 maternal and child care centers. The first one was at the end of South Sathon Road, Bang Rak District, Phra Nakorn Province later known as Bangkok Maternal and Child Health Training Center. The center was later abolished, and the mission was integrated into the 1<sup>st</sup> Health Center in Bangkok, which is now renamed as Metropolitan Health and Wellness Institute. And the second one located at Nong Hoi Subdistrict, Saraphi District, Chiang Mai Province which is later known as Chiang Mai Maternal and Child Health Center then the place changed to an international dental center, Bureau of Dental Health. For the mission included in the Health Center 10, Chiang Mai, which is currently renamed to 1<sup>th</sup> Regional Health Promotion Center, Chiangmai province. Both maternal and childcare centers were established as a demonstration center for

1. Maternal and child health services
2. Health promotion and disease prevention of
  - 2.1 Mothers from pregnancy, delivery, and postpartum
  - 2.2 Children from the infancy, preschool, and school-age
3. Family and community care services

Mother and Childcare center initially received Support from international organizations consisting of 1) United Nations International Children's Emergency Fund (UNICEF) supporting medical tools and equipment 2) World Health Organization (WHO) supporting expert personnel in various fields from abroad, such as doctors, public health nurses, public health workers, midwives, health workers, and social workers, one each, to organize a community public health service system and to train the staff of the Maternal and Child Care Center. The home was to also provide scholarships for study in England, New Zealand, and India, etc., to return to be a major force after the experts return.

Another important missions of the Mother and Child Care Centers are 1) to produce Nang Songkroa welfare ladies or health nurses or midwives, 2) to train for midwife experts for maternal and child health services and to reduce illnesses and Maternal and child loss after birth to the lowest level as possible.

A.D. 1954, There was an establishment of a child health center in Nonthaburi on Tiwanon Road, Bang Kraso Subdistrict, Pak Kret District in collaboration with the United Nurses Associations of California (UNAC) and the United Nations International Children's Emergency Fund (UNICEF) to be a temporary foster home for pre-school children from families with chronic communicable diseases such as tuberculosis and leprosy to alleviate the burdens of parents and to enable the child to grow well both physically and mentally.

A.D. 1954, King Bhumibol Adulyadej the Great had graciously bestowed 1 car unit on January 11, 1954, working at Wat Kudi, Bang Khem Subdistrict, Khao Yoi District, Petchburi and the 1 ship named "America" to be a boat unit. Later, in 1956, an additional 1 car unit was granted on December 18, 1956, operating at Phu Wiang District, Khon Kaen Province later there were only 2 car units left, namely Royal Mobile Treatment Unit Petchaburi - Prachuap Khiri Khan and the Royal Mobile Treatment Unit of the Northeast.

A.D. 1954, There was an establishment of 1 midwife school in Chiang Mai Province with the cooperation of

the International Cooperative Administration Organization of United States of America. The first batch of enrolled was of 50 students. Later, in 1960, Midwife School Chiang Mai moved to Lampang province under the name "Lampang Midwife and Health School."

A.D. 1954, There was an establishment of the 2<sup>nd</sup> Class Midwifery Office in Chiang Mai Province. It was the first 2<sup>nd</sup> class midwifery office established from the cooperation of the village headman, including those interested in Public health affairs who are domiciled in the locality. It appeared that 2<sup>nd</sup> Class Midwifery Office has a lot of benefits for mother and child health. Ministry of Public Health, therefore has the policy to establish a midwife's office. There are 1,356 places in local provinces around the kingdom. At that time there were at least 100 additional projects to be built each year in order to meet the needs of the people.

A.D. 1961, The 3<sup>rd</sup> Midwife School in Khon Kaen Province was established using the Midwife Program of 1960. Likewise, 50 students could be enrolled in the first batch, but there were only 30 students. The school called "Khon Kaen Midwife and Health School."

A.D. 1964 - 1973, "Maternal and Child Welfare Division" changed its name to "Maternal and Child Health Division" under the Department of Health, Ministry of Public Health, responsible for maternal and child health and family planning. The administration are as follows

1. Administrative Section
2. Training and supervision Section
3. Research and evaluation Section
4. Public relations Section

And the National Maternal and Child Health Commission was established to set policies regarding maternal and child health in the training of medical students and health staff throughout analyzing and solving various problems. The National Maternal and Child Health Commission consists of the Minister Ministry of Public Health as the chairman, relevant departments as a director, and the Chief of Maternal and Child Health Division as the committee and secretary.



A.D. 1964 - 1968, The Family Planning Board Executive Committee proposed research findings of the Family Planning Research Project conducted by the Office of the Research Council and the Ministry of Public Health. It was to jointly study the trends of the people in providing family planning services as well as studying the economic and social suitability of the country at Photharam District, Ratchaburi and other experimental zones.

A.D. 1965, Midwifery program 1960 edition revised to be Midwifery program 1965 edition which is a 1-year-6-month program with both academic and practical progress. The purpose of this update not only to add academic topics for the graduates to be multi-purpose operators but also aimed to help graduates to have the opportunity to fill the practitioner level civil servant in the Midwife practitioner position instead of an operational civil servant Midwives. These 3 midwife schools adopted the same midwife curriculum with A.D. 1965.

A.D. 1966, The first Maternal and Child Health Center was established in Yala Province, now known as the 12<sup>th</sup> Regional Health Promotion Center, Yala Province.

A.D. 1967, Khon Kaen Midwifery School Health was changed to the 4<sup>th</sup> Regional Maternal and Child Health Center, Khon Kaen, and built the 7<sup>th</sup> Regional Maternal and Child Health, Ratchaburi as the 3<sup>rd</sup> Maternal and Child Health Center.

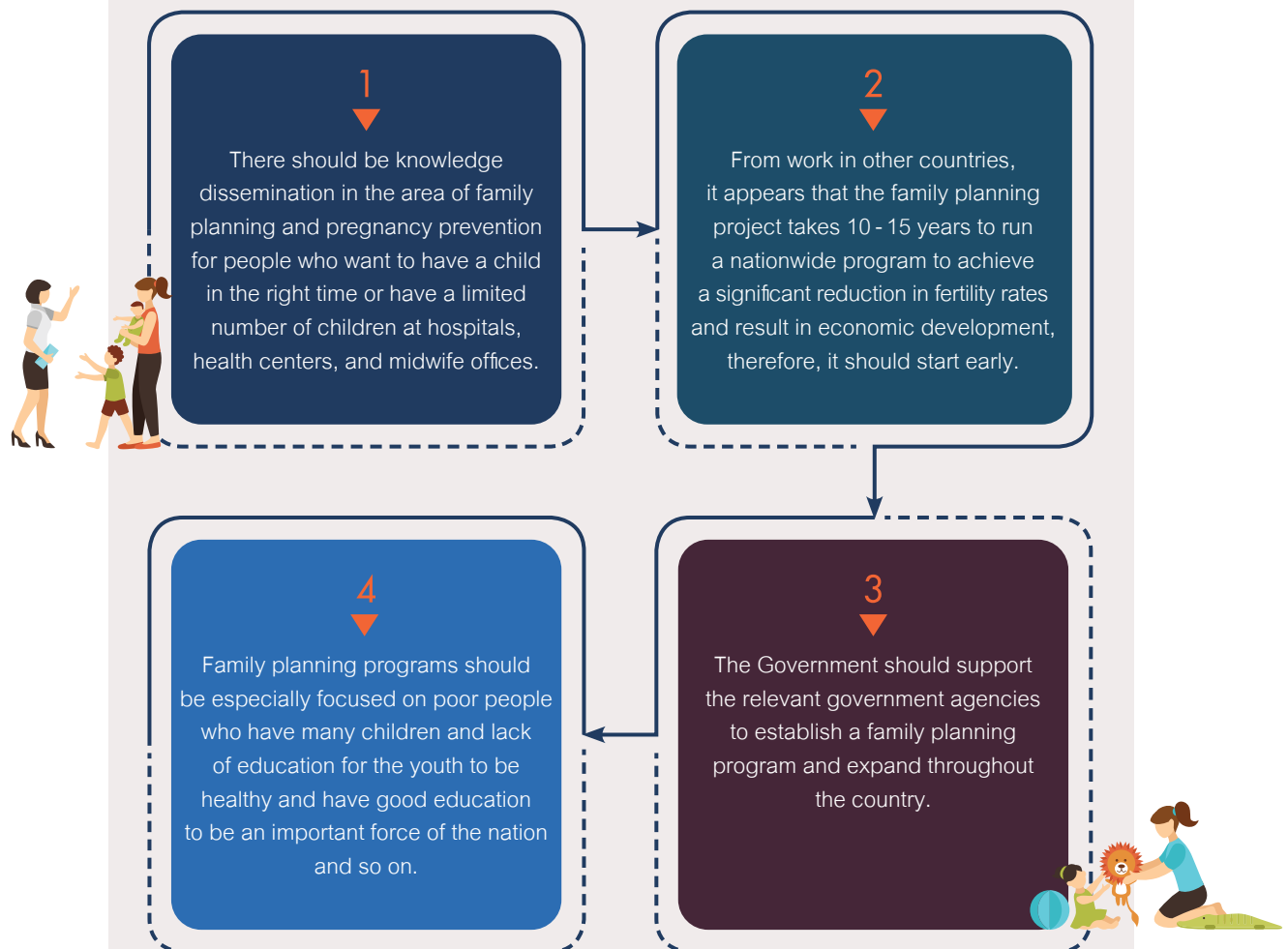
A.D. 1967, Maternal and Child Health Division, Department of Health, Ministry of Public Health established a nursing assistant school at the 4<sup>th</sup> Regional Maternal and Child Health Center in Khon Kaen to produce nurse assistants



the 1<sup>st</sup> class health centers in various provinces. in various provinces with a 1-year nursing assistant course, the 1<sup>st</sup> batch training was conducted in August 1967. The number of participants was 30 and there were more training programs to produce 1<sup>st</sup> class health center's assistants everywhere.

A.D. 1968, Ministry of Public Health established the 3-year project for the Family Health project. The objective was to prepare for the future population policy of the Government through expanding family planning services to various provinces nationwide.

February 1968, Family Planning Board Executive Committee presented research findings of the Family Planning Research Project to the Cabinet 3 times. The Cabinet gave 4 suggestions as follows



The government saw the importance of family planning and assigned the responsible to the Ministry of Public health. Therefore, the Ministry has to improve of the family health project management of the Ministry of Public Health, consisting of training, family health services, research and evaluation, and the study of the logistics management of family planning to be "Family Planning Project." The Permanent Secretary of the Ministry of Public Health and the Deputy Permanent Secretary of the Ministry of Public Health were the director and deputy director of the family planning program, respectively.

A.D. 1968 - 1970, Ministry of Public Health conducted the training for public health officials on family planning and demographic knowledge aiming every officer of the Department of Health living in the countryside, including at least 1 physician 1 province from each regional hospital to attend family planning and demographic course. After completion of the training, these staffs were going to be available for family planning services at their respective offices, including regional hospitals and 1<sup>st</sup> class health centers with regular physicians at all locations. Therefore, family planning services must combine with available health services without adding staff or spending extra money in any way. Family planning operation is considered a general health service. There was no goal set for a certain number of clients or dedicated staff of training center for family planning.

On 17<sup>th</sup> March 1970, the Cabinet voted in favor of the country's population policy stated that "the Government has the policy to support family planning with consent to solve various problems regarding the high rate of population growth that will be a major obstacle to the country's economic and social development." The Cabinet also approved the appointment of a national committee to study and to coordinate with the Minister of Public Health as the head and authorize the Ministry of Public Health to be the family planning administrator.



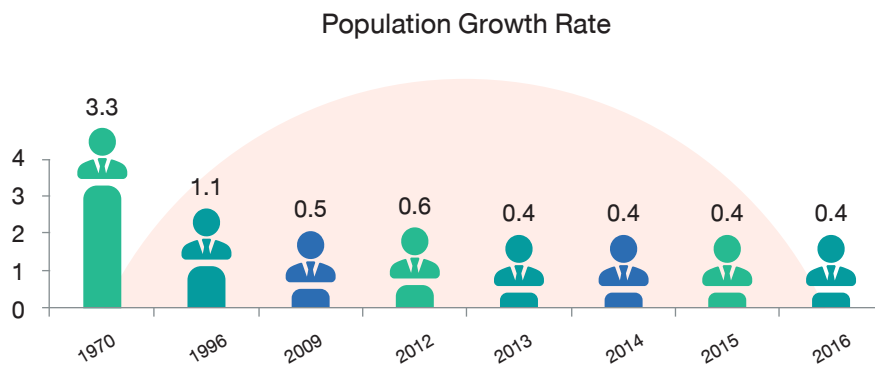
A.D. 1971, Ministry of Public Health intensively initiated family planning work, by accelerating the training of outreach and service personnel both central and the provincial region. The Ministry permitted midwives to dispense pill contraceptive resulting in the widespread of contraceptives and the number of patients taking contraceptive pills increased. In addition, the family planning service was available at all hospitals and health centers and there were mobile units to provide health education and public relations. This was the beginning of the mass media and mobile health education unit to publicize and provide

knowledge about family planning. However, there is still no definite target for clients until the 3<sup>rd</sup> National Economic and Social Development Plan, therefore, family planning has been included as another primary task of the Public Health Development plan.

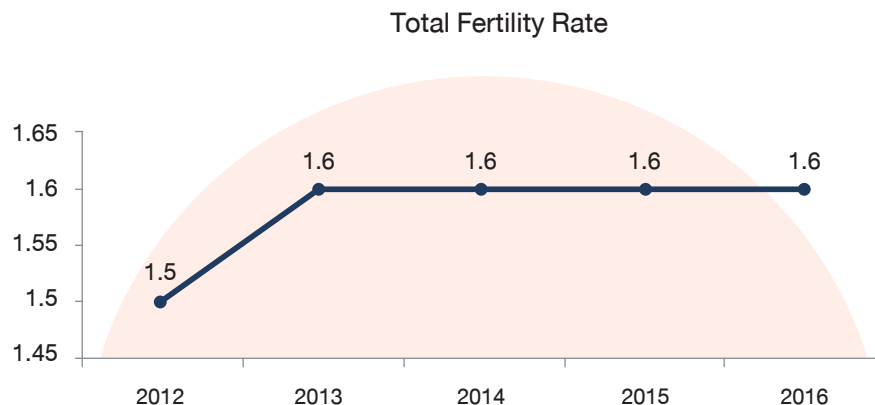
A.D.1971, the municipality agreed to improve the 1<sup>st</sup> Class health center of the municipality to be the office of 41<sup>st</sup> Regional Rural Maternal and Child Health, Mueang Phon, Khon Kaen which is a rural center of the 4<sup>th</sup> Regional Maternal and Child Health Center of Khon Kaen.

A royal decree to separate government departments of health department of Ministry of Public Health, 1974, announced in the Government Gazette, Volume 91, Part 210, 10<sup>th</sup> December 1974. —“Maternal and Child Health Division” changed its name to “Family Health Division” which includes Maternal and Child Health and Family Planning together.

Family planning was carried out with a slogan, “Too many children only leads to being poor” and “A girl is good, a boy is great, but only two,” until family planning was successful and closed the project in 1996 with a population growth rate of only 1.1 percent. Later, in 2012, the 11<sup>th</sup> National Economic and Social Development Plan (2012 -2016) stipulated the total fertility rate to 1.6 percent in order to control the population again.



Source: 1. 1970 -2009. Annual Report, Bureau of Health Promotion, Department of Health, 2010.  
 2. 2012 -2016. Population Gazette, Institute for Population and Social Research, Mahidol University



Source: Population Gazette, Institute for Population and Social Research, Mahidol University

A.D. 1997, Family Health Division, Department of Health, Ministry of Public Health, divided the new government into the Division of Reproductive Health and the Bureau of Health Promotion, and changed the School Health Division to School-age Children and Youth Health Division, Department of Health, Ministry of Public Health.

A.D. 1997, Bureau of Health Promotion, Department of Health, divided internal management into 8 parts as follows

1. General Administration Section
2. Planning and evaluation Division
3. Maternal and child health Division
4. School-age Children and Juvenile Health Division
5. Working-age health and elderly Health Division
- 6 Physical Activities for health Division
7. Health Promotion Center Supporting Division
8. Training and dissemination Division

A.D. 2003 There was a new government reform. The Physical Activities for health Division is under Department of Health. Therefore, the Bureau of Health Promotion divided the new management as follows

1. General management Section
2. Technical support Section
3. Maternal and Child Health Section
4. School-age Children and Juvenile Health Section
5. Working-age Health Section
6. Elderly health Section
7. Capacity building for health promotion Section
8. Coordination Unit, Regional Health Center and Special Affairs

A.D. 2015, Bureau of Health Promotion has made structural improvements by dividing Elderly Health Division to Bureau of Elderly Health, the Department of Health. Therefore, the Bureau of Health Promotion management are as follows

1. Director Section
2. Maternal and Child Health Section
3. School-age Children and Juvenile Health Section
4. Working-age Health Section
5. The project to establish a medical training institute for the preventive medicine, Public Health Science
6. Health Promotion Service System Development Section

7. Capacity Building for Health Promotion Section

8. Strategic Management Section

A.D. 2016, The Bureau of Health Promotion had structural adjustment done as follows

1. Director Section

2. Maternal and Child Health Section

3. School-age Children and Juvenile Health Section

4. Working-age Health Section

5. The project to establish a medical training institute for the preventive medicine, Public health science

6. Capacity Building for Health Promotion Section

7. Strategic Management Section

A.D. 2018, Bureau of Health Promotion had structural change. The name of the project to establish a medical training institute for the preventive medicine, Public Health Science changed to the Division of Medical and Public Health Personnel Development, as follows

1. Director Section

2. Maternal and Child Health Section

3. School-age Children and Juvenile Health Section

4. Working-age Health Section

5. Medical and Public Health Personnel Development Section

6. Capacity Building for Health Promotion Section

7. Strategic Management Section

A.D. 2019, The Bureau of Health Promotion, reorganization again by changing the name of School-age Children and youth health Section to School-age and Adolescent Child Health Section and added Academic and Research Supporting Section, as follows

1. Director Section

2. Maternal and Child Health Section

3. School-age and Youth Health Section

4. Working-age Health Section

5. Academic and Research Supporting Section

6. Medical and Public Health Personnel Development Section

7. Capacity Building for Health Promotion Section

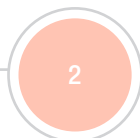
8. Strategic Management Section

List of Executives of the Bureau of Health Promotion since being a Maternal and Child Welfare Service, Maternal and Child Welfare Section, Maternal and Child Welfare Division, Maternal and Child Health Division, Family Health Division, and the Bureau of Health Promotion as follows



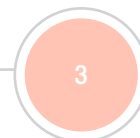
**Mr. Sawat Daengsawang MD.**

Chief of Maternal and Child Welfare Division,  
Department of Public Health  
August 8, 1942 - December 31, 1945



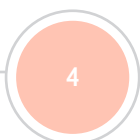
**Mr. Pairote Sawesopon MD.**

Chief of Maternal and Child Welfare Division,  
Department of Public Health  
January 1, 1946 - August 31, 1947



**Mr. Lek Kasiwat MD.**

Chief of Maternal and Child Welfare Division,  
Department of Public Health  
September 1, 1947 - December 31, 1954



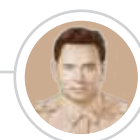
**Mr. Kammuen Theppmanee MD.**

Acting Chief of Maternal and Child Welfare  
Division, Department of Health  
January 1, 1955 - May 30, 1955



**Mr. Pairote Ningsanont MD.**

Acting Chief of Maternal and Child Welfare  
Division, Department of Health  
May 31, 1955 - October 31, 1955



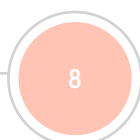
**Mr. Thanong Viriyachat MD.**

Acting Chief of Maternal and Child Welfare  
Division, Department of Health  
November 1, 1955 - November 16, 1955



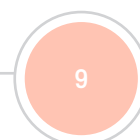
**Ms. Krasae Watcharaphan MD.**

Acting Chief of Maternal and Child Welfare  
Division, Department of Health  
November 17, 1955 - September 16, 1956



**Ms. Payom Naitrwiset MD.**

Chief of Maternal and Child Welfare  
Division, Department of Health  
September 17, 1956 - November 3, 1960



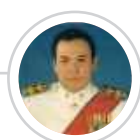
**Mr. Jamrat Phonphasuk MD.**

Chief of Maternal and Child Welfare  
Division, Department of Health  
November 4, 1960 - December 31, 1961



**Mr. Thongyoo Chunhasiri MD.**

Chief of Maternal and Child Welfare Division  
Department of Health  
January 1, 1962 - February 11, 1963



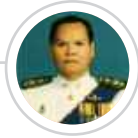
**Mr. Winid Asawasena MD.**

Chief of Maternal and Child Welfare Division,  
Director of Maternal and Child Health Division,  
Department of Health  
February 12, 1963 - January 8, 1975



**Mr. Somsak Worakamin MD., current position  
Professor Somsak Worakamin MD. Ph.D.**

Director of Family Health Division,  
Department of Health  
January 9, 1975 - December 31, 1980



**Mr. Prasert Suwananus MD.**

Director of Family Health Division,  
Department of Health  
January 1, 1981 - June 28, 1982



**Mr. Morakot Kornkasem MD.**

Director of Family Health Division,  
Department of Health  
June 29, 1982 - September 30, 1985



**Mr. Wira Niyomwan MD.**

Director of Family Health Division,  
Department of Health  
October 1, 1985 - September 30, 1992



**Mr. Narong Chayakul MD.**

Director of Family Health Division,  
Department of Health  
October 1, 1992 - September 30, 1993



**Mr. Wichai Thianthavorn MD., current position  
Professor Wichai Thianthavorn MD. Ph.D.**

Director of Family Health Division,  
Department of Health  
October 1, 1993 - October 1996  
Director of the Bureau of Health Promotion,  
Department of Health  
October 1996 - October 8, 1997



**Ms. Siriporn Kanchana MD.**

Director of the Bureau of Health  
Promotion, Department of Health  
October 9, 1997 - December 13, 2001



**Mr. Boworn Ngamsiriudom MD.**

Acting Director of the Bureau of Health  
Promotion, Department of Health  
December 14, 2001 - April 2, 2002  
Director of the Bureau of Health Promotion,  
Department of Health  
April 3, 2002 - March 10, 2005



**Mr. Somsak Phattharakulwanich MD.**

Acting Director of the Bureau of Health  
Promotion, Department of Health  
March 11 - 30, 2005  
Director of the Bureau of Health Promotion,  
Department of Health  
March 31, 2005 - December 18, 2009



**Mr. Sompong Sakulissariyaporn MD.**

Director of the Bureau of Health Promotion,  
Department of Health  
January 2010 - November 2012



**Mr. Danai Theewanda MD.**

Director of the Bureau of Health Promotion,  
Department of Health  
November 16, 2012 - January 5, 2016



**Mr. Atthaphon Kaewsamrit MD.**

Director of the Bureau of Health Promotion,  
Department of Health  
March 30, 2016 - March 6, 2017



**Mr. Ekachai Piensriwatchara MD.**

Director of the Bureau of Health Promotion,  
Department of Health  
August 30, 2017 - Present

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## **Looking back to the new future**

Bureau of Health  
Promotion

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## Thoughts from Former Directors

A.D. 1996 - 1997, Special Professor Wichai Thianthavorn MD. Ph.D., said “First of all, thank you to the Family Health Division. Maternal and Child Health Division and Bureau of Health Promotion as well as all brothers and sisters working together. Your contribution considered an important force of the Ministry of Public Health. If there is no Family Health Division, I won't be the director of the Department of Health and the Permanent Secretary of the Ministry of Public Health.

In the past, illness and disease were divided into 3 eras.

**First**  
Era



**or The Paradigm**  
of Communicable Diseases era

**Second**  
Era



**or The Paradigm**  
of Primary Health Care era

**Third**  
Era



**or The Paradigm**  
of New Health Promotion era

This is the era that changed from the Family Health Division to the Bureau of Health Promotion.

Family Health Division considered as a backbone of the country on both provincial level and ministry level, since every delivery in Thailand mother and child will be under the care of the Family Health Division's protection since being a Mother and Child Health Division. The protection covered from the moment of conception, starting with the parents. That is the source of the Maternal and Child Health Division. When the Maternal and Child Health Division changed its name to the Family Health Division, The Safe Motherhood Policy was still the main task of the Family Health Division, Department of Health, Ministry of Public Health with the cooperation with the Ministry of Interior<sup>1</sup>. It can be seen that the integration of all sectors has occurred since the past.

<sup>1</sup>Department of Provincial Administration, Ministry of Interior has allowed the Department of Health to bring the birth certificate form (พ.ร.1/1) part 1 and Part 2 to be published in the Mother and Child Health handbook or the Pink Book for the benefit of the people and agencies that have to issue a birth certificate (พ.ร.1/1) according to the Civil Registration Act 1991, Section 23 and for the ease of use as a document accompanying evidence to issue a birth certificate at the birth office in the locality where the child was born.

Communicable diseases era or epidemic era, the Family Health Division must carry out vaccinations for children. We will see that maternal and child health work has to take care of newborn children and vaccinations. In addition, the Family Health Division supports the establishment of well baby clinic, follow-up clinic for children, and antenatal clinics, so every hospital must work for the Family Health Division causing the Family Health Division very popular.

Family Health Division has initiated Family Planning according to the Population Control Policy, and the family planning work carried out with the slogan “Too many children only leads to being poor” and “One girl is good, one boy is great, but only two”. In the past, parents in each family had 6 - 8 children. The most important thing was having enough children. During this period, 5 associations came to work in family planning, such as the Family Planning Association of Teacher Meechai Wirawaitaya and various associations in Asian, making the family planning work<sup>2</sup> of the Family Health Division, Department of Health be more tangible. This included the hill tribe family planning as well. In addition, the Family Health Division supports the family planning staff all provinces nationwide and everyone gets the salaries from the Department of Health. And we have foundation volunteer staffs, “Village Public Health Volunteers” especially the 4 southern border provinces that have the problem of men having multiple wives and one wife having multiple children. Therefore, the Mother and Child Health duty and The Family Planning duty are therefore constantly dynamic. The effort resulted in the number of children have been reduced from 8 people to 6 people to 4 people to 2 people until the current 0.6 people, we have already done too much. Then, that was the era of the Population Development at that time, Mr. Arthit Urairat Ph.D., was the Minister of Public Health. He traveled to attend a meeting in Egypt regarding Population and Development led to the creation of the South to South Collaboration.

Professor Somsak Worakamin Ph.D., the former Director of Family Health Division, Deputy Director-General of Department of Health, Director-General of the Department of Medical Sciences, and the Permanent Secretary of the Ministry of Public Health, he is an important leader and a far-reaching thinker that improved the Family Health Division to be the main force of the Department of Health and the Ministry of Public Health. With his effort, causing the Family Health Division successful and prosperous along with the staff or members who came from a variety of fields such as politics, communication arts, finance, and public health. Many of them have funded to study abroad in the field of the family planning program. Some got Ph.D. Some got a master's degree.

Family Health Division is a 7-story building built by foreigners in the middle of the old ministry compound at the Devavesm Palace. That was before moving to the new Ministry of Public Health building in 1993 - 1994. When we moved to the new Ministry of Public Health, it was the Family Health

<sup>2</sup>Supporting the family planning services via 1) Permanent contraceptive methods such as female sterilization and male sterilization 2) Temporary contraceptive methods such as pills contraceptive and injection contraceptive and 3) semi-permanent contraceptive methods such as norplant contraceptive and IUD.





Division's 50<sup>th</sup> anniversary. We held an event at Suan Amporn.<sup>3</sup> We closed by celebrating the new Ministry of Public Health and was considered the last day of the Family Health Division. At that time, the head of various sections such as Mr. Sanit Maprachup, Mrs. Chalaosri Tubtimtoh, Ms. Nongnuch Boonyakiat, Mrs. Budsakon Wongwiwat. They were all good at the master level, and they were the ace of their field. They knew everything and were able to communicate about mother and child and personnel development in English fluently. It can be called an international division. Besides, Mrs. Siriporn Kanchana MD., was the head of the Maternal and Child Health Section instead of Professor Surasak Thanipanichsakul MD., because he moved to the Faculty of Medicine of Chulalongkorn University and progress well until being appointed as Professor and holding a dean position in ASEAN Institute for Health Development. Later when the Family Health Division moved in the new Ministry of Public Health, before the change to the Bureau of Health Promotion, the Family Health Division still comprised of people with diverse abilities. Family planning work was still going on and the budget was allocated at the same amount.

At one point the Department of Health established a regional health center that is Environmental Health Center, Maternal and Child Health Center, and the Maternal and Child hospital. It can be seen clearly that they were separated. Therefore, the work of the environment and the health promotion work were separated and under the Department of Health. After moved to the new Ministry of Public Health in 1994, Mr. Pragerom Wuthipong MD., the Director-General of the Department of Health at that time adjusted the structure of the Department of Health into the Bureau of Health Promotion And the Bureau of Environmental Health by 1) The Health Promotion line : the Bureau of Health Promotion to be the key leaders and various academic departments such as the Bureau of Dental

<sup>3</sup>Suan Amporn (Amporn Garden) is a space in front of the Equestrian Plaza (Lan Phra Borommarup Song Ma) on Rajadamnern Nok road, Dusit, Bangkok. In the center, there are a big pond, a fountain, and an activity stage. The place is suitable for arranging any festival such as the annual Red Cross fair. <https://m.bangkokpost.com/travel/sightseeing/25758/suan-amporn>



Health, the Bureau of Nutrition, and the Bureau of Reproductive Health which are responsible for creating knowledge through the research process. Then, that knowledge would be delivered to the Bureau of Health Promotion in order to bring that knowledge into target group along with Integrated Operation between the Bureau of Environmental Health and the Bureau of Health Promotion

2) Environmental Health line: The Bureau of Environmental Health is the main unit and operate in the same manner as the health promotion line by academic division consisting of Food and Water Sanitation Division and the Division of Occupational Health. Currently, the Occupational Health Division has moved to the Department of Disease Control, and 3) the Administrative line: consisting of the Secretariat of the Department of Health, Division of Personnel, Finance Division, etc. The Department of Health consists of 3 clusters and the Deputy Director-General of the Department of Health supervising each cluster.

The Bureau of Health Promotion has assembled the School Health Division into the School-age Children and Juvenile Health Division. At that time, Mrs. Ratchanee Na Ranong MD., as the director of the School Health Division and became director of School-aged Children and Juvenile Health of the Bureau of Health Promotion.

In the beginning, the Bureau of Health Promotion conducted Maternal and Child health, School-age Children and Juvenile health, Working-age health, Elderly health, and Physical Activity for Health. The Bureau of Health Promotion strived to make connections among these tasks, so I plan strategies that lead us to the goal of health care from mother and child to the elderly by incorporating physical activity for Health. For example, the Safe Motherhood policy which set the goal was to reduce maternal mortality ratio and infant mortality rate. In order to achieve the goal, there were supports

1) all pregnant women must receive antenatal care and give birth in government facilities and 2) postnatal and postpartum care. The child was born with the weight of more than 3,000 grams and grew properly and ready for learning when entering school age. 1,000,000 by 1,000,000 are born and transfer to school-age, Is it Good? Without thalassemia, Down's syndrome free, having good physical development and a good brain. Maternal mortality ratio and infant mortality rates have decreased in accordance with the World Health Organization's "Health for All". All children are born healthy. It means that 100.0 percent of children born, 100.0 percent of children survived, 100.0 percent of children enter the school, and 100.0 percent of children completed a diploma or vocational certificate. When they entered working age and be ready to enter the welfare of "Social Security" or "30 baht to cure all diseases (Universal Health Coverage Scheme)". Good health, good per capita income, and finally, good gross domestic product for the country.

For working age, it is necessary to take care of the menopauses as well as to prepare for entering stage to the age of the elderly. If everyone is healthy, having good education, good per capita income, and finally, longevity. When I was the Director of the Bureau of Health Promotion, I set the goal that, at the 90<sup>th</sup> anniversary of His Majesty the King, the life expectancy of the Thai population must be equal to 80 years. We, therefore, worked accordingly.

Previously, the Director of the Bureau of Health Promotion was the policymaker, meaning having to set a new direction of the organization, being a leader of health promotion work, for example, thalassemia prevention and Down Syndrome Prevention. We are the originators. And also Physical activity campaign. We are the initiators. It did not come from Mr. Wichai Thianthavorn MD., but it came from Bureau of Health Promotion. Therefore, the personnel of the Family Health Division or Bureau of Health Promotion must having vision and newly eccentric ideas, then can generate any projects which are Eccentric, Novel, Great and Reputed. They must think like executives, planners, academics, having service mind, researchers, and appraisers. In addition to being able to do a variety of tasks and being proactive. For example, the physical activity campaign, I have never hired personnel from any organizers. The staff of Bureau of Health Promotion have done it all by ourselves, therefore, we had learned by doing. All Health Promotion Office personnel got the jobs done and capable of good planning, good managing, and good doing public relations. At that time, the work was very heavy.



In the past, our Bureau of Health Promotion has been renowned for innovation. It was a period of change from the Paradigm of Communicable Diseases era, the Paradigm of Primary Health Care era and the New Paradigm of New Health Promotion era. When I was in the Bureau of Health Promotion, I made a 20-year plan ending in 2022. You need to figure by yourself how to connect to the New Paradigm of Health Promotion in the next 10 years. Therefore, separate Divisions such as the Bureau of Elderly Health must be drawn in, to integrate, to tile and to link together. We will be able to be the Department of Health Promotion or will be the Institute of Health Promotion of Thailand because we look at millions of people, including mothers and children, school-age children, working-age people, disabled people, elderly people, and foreign workers. We take care of everyone. I want to see it comes true.

In 1992, I came to the Ministry of public health in the period of Director-General. Mr. Damrong Boonyuen MD., and I wrote health promotion textbook, spending 10 years for completion and taking information from 1) Health Promotion history from Ottawa Charter. 2) Health promotion brochures from different sections within the Office of Health Promotion at that time, such as Maternal and child health, school-age children and juvenile health, working-age health, Elderly health, and physical activity for health. 3) The 10 Commandments of Health.<sup>4</sup> 4) Things that all of us have worked together with me since 1995 - 1996 5) Making a strategic plan 6) Organizational analysis to find strengths, weaknesses, opportunities and obstacles for organizational development (SWOT Analysis) and 7) strategic planning to achieve goals. Finally a global presence on the issue of Hypertension Surveillance System.

In the future...how to get Thai children to exercise since the newborn because the newborn baby's blood vessels are very clean, as soft as rubber tubes. At the age of 5 years, the sediment grabs inside the blood vessels and more in

10 years. The more they are, the harder of the blood vessels. The space within the blood vessels becomes smaller, so the blood circulation system inside the body causes blood pressure. If we eat sweet, salty, or oily, it causes the blood vessels to harden as well and the space inside the blood vessels becomes smaller, it increases the chances of developing blood pressure.

So, what to do ... Children exercise from birth to the elderly. For pregnant women, they also need to have physical activity, starting with the new generation. For school-age children they must start from kindergarten because physical activity makes flexible blood vessels. There is different between exercise until feeling tired and a regular exercise. Heavy physical activity is like a water pump that pumps power to repel sediment but flexing physical activity it causes the arteries just to twist.

The work of maternal and child is on us. We cultivate physical activity, cultivate nutrition; reduce sweet and salty from birth, and cultivate emotions by training children to meditate. The growing quality of the children is up to their parents. A well-concentrated child can learn well, if distracted or short attention span, the child is not able to learn well, therefore, we should cultivate meditation practice from a young age.

All of the above is in this textbook. The first book was offered to Her Royal Highness Princess Maha Chakri Sirindhorn. Evaluation Persons of my work consists of Professor Surasak Thanipanichsakul MD., Mr. Paichit Pawabut MD., former Permanent Secretary of the Ministry of Public Health and the Dean of the ASEAN Institute for Health Development, Mahidol University for a total of 5 years before being appointed as a special professor. The context was from the Ministry of Public Health work, thanks to the Bureau of Health Promotion and the Family Health Division.

<sup>4</sup>10 The National Health Act

1. Take care of your body and keep it clean.
2. Keep teeth healthy. And brush your teeth properly every day.
3. Wash your hands thoroughly before eating and after toilet.
4. Eat cooked food, clean and free of hazardous materials. Avoid spicy and colorful food.
5. No smoking, alcohol, drugs, gambling and sexual promiscuity.
6. Create a warm family relationships.
7. Prevent accidents by not being negligent.
8. Exercise regularly and have an annual health check-up.
9. Always brighten up the mind.
10. Having a sense of community and society contribution.



For the future of the Bureau of Health Promotion, we should prevent behavior related diseases from the root. We must solve problems from mothers and children, school-age children, such as implanting 2 topics as follows

1) Exercise, Diet, Emotion: it means exercising constantly, eating well nutrition, reducing sweet and salty, and having good mood

2) Reduce obesity, reduce alcohol, reduce cigarettes: it means to manage risk factors, do not define who the work belongs. We should do it together. The work within the Bureau of Health Promotion must build connections and know what to do. Supposing you are in mother and child. You know only the mother and child work, but you know nothing about the elderly work. We should create a connection for every work. If the elderly work is not good, who is to blame? The working-age work? School-age work? School-age is bad. Blame for the Maternal and child work? If the mother and child are not good, blame the family planning work? Creating a quality population needs to create all the connections, look at the whole picture. We will see that our work is beyond ourselves, taking care of the entire population of 66 million people. Hence the impact will occur. Therefore, once the operation is completed, it is necessary to publicize. There must be unity within the Bureau of Health Promotion.

Finally, I will leave the integration work with you all. Besides, this age is the age of information technology, meaning fewer people but more effective. One person can do more than one job: thinkers, executives, planners, scholars, developers, researchers, and practitioners. Currently, new organizations have emerged, such as the National Health Security Office (NHSO), Thai Health Promotion Foundation (ThaiHealth) or the Health Systems Research Institute (HSRI). if asking it is good? I have to say that it is good. Every organization is all good for helping each other to work. But we have to be who we are. In the age of innovation, what we have to do is help each other to think and work together.”



Department of Health by the Bureau of Health Promotion implements PIRAB strategy from the Bangkok Charter with Advocate principle. It means communicating with society regarding health and disease prevention promotion. As for the said agenda, the Ministry of Public Health has therefore established a project “The 1<sup>st</sup> Healthy National Festival” on November 22-24, 2002 at Sanam Luang, Bangkok, which has received a great response from both public and private organizations. This included all groups of people. As a result, the number of participants exercising with aerobics up to 46,824 people and the exercise time is as long as 61 minutes, breaking the world record on November 23, 2002 until it was recorded in the Guinness Book of World Records about the most people to exercise together. It set the trend of exercise for people of all age groups including creating more than 40,000 health clubs nationwide.

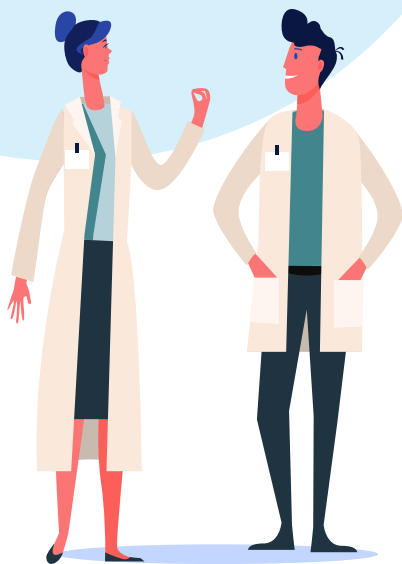
**A.D. 1997 - 2001, Mrs. Siriporn Kanchana MD.** “In the past, when the special professor Wichai Thianthavorn, MD. Ph.D., was the director of the Bureau of Health Promotion, I was the director of the Maternal and Child Hospital, 3<sup>rd</sup> Regional Health Center, Nakhon Sawan Province. I requested to move to the Department of Health because of my family. Special Professor Wichai Thianthavorn MD. Ph.D., accepted the position of Professor Surasak Thanipanichsakul MD., the Director of Maternal and Child Health, the Bureau of Health Promotion. He moved to the Faculty of Medicine, Chulalongkorn University until becoming a professor and the Dean of the ASEAN Institute for Health Development. The Department of Health operated both proactively and responsively. For example, the Department of Health prevented blind children from vitamin A deficiency in Mae Hong Son province by increasing the coverage of the service system. When the system was finished, the next step was to set the policy formulation. The Department of Health has announced several policies, the examples are as follows

1) The Bureau of Health Promotion, Department of Health, has announced the national policy of Prevention of Mother-to-Child HIV Transmission, PMTCT. Related departments must follow the policy e.g. Royal School, Universities, Hospitals, etc. The method was to specify the process of “The HIV-infected mother after the delivery was sent to a special room or a separate room and fed the baby with formula milk instead of regular mothers breastfeeding.” The mother was taught how to tell their neighbors when going home to prevent discrimination. In addition, the Bureau of Health Promotion, Department of Health was responsible for establishing a system and allocating budgets, especially budgets for purchasing formula milk for every child born from an HIV-infected mother in the amount of 2,000 - 4,000 million baht as well as clarifying the importance of distributing formula milk to HIV-infected mothers for the Bureau of the Budget, Ministry of Finance, and creating guidelines for formula milk management to prevent expired milk or effective milk dispensing.

2) I am a pediatrician from American Board Certify in New York. Therefore, Professor Wichai Thianthavorn MD. Ph.D., Director of Health Promotion Office, was my mentor all along, from a pediatrician to a maternal and child doctor, from a maternal and child doctor to a health promotion doctor. At that time, the Minister of Public Health wanted to choose an issue for the action from various departments within the Ministry of Public Health. At that time, the Bureau of Health Promotion was responsible for many issues and proposed the 30-minute a day exercise policy, 3 days a week. Before Special Professor, Wichai Thianthavorn MD. Ph.D., organized the National Health Promotion Fair at Sanam Luang. The Minister of Public Health chose exercise activity. At the time, the Physical Activities for health division, the Bureau of Health Promotion has received a budget of 10 million baht for the exercise activities throughout the year. The Bureau of Health Promotion brought to the Healthy National Festival at Sanam Luang and organized competitions throughout the year for 3 consecutive years.

After that, the Bureau of Health Promotion received more budget for organizing activities nationwide of the Physical Activities for Health division from 10 million baht to 65 million baht. Later, the exercise issue was pushed to be a national policy. It is seen that it must know the situation and must choose what to play.

3) The current situation is fewer children are born in one year. It is about six hundred thousand children. On average, one woman will have about 1 child. The Bureau of Health Promotion must rethink how to take care of the children. Raising children is not as easy as before. Parents have to look after children more carefully for children to grow properly in weight and height according to the criteria. Currently, the Bureau of Health Promotion covers many matters. Now, the Department of Health has the further study of the development of children, because children aged up to 5-year, the brain will grow 92.0 percent, so the brain will only grow during the school age. But the adults’ growth only 8.0 percent. Therefore,



newborn to 5 years is a very important time. Children will develop themselves, develop various skills, known as well-developed children and be ready to enter school. Special Professor Wichai Thianthavorn MD. Ph.D., said that if the Bureau of Health Promotion, Department of Health takes good care of children from birth to 5-year when children enter school age, children can study to the fullest and ready to be an adult, physically, mentally, socially, and intellectually.

In a reverse analysis, it was found that the Department of Health implemented child development all along, such as the mother and child's health handbook or pink book vitamin A supplementation for blindness prevention in children and Iodine supplementation for good-brain. However, parents were lacking knowledge and understanding about the development of the child in 5 aspects, as well as the problem in the past, namely malnutrition. Therefore, the Department of Health has established a policy for newborns up to 5-year must weigh every 3 months to add food supplements to newborns up to 5-year to reduce malnutrition. At present, newborn babies up to 5-year are over-nutrition and this becomes another problem.

Therefore, Mr. Wallop Thainua MD., the former Permanent Secretary and Deputy Minister of the Ministry of Public Health, as the team leader has carried out child development and invited retirees, such as Mrs. Siriporn Kanchana MD., Ms. Nittaya Khachapakdee MD., Mrs. Sirikul Isaranurak MD., Ms. Nipanphon Woramongkhon MD., and Mrs. Siraporn Sawasdivorn MD. from the Queen Sirikit National Institute of Childhood to see and to discuss how the Ministry of Public Health must integrate child development. Since 1999, Denver II has been the Gold Standard Measurement of Child Development Assessment. The Department of Health has developed the Pink Book and "Anamai 55". Department of Mental Health has developed the Thai Developmental Skills Inventory for Children from Birth to 5-Year (TDSI). Therefore, integrating all the analysis and problems and managing is easy. Ultimately, it became the Development Surveillance and Promotion Manual (DSPM) and used it as the organizational standard as well as reported the results to the Health Data Center (HDC) of the Ministry of Public Health for Inspectors of the Ministry can follow the progress.

Development Surveillance and Promotion Manual (DSPM) was developed to take care of early childhood development from birth to 5-year for parents to monitor and promote development according to the child's age and for staff for the screening of the child. 5 times are checking i.e. at 9 months, 1-year and a half, 2-year and a half, 3-year and a half, and the last check at 5-year. It is to prepare the child to be ready to study in school. Besides, this process can detect delayed development children earlier to correct or to stimulate child development. It was expected that at the end of the project, in the next 3 years, parents can monitor and promote the development according to the child's age. This project has presented to Her Royal Highness Princess Maha Chakri Sirindhorn.

The process will begin after the labor, the personnel gives out the manual of the Development Surveillance and Promotion Manual (DSPM) for parents with the details of how to monitor and promote their child's development according to the age. The parents also were expected that they can record the development of children in the surveillance manual. In the past, parents took the Development Surveillance and Promotion Manual (DSPM) only 10.0 percent.

The success of the project comes from many factors. One of those factors is the government must support the budget for the development of early childhood. There was a statement that is "Investing with preschool children, returning by 17 times" means investing 10 baht to get 170 baht back. Therefore, the Department of Health must be the driving force to make the importance of child development more vivid. Currently, the number of small child centers is 50,000 assuming there are 2,000 centers to be developed. The cost is 1 million per center according to the standards of the National Early Childhood Development Center. So, what is the total cost?

The Department of Health has set this standard along with the Ministry of Education. However, the effort has not been yet successful. Therefore, the Department of Health must accelerate the development of early childhood because it is worth investing in."



## A.D. 2002 - 2005, Mr. Boworn Ngamsiriudom MD.

“I want to see the Bureau of Health Promotion stand out and valuable. Nowadays, many competition agencies operate with efficient personnel. Currently, the Bureau of Health Promotion consists of new generation personnel with Information Technology (IT) capabilities. The Bureau of Health Promotion must think about how to make new personnel to strength of the Bureau of Health Promotion. For the planning using SWOT Analysis, I would like to note the 3 keystones as follows 1) The mission of the department should be considered, 2) The operation direction of the Bureau of Health Promotion, health promotion operations according to age groups, and 3) How the Bureau of Health Promotion should prepare the personnel for the consistency of operations

Personnel in the Bureau of Health Promotion must be accurate in theory and strategic planning. They have to be proficient at prevention. The Primary pre-disease prevention is a matter of the Bureau of Health Promotion which will overlap with Health Promotion. They also have to be proficient at defining Health Promotion<sup>5</sup> and Ottawa Charter as follows 1) Build Healthy Public Policy 2) Create Supportive Environments 3) Strengthen Community Actions 4) Develop Personal Skills and 5) Re-orient Health Services. In addition, they should look more than the annual action plan, for example, Special Professor Wichai Thianthavorn MD. Ph.D., has laid the 20-year strategy plan, they should bring his thought to the SWOT Analysis as well. The important points: The Bureau of Health Promotion must have a clear strategy, not many indicators, but clear. The issue in the strategic plan must be urgent and in the spotlight. Because the strategic plan is to drive the vision of the Bureau of Health Promotion and the Department

<sup>5</sup>Health promotion is the process of enabling people to increase control over, and improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and realize aspirations, satisfy needs, and change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

of Health. For the annual work must fill in the annual action plan and some should come from the strategic plan.

I am trying to see if the Bureau of Health Promotion will take the 5 issues of the Ottawa Charter and the age group into the table and ask 3 questions 1) What has been done well? 2) What has been done that is not good? and 3) What actions has to be redone, for example, creating public health policies. If any policy was successful in the public health promotion, it should be put into the action plan along with the follow-up. If the policy has not been successful in public health promotion, it should produce innovation or find a way to continue the success of the policy and should keep thinking about what to do next.

When doing this for all age groups, the Bureau of Health Promotion can clearly see work issues. After that reworked all the works in the order of the importance, the outstanding. For the personnel, they should be prepared to support the above planning with attitudes. Actually, there are several attitudes that I know but for the Bureau of Health Promotion, there are 3 issues that should be fit as follows 1) Visionary Leadership means being able to look broader and be capable of long-term planning 2) System Perspective means you have to look at the overall picture and the connection of various elements followed by cause and effect 3) Be ready to change means the situation changes very quickly and then the Bureau of Health Promotion must change in accordance with the situation.

For the work, personnel must be committed to work as a team, be proactive, be creative, making decisions under empirical evidence, keeping up with the situation and learn from it all the time, organizational culture, coordination, and the passion to achieve goals. In addition, the Bureau of Health Promotion has to see things vertically. This means searching for more knowledge and learning from the same area simultaneously due to the rapid situation change. There are lots of knowledge for creating innovation, The Bureau of Health Promotion can take it as the source for learning and further sharing. I want to see it happens. Therefore, the Bureau of Health Promotion must come together to bring pride to the Bureau of Health Promotion even more.”



### A.D. 2005 - 2009, Mr. Somsak Phattharakulwanich MD.

“The Department of Health is successful in many operations such as family planning, Maternal and Child Hospital, reducing mother-to-child HIV transmission, control of thalassemia, School Health, Health Promoting School, Health Promoting Hospital, and Health Promoting Temples, etc.

When I graduated, Maternal and Child Hospital was appreciated by the general public. Whoever will be going to give birth must go to the Maternal and Child Hospital because the personnel are expert.

When I became the Director of the Bureau of Health Promotion, I found that personnel have expertise and high skills, such as personnel with expertise in Maternal and Child, responsible for the supervision, quality development, and quality control of regional hospitals and general hospitals. In addition, in the era of Special Professor Wichai Thianthavorn MD. Ph.D., was the Director of the Bureau of Health Promotion. The regional health centers are good support of the central hospitals and general hospitals.

In many issues initiated by the previous Directors of the Bureau of Health Promotion, for example, controlling thalassemia, School Health, Health Promoting School, Health Promoting Hospital, or Health Promoting Temple, I proceeded mainly with coordination and adhering to academic work simultaneously.

I have a good example of policy making Mrs. Jintana Phatanaphongthorn, Ph.D., who has been implementing the control of thalassemia, the Bureau of Health Promotion invites experts from various organizations to give ideas or advice periodically. It found that the Bureau of Health Promotion should have important competencies which are 1) policy making skills for the personnel of the Bureau of Health Promotion 2) Decision maker. Personnel can make decisions and be the model of decisions for regional organizations or other organizations in which I try to integrate much works and connect various stories into the same image so everyone can understand what the story of all age groups is,



such as maternal and child health work, Diamond Health Promoting School, Family Love Bond Hospital, Health Promoting Hospital, And long-term care for the elderly 3) Communicator. I learned from Mrs. Ajchari Kwangsopha and Mrs. Narumon Panyawut, both of whom are former leaders of capacity building for Health Promotion Section. They could produce media that was relevant to the audience and speak academic matters and make it easy to understand. Currently, it is like a Health Literacy job. 4) Challenger. Be a challenger and get to know and negotiate with Regional Health Promotion Centers and provinces to take products or innovations or projects from a central location to operate in the area as well as being able to further innovate to suit the context of the area and people, and 5) Coordinator. Be a coordinator. All of Supervisors and colleagues in Regional Health Centers and Provinces are like a coordinator in 10 directions. Therefore, the Bureau of Health Promotion must be an alliance with every agency.

How do personnel of the Bureau of Health Promotion have those 5 competencies? The first step is to practice systematic thinking. It means to see the whole forest, do not see only one leaf or a tree. You must look at every aspect of the mission within the organization and outside the organization. The second step must be knowledgeable. It means professional lifelong working and learning, regularly review what to learn, or what to improve, such as creativity, technology, and knowledge. Then, combine those things and create innovation, ready to communicate and build on to achieve the set goals, etc. Step three: Thinking style refers to the positive thinking of the health promotion personnel when interacting with colleagues or network partners. Step four: Shared vision refers to the organizational vision is made from the vision of each personnel. Step five: Team learning. It means the personnel of the Bureau of Health Promotion must keep conversational aesthetics.

All of the above, I would like to summarize 5 notions. i.e. Systematic Thinking, Knowledgeable personnel, Thinking Style, Shared Vision, and Team Learning. The personnel of the Bureau of Health Promotion must train throughout the life due to the competency of the personnel for it is the most important thing *“We must lead the change, Strong team, Integrated Thinking, Produce Innovation, Morality led organization, Pass through the next generation, Being creative, Pushing for policies”*<sup>8</sup> Qualities of the Bureau of Health Promotion.”

### A.D. 2010 - 2012 Mr. Sompong Sakulissariyaporn MD.

“According to the government division law, the Bureau of Health Promotion must act as a backbone, meaning the academic office or the academic division is responsible for producing products, innovations, or knowledge. The Bureau of Health Promotion is compiled according to age groups in order to proceed to the public. For example, the Bureau of Nutrition produces products or innovations or knowledge for school-age children. The Bureau of Health Promotion must collect products, innovations, or knowledge for those school-age children and then implement it to the public. However,

the operation requires the personnel of the Bureau of Health Promotion, sometimes may lack some experience, sometimes there may be gaps, sometimes may lack resources, etc. The Department of Health or Bureau of Health Promotion is capable of coordinating with various agencies such as the Provincial Public Health Office, District Public Health Offices or Village Public Health Volunteers. Let me put the importance of the Department this way “The Department of Health is like salt, whenever the food tastes bad, you will think of salt.”

Strategic planning should consider the framework of Health Promotion as follows

1. The Ottawa Charter for Health Promotion, November 17 - 21, 1986.

2. Adelaide Recommendations on Health Policy, April 5 - 9, 1988.

3. Sundsvall Statement on Supportive Environments for Health, June 9 - 15, 1991.

4. Jakarta announcement, Health Promotion Jakarta Declaration on Leading Health Promotion into the 21<sup>st</sup> Century, July 21 - 25, 1997.

5. Mexico Ministerial Statement for the Promotion of Health: From Ideas to Action, June 5 - 9, 2000.

6. The Bangkok Charter for Health Promotion in a Globalization World, August 7 - 11, 2005.

“In addition, the goal of the health promotion operation should be set for a long-term goal, meaning they must be healthy from birth to the elderly. They should be happy elderly with quality of life. Besides, the personnel must develop thinking, ideas expression, and historical studies.”

## A.D. 2017 - Present: Mr. Ekachai Piensriwatchara MD.

“Former Director-General of the Department of Health, Mr. Wachira Pengchan M.D. asked me the question, Is the Bureau of Health Promotion ready to be the backbone of the Department? And with many barriers, so the Department of Health operates as clusters, divided into 5 clusters consisting of Maternal and Child cluster, School-age and Youth Cluster, Working-age cluster, and elderly Cluster with the Deputy Director-General of the Department of Health as the leader of each cluster. Each cluster is responsible for the integration of academic work of the academic office or academic division together and the application to the people in various areas. However, the Bureau of Health Promotion must be the backbone. Therefore, the Bureau of Health Promotion needs to develop in many aspects, the first aspect, we need to develop is the personnel on 1) basic competency of academic, research, or information technology, etc. 2) coordination capability with network partners. In the second aspect, we need to develop a management system within the Bureau of Health Promotion such as the amount of personnel, workload, etc.

In addition, I tried to look at the 4M aspects 1) Man 2) Management 3) Material and 4) Money. The Bureau of Health Promotion is facing many challenges for being the backbone to achieve the future goals of the Department of Health.

At the moment, the Bureau of Health Promotion is creating a corporate culture, also known as the mutual concept building. The Bureau of Health Promotion will be the organization with slogan “Be Smart and Healthy in Happy Bureau” which can drive the Bureau of Health Promotion to a great extent, especially, in policy making which I wanted it the most second to the innovation.”



# 3





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# Milestone

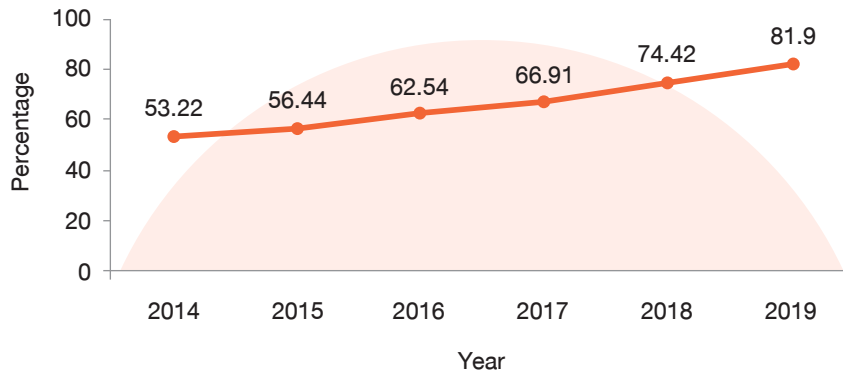
of the Success

of Thai Health Promotion

”

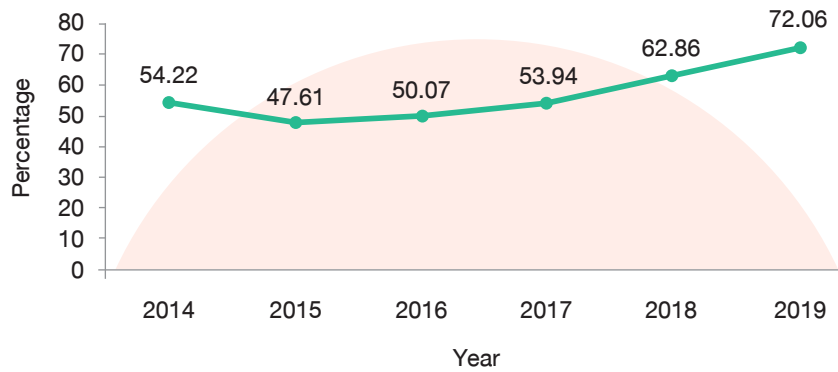
# 1. Milestone of the Success of Maternal and Perinatal Infants Implementation

## 1. Percentage of pregnant women receiving the first antenatal care before or equal to 12 weeks of pregnancy



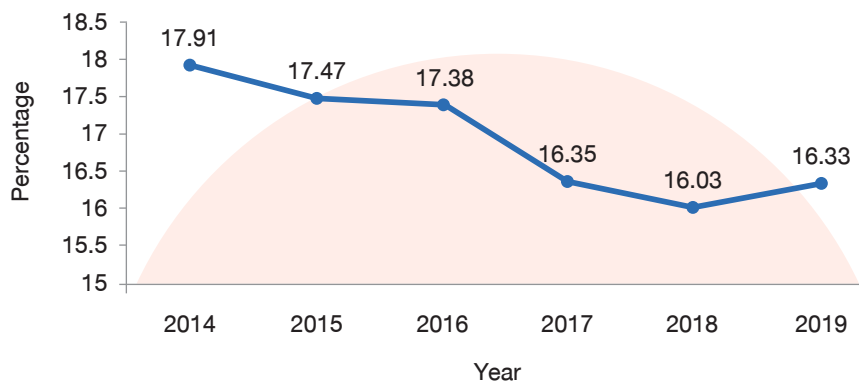
Source: Health Data Center (HDC), August 27, 2019

## 2. Percentage of pregnant women receiving 5 prenatal care according to criteria



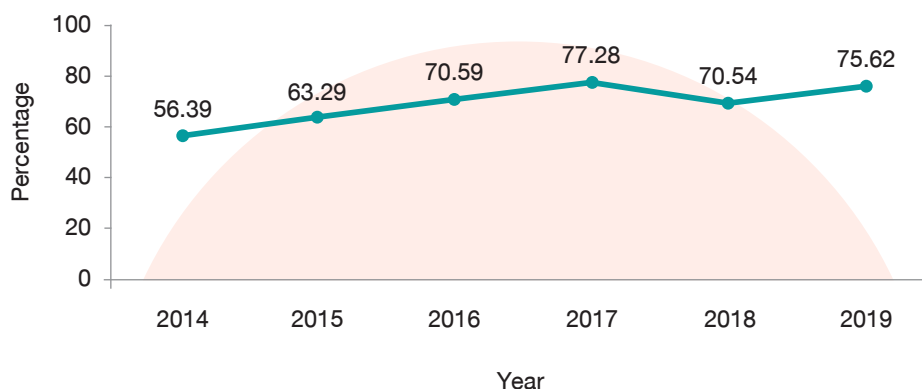
Source: Health Data Center (HDC), August 27, 2019

## 3. Percentage of anemia in pregnant women



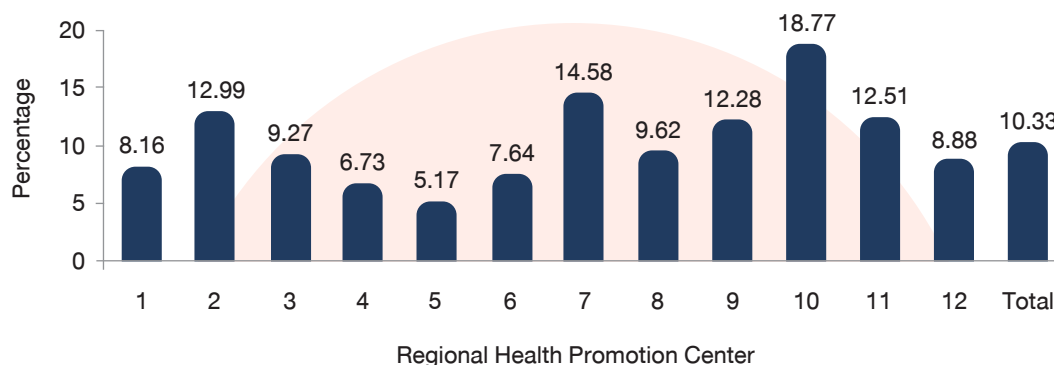
Source: Health Data Center (HDC), August 27, 2019

#### 4. Percentage of pregnant women receiving Triferdine



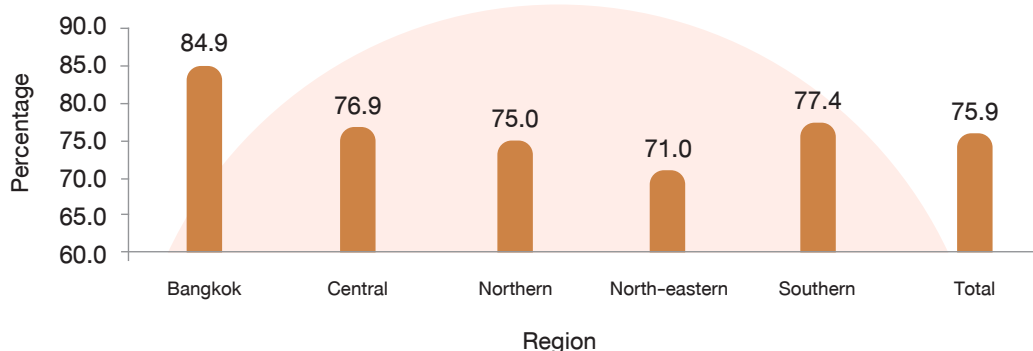
Source: Health Data Center (HDC), September 13, 2019

#### 5. Percentage coverage of influenza vaccination in pregnant women, fiscal year of 2019



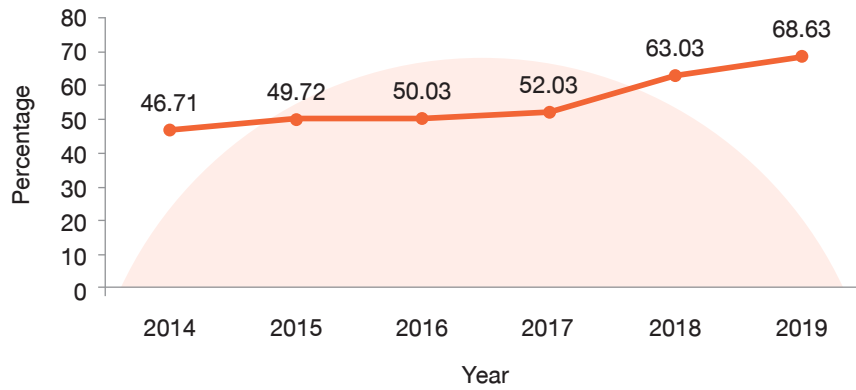
Source: Health Data Center (HDC), August 27, 2019

#### 6. Percentage of pregnant women who received tetanus vaccine 2012



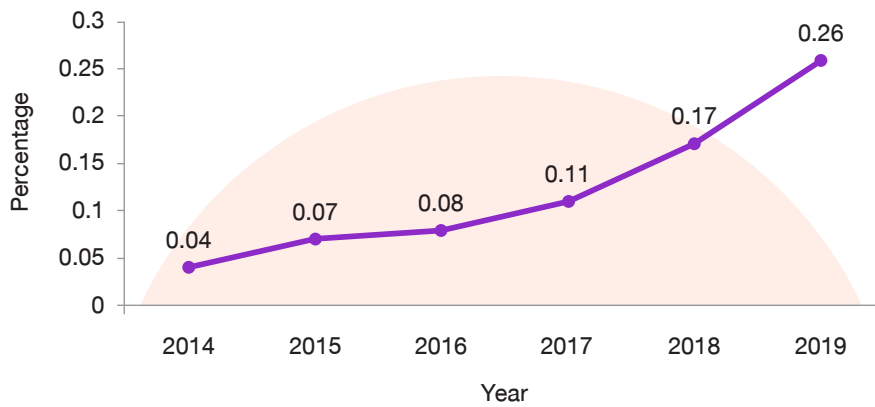
Source: Situation of Children and Women in Thailand 2012 (MICS), National Statistical Office

### 7. Percentage of women after giving birth have received 3 times of care as per the criteria



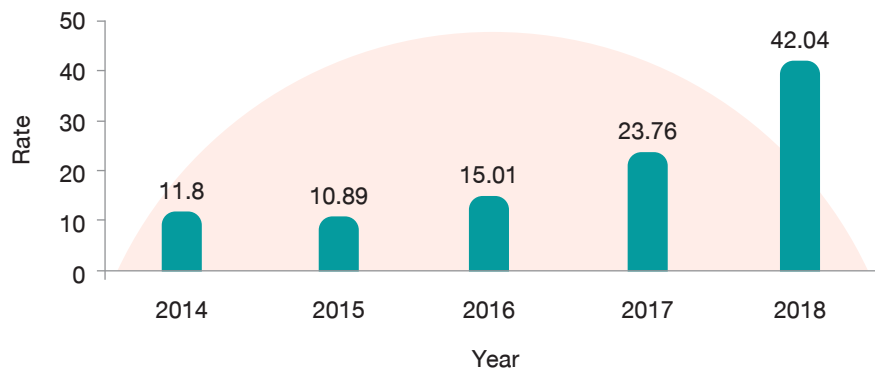
Source: Health Data Center (HDC), August 27, 2019

### 8. Percentage of pregnant women diagnosed with syphilis



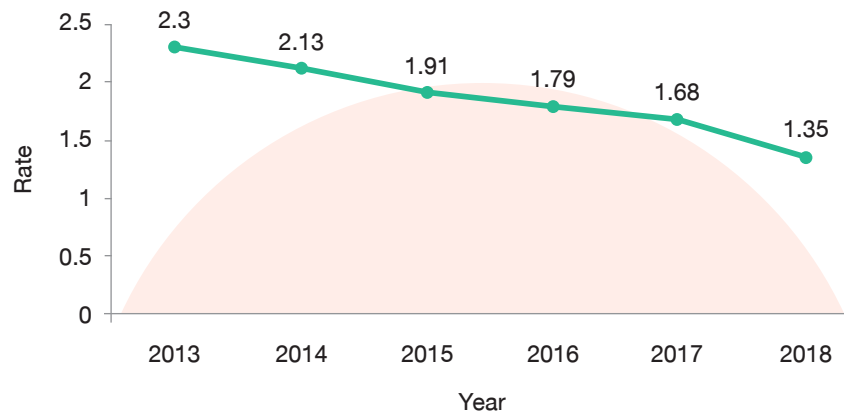
Source: PHIMS Program, Department of Health

### 9. Rates of syphilis from birth in children under 2 years of age per 100,000 live children



Source: PHIMS Program, Department of Health

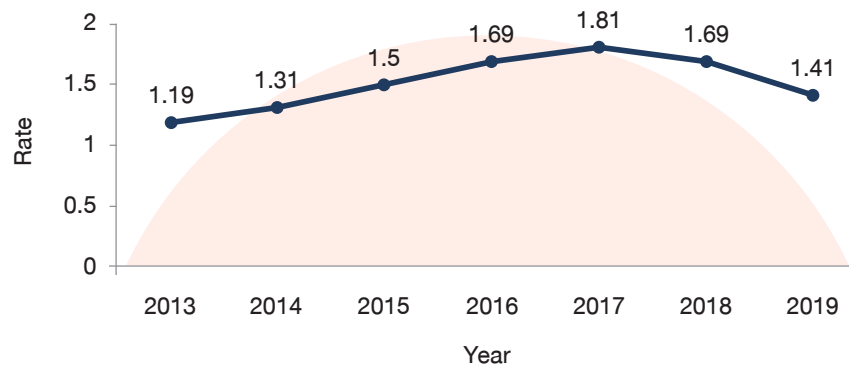
## 10. Rate of transmission of HIV from mother to child



Source: GAM (Global AIDS Monitoring)

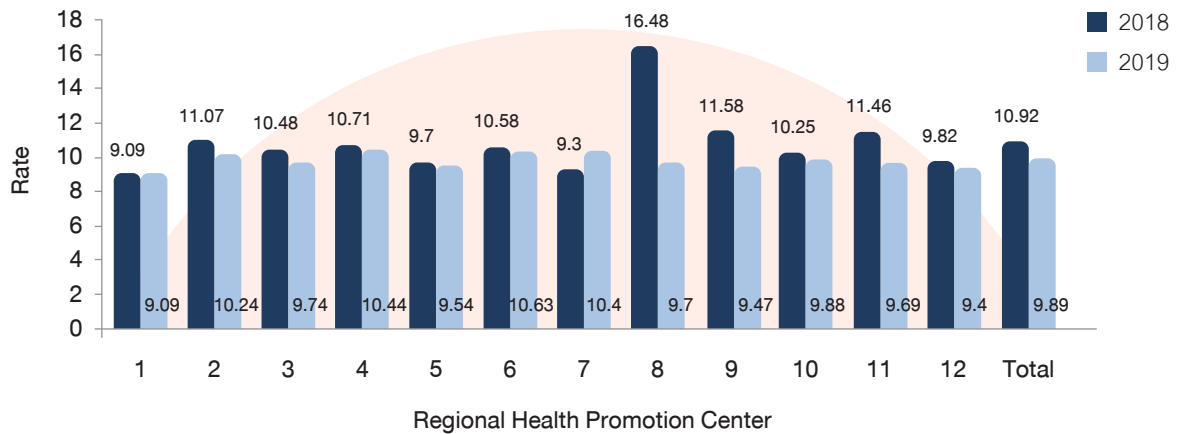
Report, Thailand Progress on Ending AIDS in 2018, Department of Disease Control (estimated using the database from PHIMS Program, Department of Health)

## 11. Infant thalassemia rate per 1,000 population



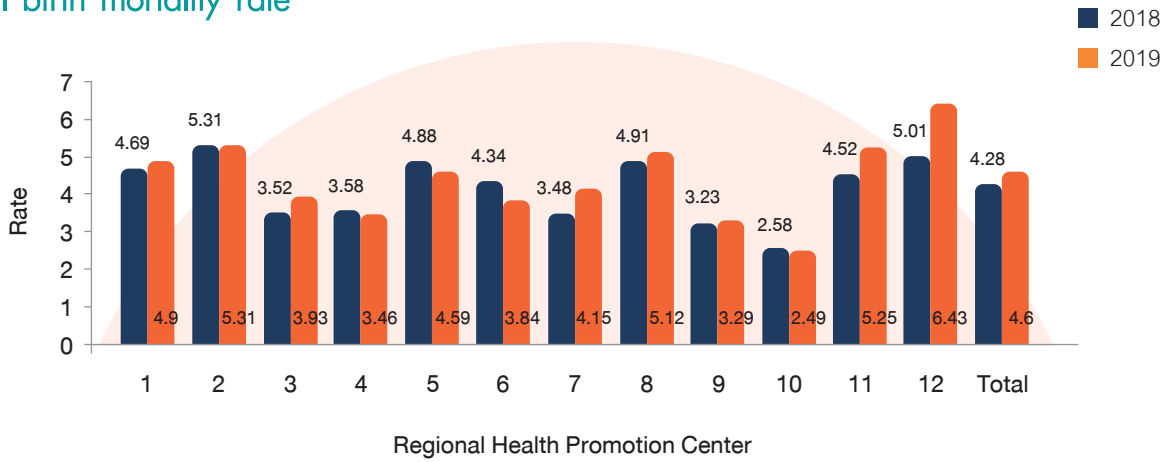
Source: Health Data Center (HDC), August 27, 2019

## 12. Low birth weight rate



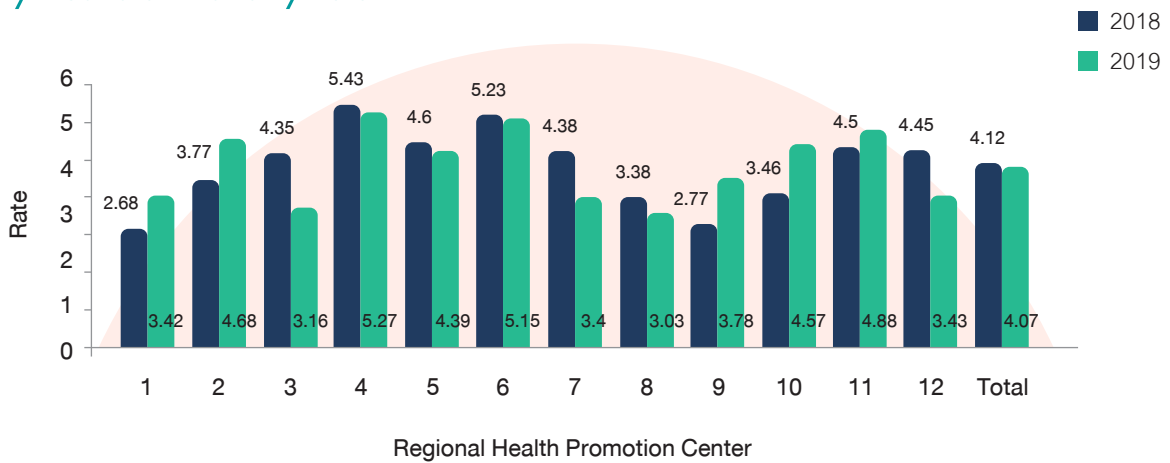
Source: CMI @MOPH. September 2, 2019

### 13. Still birth mortality rate



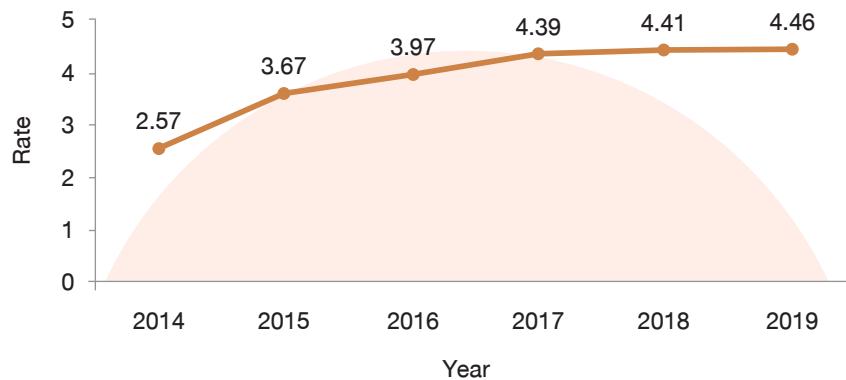
Source: CMI @MOPH, September 2, 2019

### 14. Early neonatal mortality rate



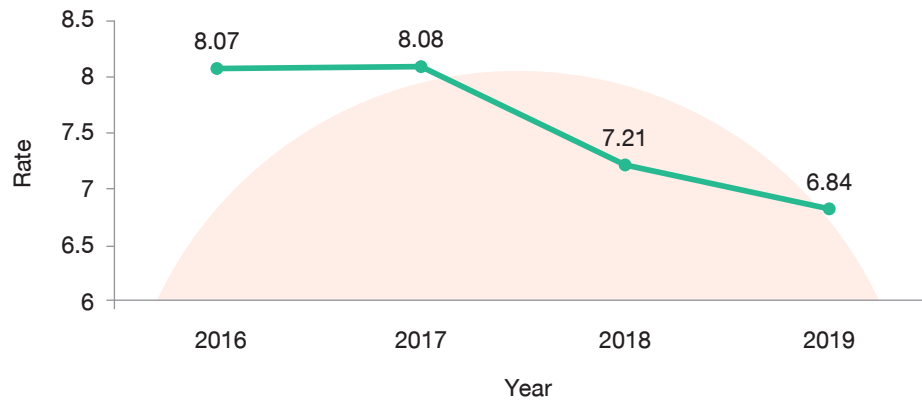
Source: CMI @MOPH, September 2, 2019

### 15. Infant younger than or equal to 28 days mortality rate



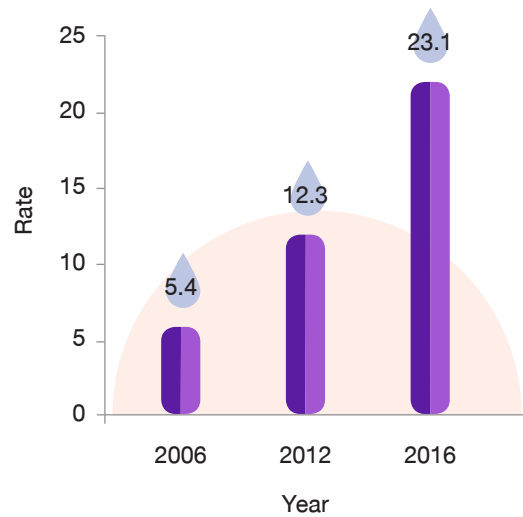
Source: Health Data Center (HDC), August 27, 2019

## 16. Infant younger than or equal to 1 year-old mortality rate



Source: Health Data Center (HDC), August 27, 2019

## 17. Exclusive Breastfeeding rate, 6 months



Source: MICS 2006, 2012, 2016



## 2. Milestone of the Success of Thai Early Childhood Development

The operation of the Department of Health in the past emphasized on the importance of surveillance screening systems for early childhood development, promoting early childhood development, and stimulation for young children with delayed development by evaluating the development of newborns up to 5 years, according to the specified period at the age of 9 months,

18 months, 30 months, and 42 months, with the following determined indicators

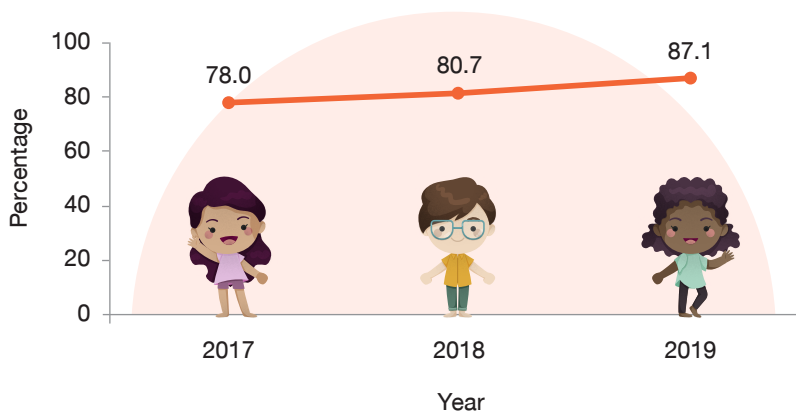
### 1. Percentage of well-developed children from newborn to 5 years old consisting of process indicators

1.1 Percentage of newborn children to 5 years old received developmental screening

1.2 Percentage of newborn children to 5 years old screened found suspects delayed development

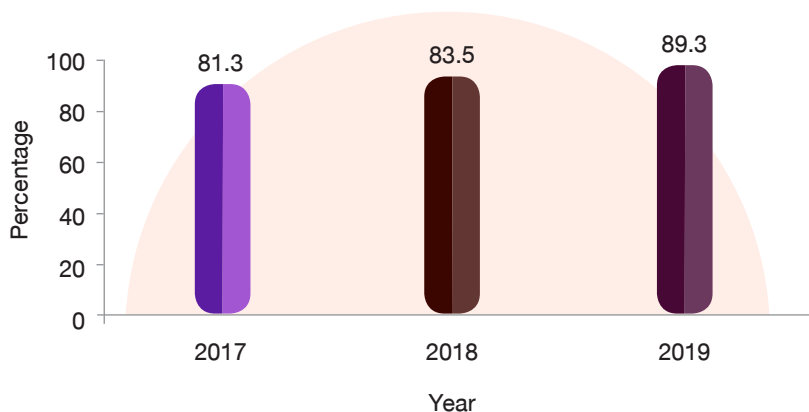
1.3 Percentage of newborn children to 5 years old with suspected delayed development followed up

### 1. Percentage of well-developed children from newborn to 5 years old



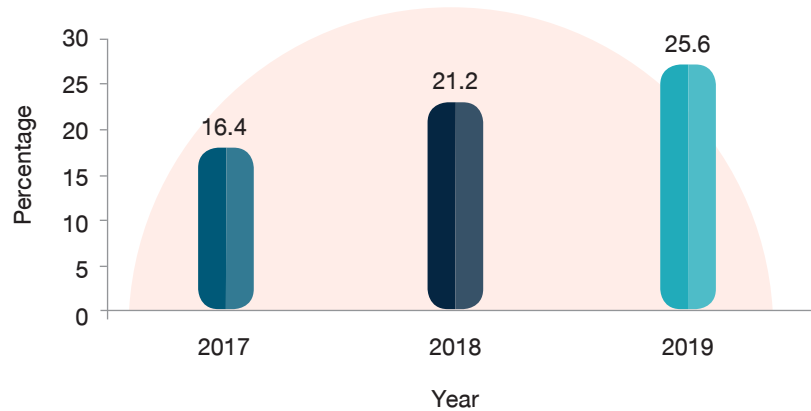
Source: Health Data Center (HDC), November 18, 2019

### 2. Percentage of newborn children to 5 years old received developmental screening



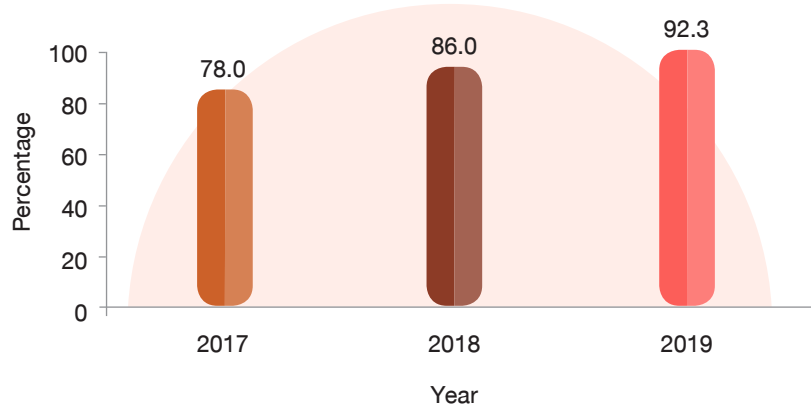
Source: Health Data Center (HDC), November 18, 2019

### 3. Percentage of newborn children to 5 years old received screening for delayed development



Source: Health Data Center (HDC), November 18, 2019

### 4. Percentage of newborn children to 5 years old with suspected delayed development followed up



Source: Health Data Center (HDC), November 18, 2019

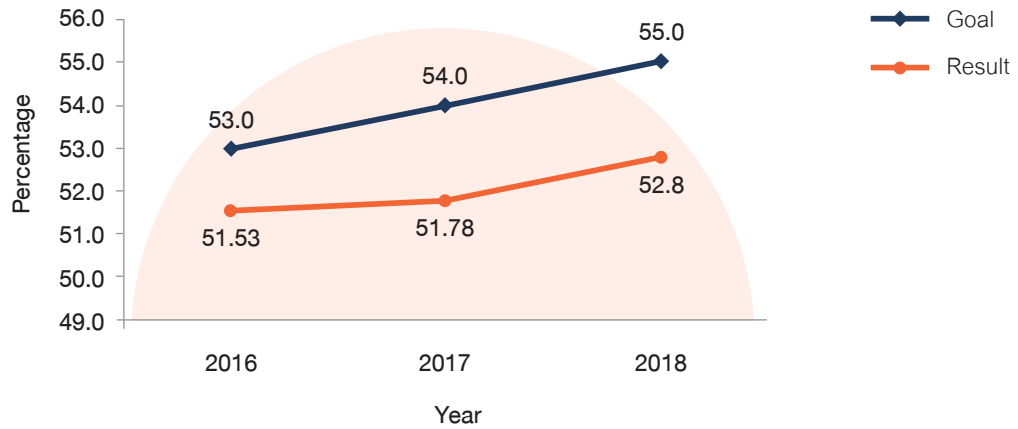
The survey of health literacy situations for early childhood care of primary caregivers<sup>1</sup> in a newborn to 3 years old, a total of 1,061 people found that the percentage of the caregivers who are very good, good, and fair at health literacy is 38.8 percent, 12.9 percent, and 48.3 percent, respectively. The important thing that needs to be accelerated in child development is creating raising children's knowledge to parents or guardians. The aim is

to be able to properly promote children and suitable for a child's age. In 2019, the Department of Health propelled operations implementation of child development through important measures, both passively and proactively, in order to encourage parents or guardians to realize the importance of monitoring and promoting child development, as well as speeding up the operations of the staff at the area level.

<sup>1</sup>National Institute for Child Health Development. The Summary of knowledge report In Caring for Young Children, 2019, Accessed Online, January 30, 2020. <https://bit.ly/2HQbTCd>

### 3. Milestone of the Success of Working-age Health Promotion

#### 1. Percentage of people aged 30 - 44 years old with normal body mass index



Source: Health Data Center (HDC), January 31, 2020

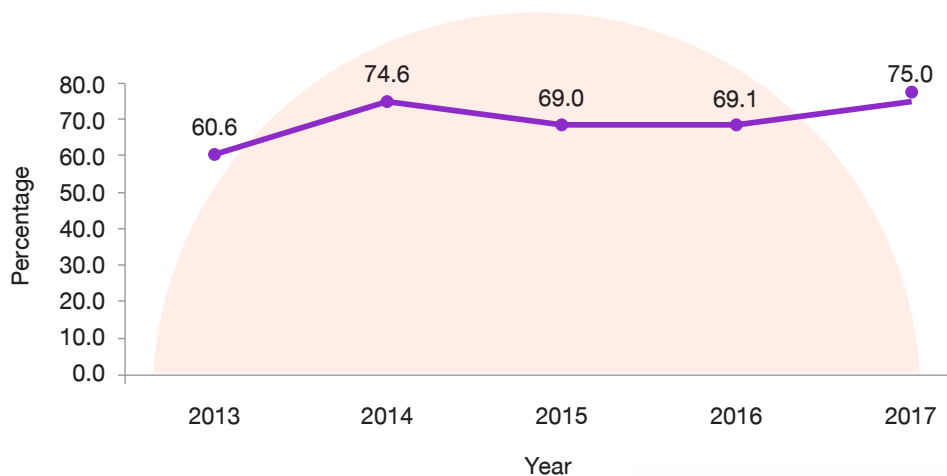
#### 2. Percentage of Thai women aged 30 - 70 years, regularly breast self-examination every month

48

Breast cancer surveillance of women aged 30 - 70 years by breast self-examination to screening for early treatment to prevent the death from breast cancer. The project has been implemented since 2013 - 2017

in 21 provinces, consisting of Chiang Rai, Chanthaburi, Nakhon Ratchasima, Sakon Nakhon, Surat Thani, and the remaining 16 provinces. Currently, the operation covers 35 provinces.

Women aged 30 - 70 years (1.9 million) have a regular breast self-examination every month.



Source Working-age Health Group, the Bureau Health Promotion



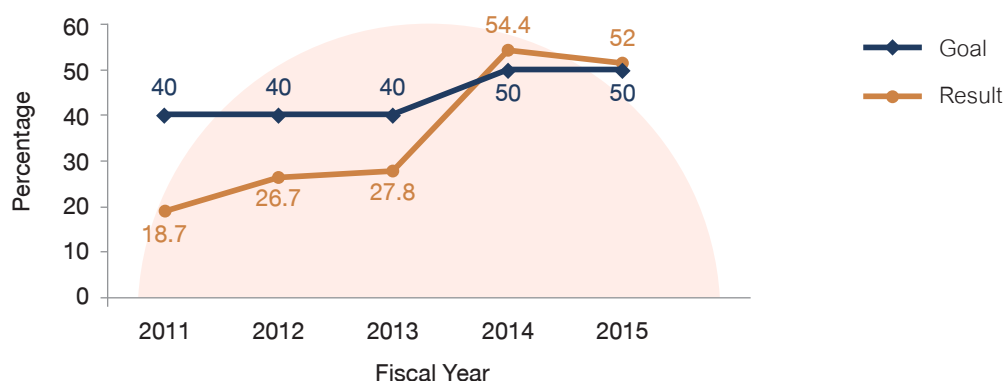
## 4. Milestone of the Success of the Elderly Health Promotion<sup>1</sup>

### 1. The elderly population has desirable health behaviors.

Supporting or promoting the assessment of desirable physical health behaviors as follows 1) Having physical activity or exercising at least 5 days a week for 30 minutes each time or accumulating physical activities for 150 minutes per week 2) Regularly eating fresh fruits and vegetables 3) Drink at least 8 glasses of fresh

water per day 4) Do not smoke 5) Do not drink alcoholic beverages such as liquor or beer to encourage the elderly to have good health behaviors and take care of one's health continuously and consistently by supporting and promoting in both elderly club, elderly school and communities.

Percentage of elderly population has desirable health behaviors.



Source: Bureau of the Elderly Health, September 30, 2019

Note 2011 Assessment of the National Elderly Plan  
 2013 From the survey by the Department of Health together with HITAP.  
 2016 From the assessment of the National Elderly Plan  
 2018 From the survey by the Department of Health  
 2019 From the survey by the Department of Health

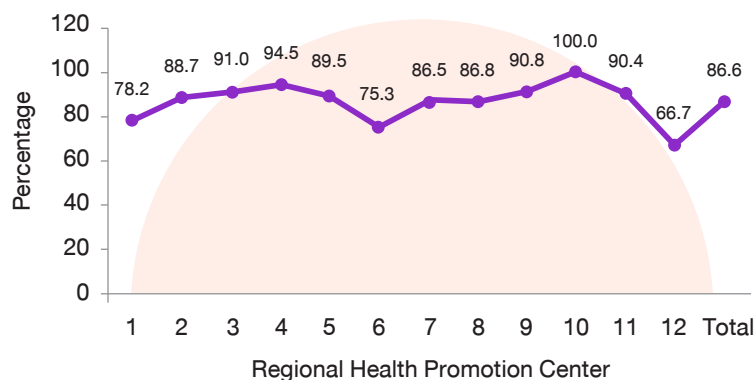
### 2. Tambol that meets the criteria of having health promotion system to take care of the elderly in the community (Long-term care)

For Promoting or supporting equally access to or use innovation and technology for long-term care for the elderly, the health promotion system for long-term care in the community has been implemented 7 components from a multidisciplinary team with the family, community,

and the local while also reducing the budget burden for sustainable health services.

From the past operations, it was found that a total of 7,255 Tambol or subdistricts which can complete the operations 6,282 subdistrict, accounting for 86.59 percent.

Percentage of Tambol that meets the criteria of having health promotion system to take care of the elderly in the community (Long-term care)



Source: Long-term Care Project from District Health Center, September 2019

<sup>1</sup>Information from the Office of the Elderly

4





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**Success**

of the fiscal year 2019

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

### 1. The Miracle of the first 1,000 days of life project, budget 7,217,910 baht

The object is to improve the quality of maternal and child health service systems, to develop personnel capability, to establish a network to promote maternal and child health, and to develop a surveillance system to monitor and collect data on driving the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code) with the following activities

#### 1.1 Surveillance of maternal mortality

##### Maternal Mortality in Thailand situation

The data from the Thai Public Health Support Information System, Ministry of Public Health, reporting of the national level of Thai maternal mortality has 2 sources 1) Division of Strategy and Planning (SPD), Office of the Permanent Secretary, Ministry of Public Health, and 2) Bureau of Health Promotion, Department of Health by the Thai Maternal Mortality Report is continuously provided. From the performance data from 2012 onwards, the ratio of Thai maternal mortality to the hundred thousand live births has continuously increased. In 2017, The Department of Health has therefore developed a Thai maternal mortality surveillance system and formulated action plans, measures, and targets for reducing short-term mortality among Thai mothers during the first 5 years as follows

Phase 1, fiscal year 2017 - 2018, the ratio of mortality of Thai mothers is not more than 20 per hundred thousand live births.

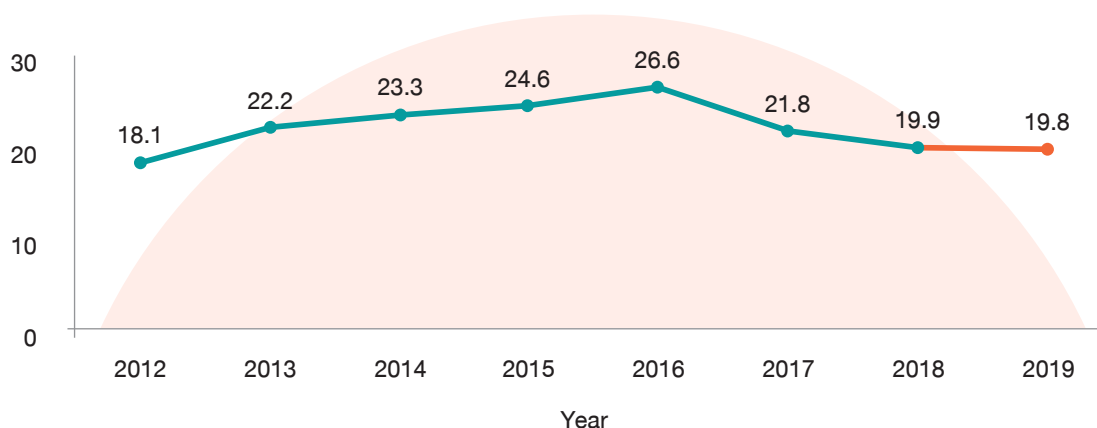
Phase 2, fiscal year 2019 - 2020, the ratio of mortality of Thai mothers is not more than 17 per hundred thousand live births.

Phase 3, fiscal Year 2021 - 2022, the ratio of mortality of Thai mothers is not more than 16 and 15 per hundred thousand live births, respectively.

In 2018 - 2019, it projected that the ratio of deaths of Thai mothers continuously decreases to only 19.8 per hundred thousand live births.

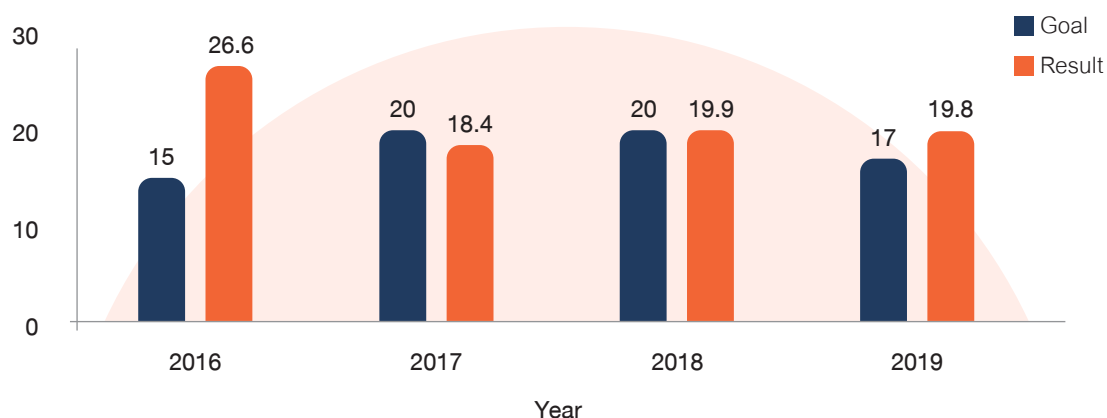


The trend of thai maternal mortality ratio per 100,000 live births



Source 2012 - 2018 Strategy and Planning Division Office of the Permanent Secretary  
 2019 Bureau of Health Promotion, Department of Health

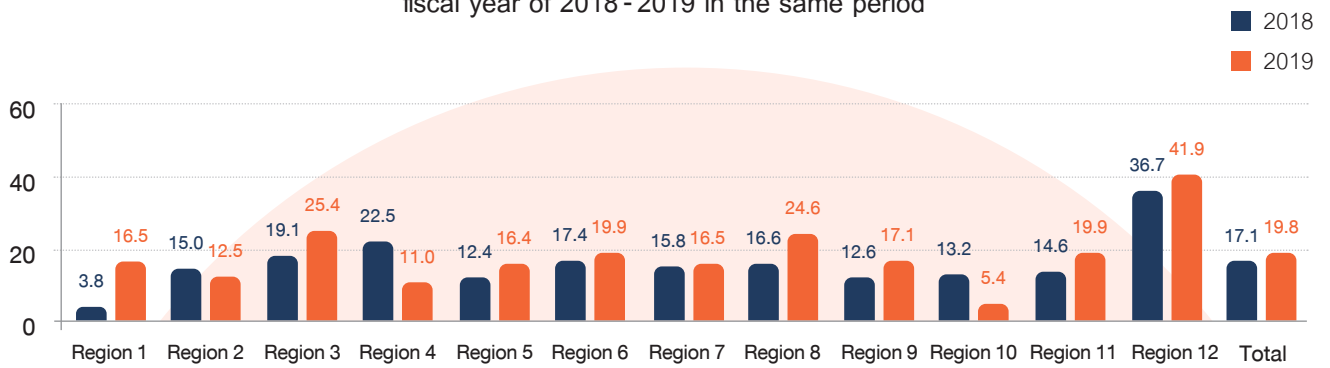
The performance of Thai maternal mortality ratio per 100,000 live births compared to the goal fiscal year of 2016 - 2019



Source: Maternal death surveillance system, Bureau of Health Promotion, Department of Health

When comparing the performance between fiscal year of 2018 and 2019 by the zone under the responsible of each regional health promotion center, it was found that in the fiscal year of 2019, the zones in the regional health promotion center 1, 2, 4, 5, 7, and 10, the ratio of Thai maternal death was not more than 17 mothers per 100,000 live births. In the zones in the regional health promotion center 2, 4 and 10, the ratio of Thai maternal death has decreased compared to the previous year.

Comparison of the ratio of mortality among Thai mothers from the surveillance system, Department of Health, fiscal year of 2018 -2019 in the same period



Source: The Maternal Death Surveillance System, Bureau of Health Promotion, Department of Health

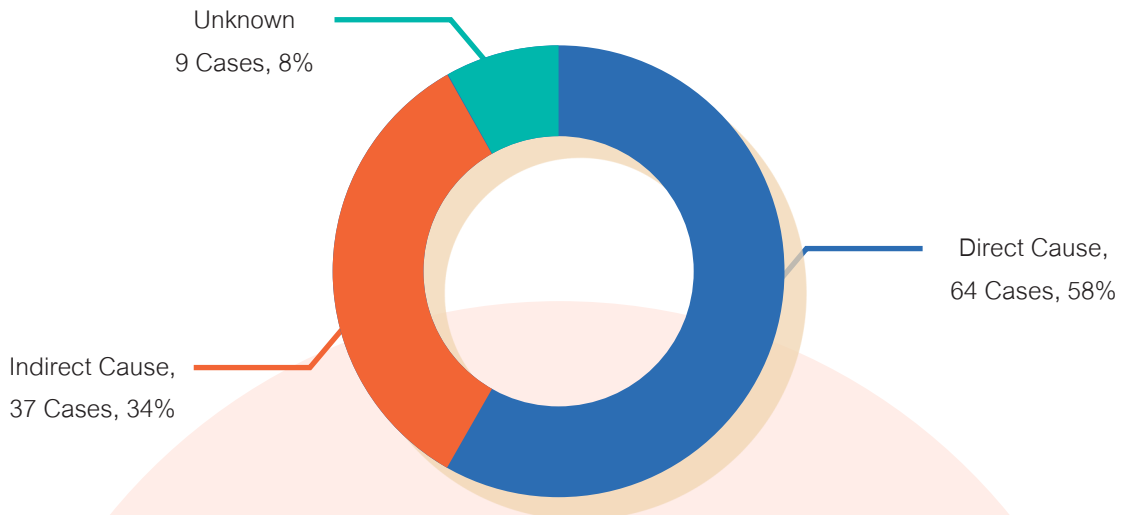
From the analysis on the causes of Thai maternal death in the fiscal year of 2019 of the Thai Maternal Death Surveillance System, Bureau of Health Promotion, Department of Health, it was found that Thai maternal deaths were from direct causes 58.0 percent, indirect causes 34.0 percent and unidentified cause 8.0 percent.

The analysis of the causes of mortality among Thai mothers revealed

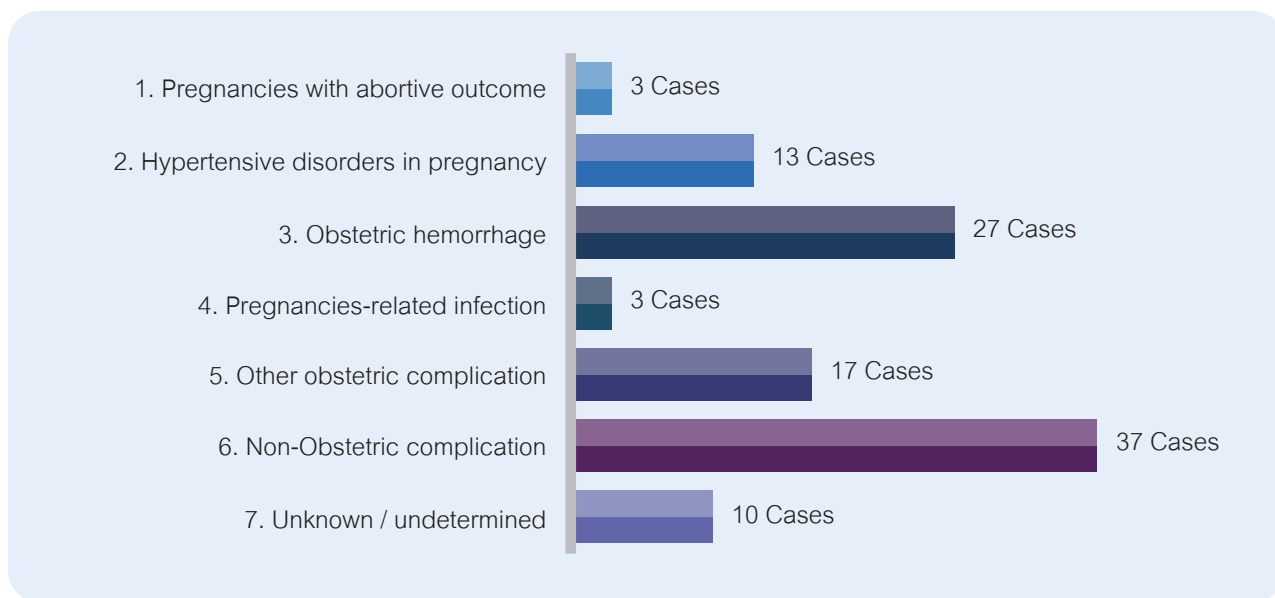
- The main cause of death of Thai mothers due to direct cause are hemorrhage 27 cases, hypertension 13 cases, suicide 5 cases, and Amniotic fluid embolism 4 cases.
- The main cause of death of Thai mothers due to indirect cause are infectious diseases 8 cases, influenza 2 cases, heart disease 7 cases, and stroke 5 cases.

In addition, the Thai mother death surveillance system has recorded of all maternal deaths but separated the death of Thai mothers for analysis and reporting for the fiscal year 2019, a total of 110 Thai mother deaths are classified as 1) direct and indirect causes of Thai mother's death 2) the basic cause of death of Thai mothers during pregnancy, delivery, postpartum, classified by WHO (ICD-MM) and 3) indirect maternal cause of death, Non-Obstetric Complication

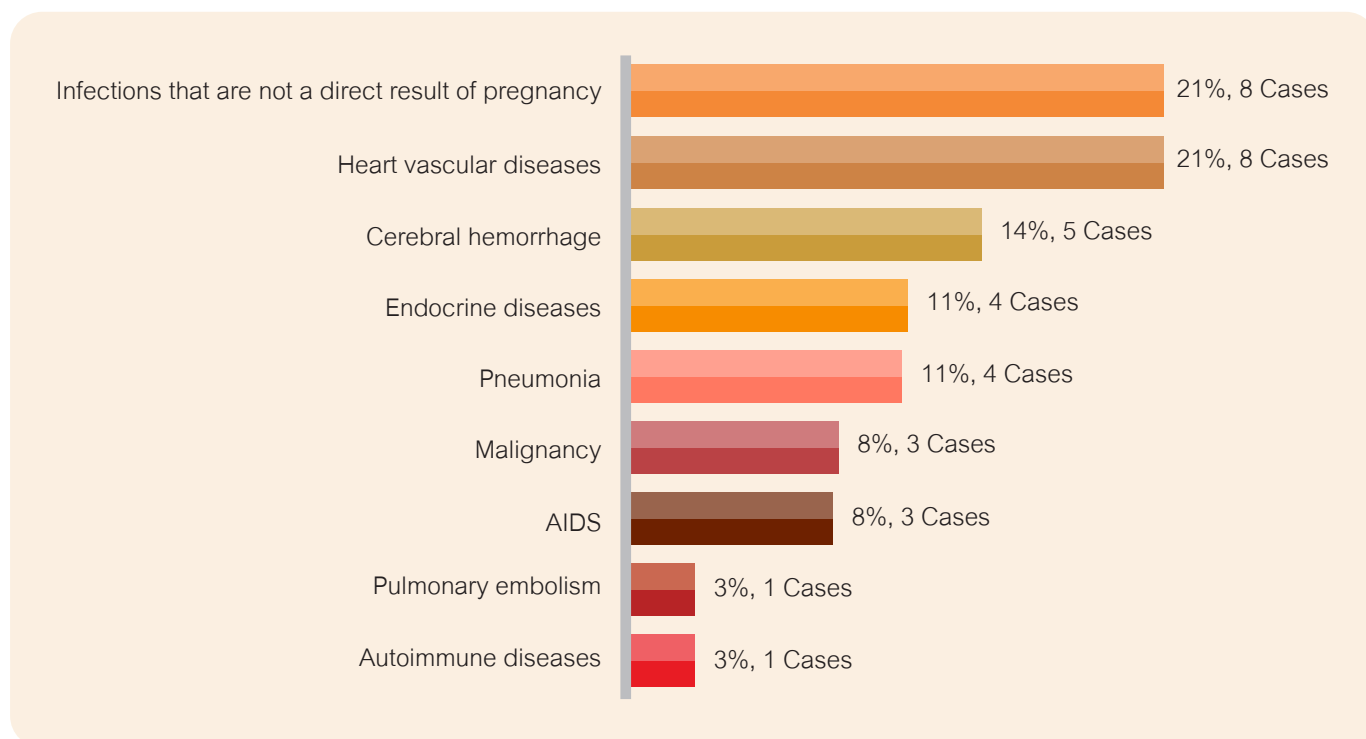
Number and percentage of causes of Thai mother's death  
October 2018 - September 2019



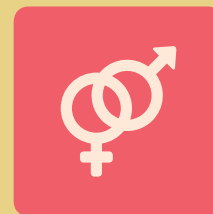
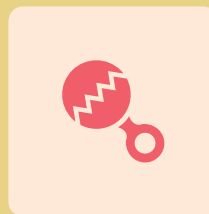
Basic causes of death among Thai mothers during pregnancy, childbirth and postpartum classified by WHO (ICD-MM)



Percentage of cause of indirect maternal death, Non-Obstetric Complication October 2018 - September 2019



Source: Monthly Maternal Mortality Surveillance System, Bureau of Health Promotion, Department of Health



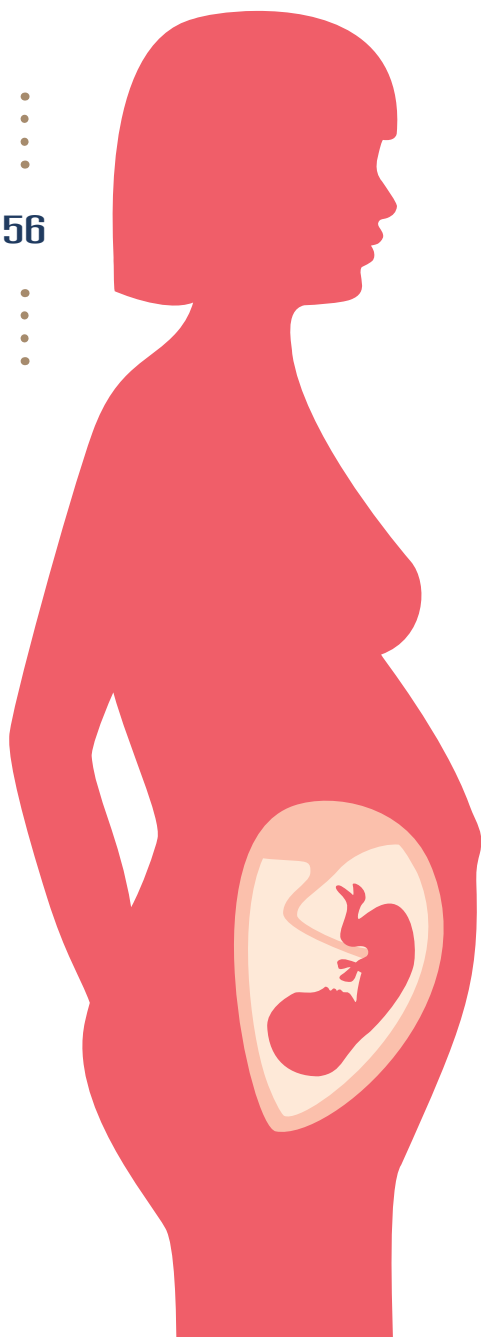
### Problem solving for Maternal and Child Health Development

1. Explain the proactive pregnant risk surveillance programs (Save Mom) as well as develop the capacity of public health personnel responsible for maternal and child health for screening and managing the risk of pregnant women with the proactive pregnant risk surveillance programs (Save Mom) on January 2019.
2. Develop a manual and guidelines for the review and analysis of the Maternal Death Surveillance Response (MDSR), conducted during November to December 2019.
3. Develop the team capacity to review and to analyze the cause of maternal death, conducted during January - February 2019.
4. Evaluate the standards for Maternal and Child Health in Surin Province between March 5 - 6, 2019.

### Summary

Monthly Performance Report of Thai Maternal Death Surveillance System reflects the severity of the problems in each area along with the dissemination of the situation and the proactive operating report to the relevant departments for the benefit of determining directions, surveillance, planning repeated occurrence prevention, and the determination of policies and measures as well as planning for integration with relevant departments. However, prevention and reduction of death of Thai mothers need to review the causes of death in order to plan to increase the efficiency of the system for taking care of pregnant and postpartum women in Thailand according to the context of the area. There must be the emphasis placed on individual management, especially, the screening system for obstetric risk, medical disease, and a review of the care system during pregnancy, delivery, and postpartum, as well as presenting the results of the monthly Thai Maternal Death Surveillance System to the administrators of the Department of Health every month for the executives to know and to give an order. This is for transferring learning into action, follow-up, exchange of experiences, problem analysis, and suggestions for solutions in accordance with the context of the area and providing support according to the mission of the Department of Health.

From the Surveillance of Thai Maternal Death, Fiscal Year of 2019, 110 Thai mothers were found dead, representing a ratio of 19.8 deaths per hundred thousand live births. More than half of Thai mothers die from direct causes and hemorrhage, or group 3. Obstetric hemorrhage was the number one direct cause of death among Thai mothers and high blood pressure or group 2. Hypertensive disorders in pregnancy, childbirth, and the puerperium are the second direct cause of death of Thai mothers.



Infections such as infections that are not a direct result of pregnancy, heart vascular diseases are the number one indirect cause of death for Thai mothers, and cerebral hemorrhage is the second indirect cause of death of Thai mothers.

And found that 12<sup>th</sup>, 3<sup>rd</sup>, and 8<sup>th</sup> regional health centers can reduce the death of Thai mothers the most. Data collection from the surveillance system may lack some important variables. At present, the Department of Health still operates the Maternal Death Surveillance System with a situational analysis and presents it to the executives of the Department of Health every month. In 2020, the Department of Health plans to improve the Thai maternal death surveillance system, which leads to further development.

#### **Problems or common areas that reflect problems or risks to the failure of the operation at the local level**

##### **1. 3-Delay Problems**

A. Delay in seeking care or failing to attend 5 times antenatal care service or failing to receive any prenatal care due to the lack of health knowledge, social and economic, or cultural problems.

B. Delay in reaching care caused by travel problems due to far proximity and lacking convenience of public transportation.

C. Delay in receiving adequate health care due to

- Personnel issues such as 1) personnel transfer, 2) personnel changing responsibilities, or 3) personnel lacking experience and skills to care for women during pregnancy, delivery, and post-partum.

- Insufficient drug and blood supply problems or unavailable, such as 1) medicines or medical supplies, 2) blood reserves or fluid, and 3) blood bags according to the standards for all births for rapid hemorrhage diagnosis.

##### **2. Management system**

A. The multidisciplinary care system between obstetrician and general practitioner to plan joint management care in case management in pregnancy, childbirth, and postpartum.

B. Lack of personnel and workload of obstetricians and pediatricians, and nurses at the birth room or at the antenatal clinic.

C. The referral system is ineffective due to unclear patient information coordination, lack of planning, and rehearsal in crisis. Therefore, when a crisis comes, they cannot solve problems.

3. Cooperation from the community or pregnant women, such as late antenatal care, ineffective antenatal care due to not knowing that she was pregnant, pregnant women don't have time for antenatal care, pregnant women conceal information, or think that some of the information is not needed for antenatal care. Those are factors affecting the maternal crisis. Pregnant women do not cooperate with Public Health officer. Pregnant women relocate and change social conditions which lack empathy in one another.

4. Promoting health behavior and reducing health risk factors.

#### **Policy proposals or suggestions for the improvement**

1. Promoting health behavior and reducing risk factors for health by communicating awareness to pregnancy and family regarding first antenatal promotion before a gestational age of 12 weeks or by creating a social trend about the implementation of "Early Moments Matter" or to raise the level of Health Literacy for people.

2. Developing the capacity of Public Health personnel in knowledge and life-saving skills in times of crisis (Cardiopulmonary Resuscitation, CPR) by increasing life-saving skills at obstetric crisis by integrating all systems at least once a year, focusing on hemorrhage and high blood pressure.

##### **3. Develop public health service systems**

A. Quality antenatal clinic such as 1) correction of arrhythmias of pregnant women 2) nutritional status of pregnant women to prevent newborn babies weighing less than 2,500 grams and 3) infection of pregnant women

B. Quality delivery room such as 1) standing order 2) reducing maternal death from preventable causes such as bleeding (Postpartum Hemorrhage, PPH) and Pregnancy-induced Hypertension (PIH) 3) on-time referral

system and 4) supporting team when birth obstetric crisis occurs 24 hours (Ready Team)

4. Develop the provincial health service level by Zoning and Networking

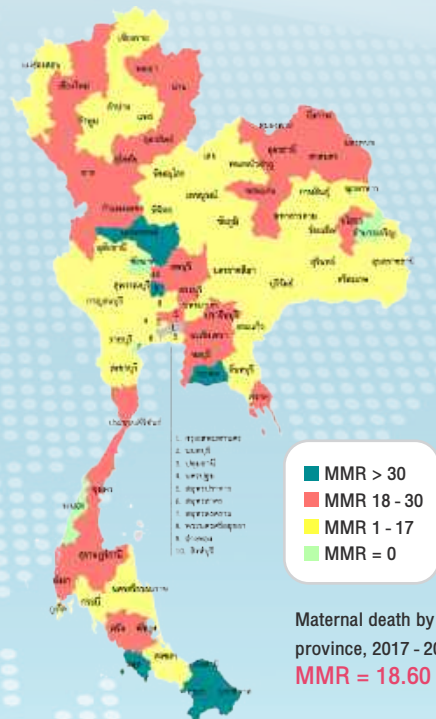
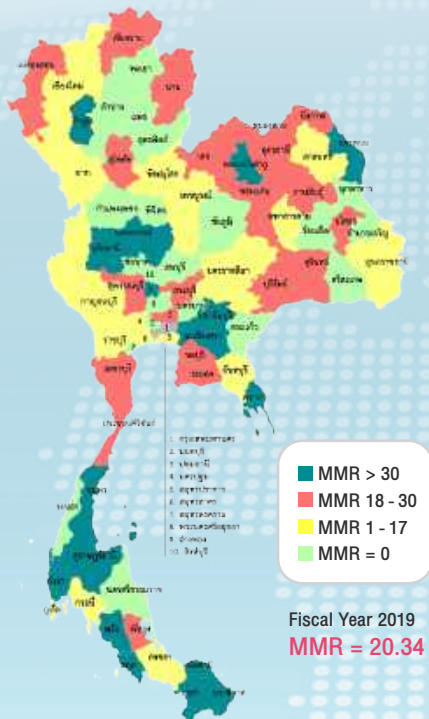
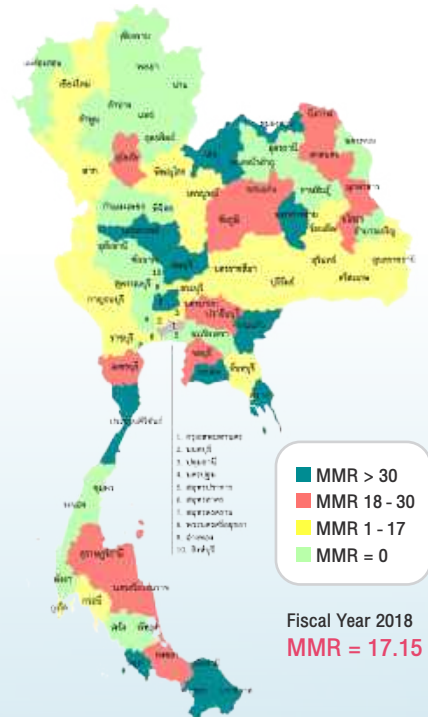
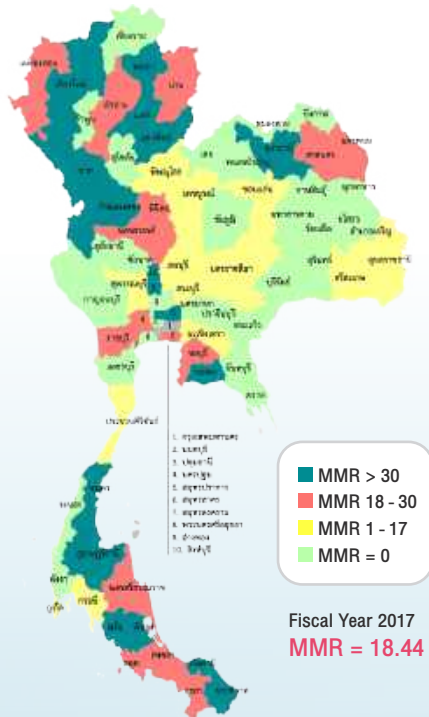
A. Zoning for Seamless Care and High-Risk Pregnancy Fast Track Arrangements by defining Node Agreement for Delivery Specialized doctors at hospitals with greater potential

B. Establishment of the Provincial Network of Health Services

C. Brotherhood-like Coaching system

D. Fast Track Referring System for referring Mothers at risk and obstetric complications safely by specifying written referrals letter shared between community hospitals and host hospitals for High-Risk mothers such as Postpartum Hemorrhage (PPH) and high blood pressure (Pregnancy-Induced Hypertension, PIH)

5. Develop an effective Maternal Death Surveillance Report system



## 1.2 The 11<sup>th</sup> International Academic Conference and Seminar on Maternal and Child Health and Handbook

Under the topic of “the Miracle of First 1,000 Days for Sustainable Development Goals (SDGs) - MCH Handbook as a family-based tool” held between December 12 - 14, 2019 by the Ministry of Public Health and the International Committee on Maternal and Child Health Handbook, the important activities are Department of Health, Ministry of Public Health, as the main organization for promoting the use of Maternal and Child Health Handbook, and in collaboration with other countries announced the “Bangkok Declaration on Maternal and Child Health Handbook” is a tool for families to promote the miracle of the first 1,000 days of life.

## 1.3 National MCH Board Exchange Meeting to reduce maternal death

National MCH Board Exchange Meeting to Reduce Maternal Death, Mr. Supakit Sirilak MD., Chairman of the meeting, the context consisting of 1) Maternal death surveillance report 2018 2) Summary of causes of Maternal death and ICD coding 3) Investigation of maternal death in each region to study and analyze the context or restrictions. 4) Maternal and child health care services and prevent maternal death operation at local level 5) Suggestions from the experts for solutions, and 6) Finding guidelines for further maternal and child health development.

## 1.4 A workshop on capacity building in provincial networks for reducing maternal mortality

The workshop consists of the following activities 1) Exchange the patterns and processes of health service network development at the provincial level 2) Exchange the learning process at the network level to reduce maternal death and 3) Set a team learning to study the standard of each Regional Health Promotion Center and the province to find strengths and opportunities for improving development through the standard of provincial health service networks.

## 1.5 Workshop for genetic counselor capacity development for Down Syndrome prevention

This meeting attendees are medical and public health personnel from 1 - 12 regional health promotion centers, general hospitals, and community hospitals, 100 people in total with the objective of 1) to increase skills, knowledge, and understanding for medical and public health personnel for genetic counseling to prevent the occurrence of Down Syndrome in newborns 2) to increase confidence

for the service provision extension in the occurrence of Down Syndrome prevention 3) Network planning of Down Syndrome Prevention 4) Expanding operations to local level 5) Establishing an operational plan and 6) monitoring the local level.

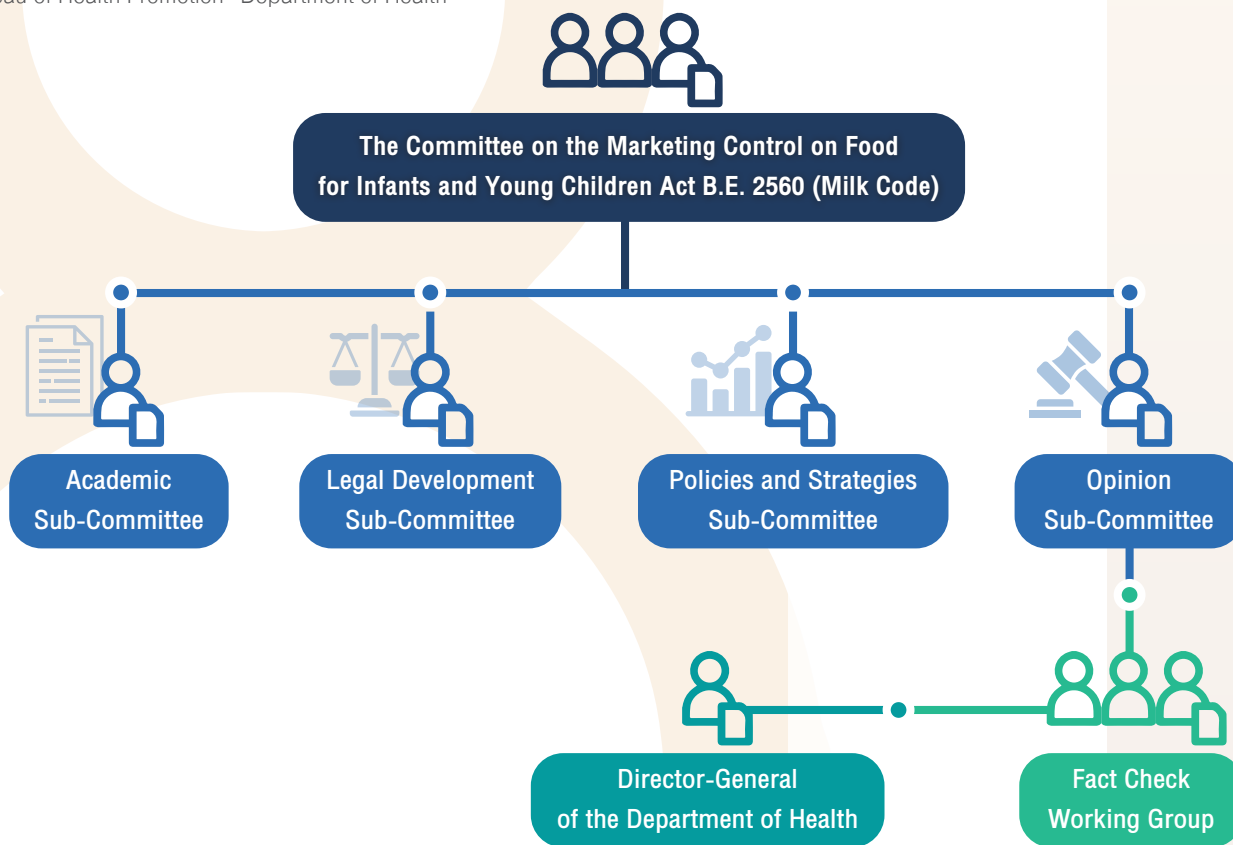
## 1.6 Empowering visit maternal and child health to reduce maternal death in Ubon Ratchathani

Mr. Chaiyaphon Phromsing MD. (Senior expert in health promotion) Mr. Sarawut Bunsuk MD., Director of 10<sup>th</sup> Regional Health Promotion Center, Ubon Ratchathani, along with the group visited to empower maternal and child health to encourage the workers and to exchange knowledge to reduce maternal death with the Chairman of the Maternal and Child Health Boards and Its Network and Executive Committee along with the warm welcoming of Phibun Mangsahan Community Hospital personnel. The results of the exchange of learning found the important factors in reducing maternal mortality are 1) Leading team — Executives perceive the importance and monitor staff's performance 2) Operation team — Strengthening the Community Hospital team and 3) Network development for both host-clients and maintenance good relationship.

## 1.7 Mechanism of the Committee on the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code)

The Committee on the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code) established mechanisms to effectively support the Act enforcement by appointment 4 sub-committees and 1 operation team as follows

1. Academic Sub-Committee for the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code)
2. Legal Development Sub-Committee
3. Policies and Strategies Steering Sub-Committee for the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code)
4. Sub-Committee to provide comments under the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code)
5. The operation team investigates the facts and collects evidence for the identification of offenses under the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code)



1.8 Preparation of the Action Plan of the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code) (2020 - 2022)

the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code) Committee resolved to establish a strategy for the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code) by the policies and Strategies Propulsion Sub-committee to 1) set the direction of operation of all relevant sectors for effectively enforcing the Law 2) control the Marketing of Infant and Young Child Food.

(Draft) Propulsion plan for the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code) (2010 - 2022) consists of 3 main strategies as follows

**Strategy 1**

Social drive, Public communication for the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code)

**Strategy 2**

Develop violations and law enforcement surveillance systems

**Strategy 3**

Develop the legal propulsion management system

1.9 Establish criteria, guidelines, and operation manuals for authority to enforce the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code)

According to the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code) for the interpretation, the Law is in accordance with the spirit of the law and is a standardized practice for the authority. Therefore, there were proceed operational documents as follows

1. Guidelines and criteria for clearly determining the differences between the labels of baby food and the labels of other food under Section 15.
2. Guidelines and criteria for clearly determining the differences and seeing between the labels of baby food and the labels of other food under Section 26.
3. Explanation regarding the support of the meeting for training or seminars on food for infants and young children under Section 21.

In addition, additional media is also produced for the purpose of creating awareness and understanding for the public and as a guideline for the authority operation as follows

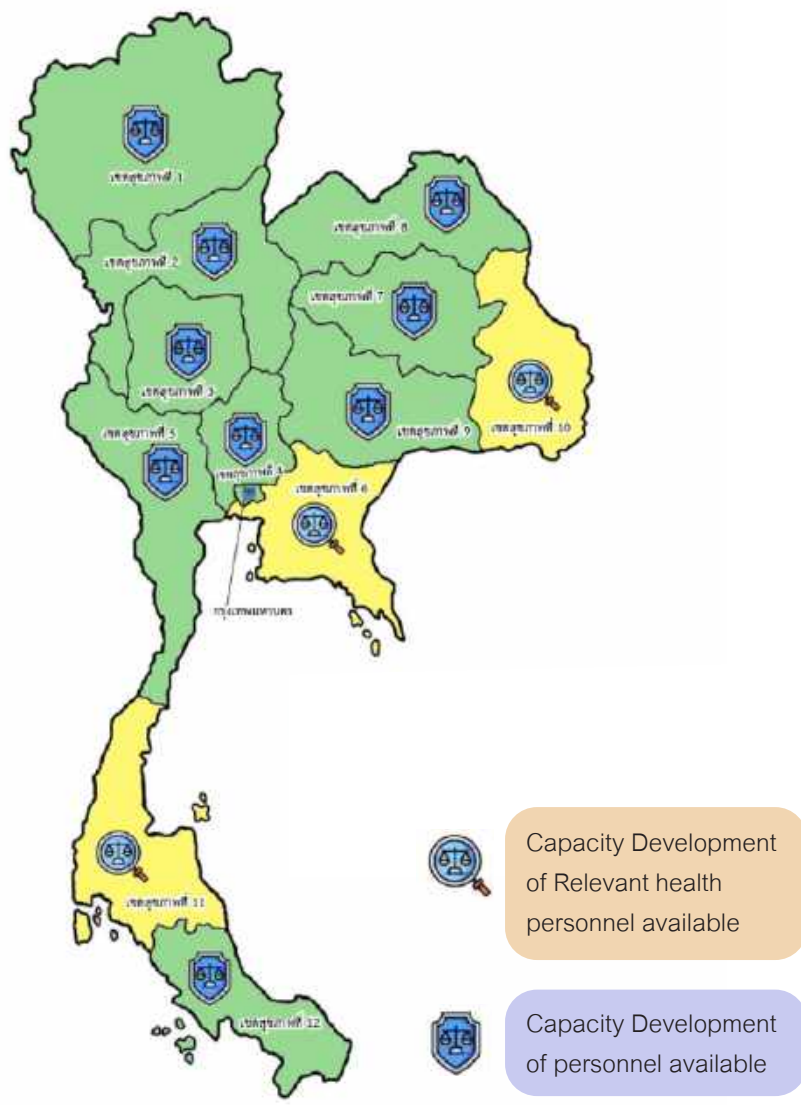


1. Explanation of the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code)

2. Guidelines for operation manual for the authority under the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code)

### 1.10 Capacity Building for the implementing authority for the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code)

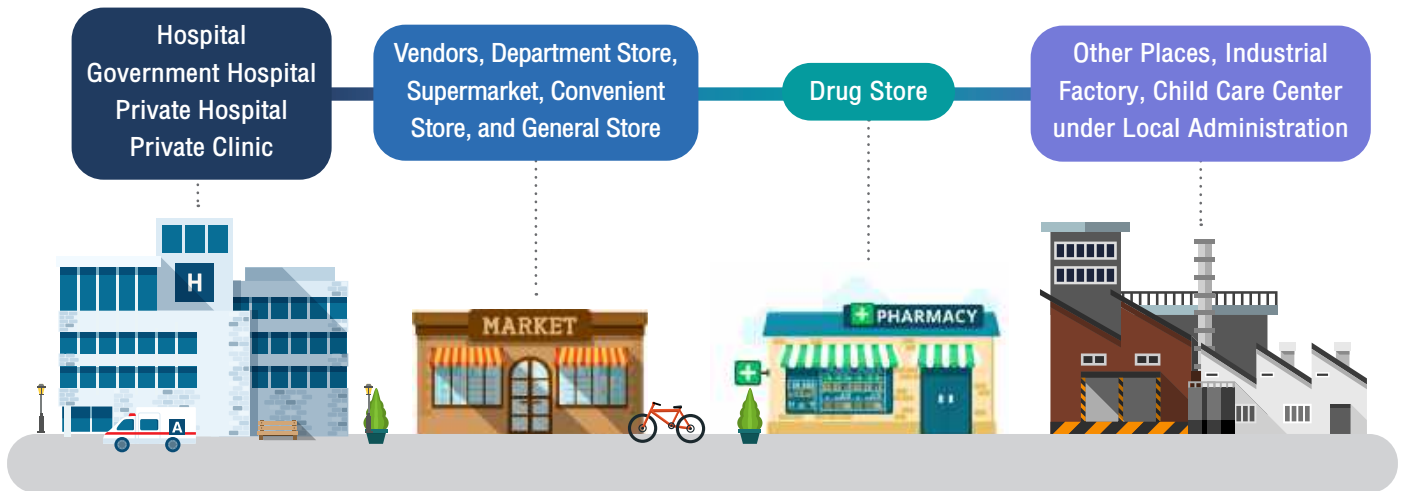
Department of Health by the Bureau of Health Promotion, Regional Health Promotion Centers, and Metropolitan Health and Wellness Institution has held a workshop to improve knowledge and skills, and to clarify the operational guidelines for the officers under the Act appointed by law, which is public health personnel working at the provincial, district, and sub-district, who have the duty of surveillance and investigation in the event of a suspicion of the Act violation, and other public health personnel related to maternal and child care, such as professional nurses, village public health volunteers, etc. This is to increase the ability in the operation that is per the requirements under the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code).



### 1.11 Monitoring of the violation of the the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code)

1<sup>st</sup> - 12<sup>th</sup> Regional Health Promotion Center and the Metropolitan Health and Wellness Institute, All are under Department of Health conducted proactive monitoring of violations of the law by visiting the inspection area in

accordance with the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code), at least 2 times per year, covering targeted locations that are easily exposed to legal violations such as are department stores, convenience stores, wholesale stores, pharmacies, public and private hospitals, factory or establishment, or random survey of common activities in the area. This can be summarized as follows



Regional Health Promotion Center 3	Regional Health Promotion Center 1	Regional Health Promotion Center 3	Regional Health Promotion Center 1
Regional Health Promotion Center 5	Regional Health Promotion Center 2	Regional Health Promotion Center 9	Regional Health Promotion Center 4
Regional Health Promotion Center 7	Regional Health Promotion Center 3	Regional Health Promotion Center 10	Regional Health Promotion Center 5
Regional Health Promotion Center 9	Regional Health Promotion Center 8	Regional Health Promotion Center 11	
Regional Health Promotion Center 10	Regional Health Promotion Center 10	Regional Health Promotion Center 12	
Metropolitan Health and Wellness Institute	Regional Health Promotion Center 12		

### 1.12 Baby Friendly Hospital Initiative, BFHI

1<sup>st</sup> - 12<sup>th</sup> Regional Health Promotion Center and the Metropolitan Health and Wellness Institute, all are Department of Health have conducted knowledge exchange regarding the result of the mother relationship standard of the hospital, the analyzing of the situation and the obstacles along with creating standardized of the maternity hospital evaluation guidelines divided into 4 groups, such as an antenatal room, delivery room, postpartum room, and well baby clinic, and establish an operation team to review the content and revised standards according to BFHI Guidance 2018 by the World Health Organization.

### 1.13 Signing the Memorandum of Cooperation for Project Training in specialized nursing in the field of breastfeeding

Department of Health and Faculty of Nursing, Mahidol University has signed a memorandum of cooperation on training programs “Specialized Nursing Program in Breastfeeding” to improve nursing service capabilities 1) Maternal and child health and 2) Knowledge, understanding, and skills relating to proper breastfeeding as well as jointly drive, promote, support, and protect breastfeeding for the success in raising the child.

Department of Health has a policy to support all hospitals under the Ministry of Public Health, ranging from hospital centers, general hospitals, and community hospitals with a size at least 120 beds, with Maternal and child health service nurses at Breastfeeding Clinic or related service units as well as supporting training in the course as well.





#### 1.14 Breastfeeding in the World Breastfeeding Week Promotion Campaign

Countries set the date 1<sup>st</sup> - 7<sup>th</sup> August of every year as the World Breastfeeding Week. In 2019, Department of Health in cooperation with network partners organized breastfeeding promotional activities under the concept of “Empower Parents Enable Breastfeeding” emphasizing on members of society to be part of pushing breastfeed promotion. The Department of Health has determined measures and implemented to protect, promote, and support continuously breastfeeding with 3 important measures as follows

1. Protecting breastfeeding by driving the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code) to protect the rights and health of all children about losing opportunities to have breastfed through the control of appropriate advertising and marketing methods. The important driving methods are the creating of a plan to drive the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code), surveillance for the violation of the law, and proactive and passive law enforcement, and considering the comparison of wrongdoing. This is to specify the clarity and concrete directions of every department’s operations to be able to proceed systematically and effectively.

2. Promoting breastfeeding by communicating in order to create knowledge and understanding through various media, as well as the development of health service systems in accordance with the standards of Baby Friendly Hospital Initiative (BFHI) and the development of specialized nursing capabilities in the field of breastfeeding to increase the skills and knowledge for the operation and help solve problems related to breastfeeding. Therefore, the Department of Health is confident that mothers will be prepared for breastfeeding since pregnancy, delivery, and return to the community.

3. Support breastfeeding by jointly supporting academic material regarding the proper and effective setting of breastfeeding corner according to the policy on the establishment of a breastfeeding corner in the workplace of the Department of Labor Protection and Welfare, the Ministry of Labor, to facilitate mothers who return to work can collect breast milk as well as pushing the Partnership Project to send love to send milk from mother’s breast to children in Khon Kaen, Roi Et, Maha Sarakham, and Kalasin by accepting frozen breast milk from all over the country and delivered to children for free of charge.

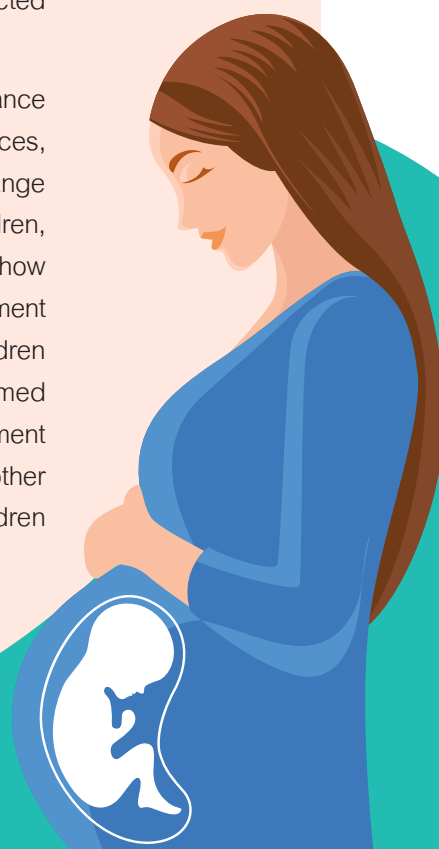
## 2. The Prevention of Mother-to-Child HIV Transmission for the sustainable development of women and young children in all-around capacity project

According to national strategy “Birth and Growth Quality Promotion”, the Ministry of Public Health, by the Department of Health, has established guidelines to prevent the transmission of HIV from mother to children since 1997 by providing hospitals with double consultation services to 1) check for HIV infection for pregnant women and husbands 2) check CD4 during pregnancy and every 6 months for infected pregnant women and begin the HAART antiretroviral therapy immediately and 3) babies born from an HIV-infected mother are given antiretroviral drugs and receiving milk substitution for 18 months.

In 2019, from the PHIMS program monitoring system, it was found that the coverage of antenatal care is 98.2 percent, the coverage of counseling services for HIV infection detection is 99.7 percent, the coverage of antiretroviral therapy HIV-infected pregnant women is 95.1 percent, and the coverage of antiretroviral therapy in children born from an HIV infected mother was 99.5 percent.

Currently, the rate of HIV transmission from mother to child is less than 2.0 percent. Therefore, in order to be ZERO among the HIV infection in children, proactive management is needed by 1) When HIV is detected in a pregnant woman at a government hospital 2) Public hospitals will notify to the management system and 3) the proactive management system at the provincial level proceeds with notifying regional and central directors, for technical support in order to prevent the transmission of HIV from mother to children in accordance with management standards and in line with national guidelines which has established a network of directors at 12 regional level and the central level, including a monitoring system. The center director will work with the regional director to start the HAART anti-virus drugs as soon as possible and connect HIV-infected pregnant women to the ongoing care systems.

The operation noticed the importance of the development of surveillance monitoring systems and follow up on comprehensive standardized services, development of medical and public health personnel to be the leaders of change and expert health promoters in health promotion for women and young children, as well as developing local communities with participation in order to show ownership of local communities and to create a concept of capacity development for people in the age range in order to develop a group of women and children to have good health and reduce illness from preventable diseases aimed to stop the transmission of HIV and syphilis from mother to child, the Department of Health, therefore, has a project to prevent the transmission of HIV from mother to children in order to develop the potential of women and young children in a sustainable way.



## Objectives

1. To Promote, prevent, and control for to reduce the transmission of HIV from mother to child and syphilis in newborns.
2. To develop the potential of medical and public health personnel to be ready and efficient to implement the women and children development plan.
3. To promote and to support local communities, the government, and private sectors to participate in to promote, to prevent, to control, for to reduce the transmission of HIV from mother to child and syphilis in newborns by using the concept of women and children all-around potential development.

## Operation method

1. Increase the service to prevent the transmission of HIV from mother to child and strengthen the referral or link up the care system according to the country's care guidelines 2014. The Department of Health is working with the Department of Disease Control, Department of Medical Sciences, and the Thai Red Cross with the following details
  - Strengthen the proactive operation network to prevent the transmission of HIV and syphilis from mother to child and referral of postpartum mothers and HIV-infected babies into the care system as soon as possible.
  - Establish the network's proactive operation diagram, including defining roles and responsibilities of directors at each level.
  - Develop a new HIV infection database and reporting system and death from HIV and syphilis in children under 18 months to find and track the cause of infection.
  - Implement proactive management and quality development activities to increase the coverage of PMTCT services
2. Supporting formula milk for breast milk substitution in HIV-infected women
3. Promote the request to end the transmission of HIV and syphilis at the provincial level in Thailand.
4. Develop public health services to be an organization that stops HIV and syphilis transmission at the regional or provincial level.
5. Supervision and monitoring to promote the use of HIV prevention information from mother to child for development and improvement of operations as well as the increased coverage of dual counseling for early detection of HIV infection and the diagnosis of HIV infection in infants

## Acquired lesson

Sustainable development requires a complete component, namely, continual and clear policy which covers all levels. supporting according to 4M (Man, Money, Management and Material).

Public health personnel and public health service units can develop into an organization that stops HIV and syphilis transmission at the provincial level and results in the termination of HIV and syphilis transmission at the national level.



### 3. Project for preparing children aged 2 - 5 years

#### Objectives

1. To reinforce the parents and caretakers to monitor and promote appropriate early childhood development.
2. To screen, promote, search, track, and stimulate child development by medical and public health personnel.
3. To propel the integration of cooperation in the development of early childhood potential.
4. To create a society trend, communicate with parents and caretakers who care for children and related agencies to sense the importance of the screening of early childhood development.

#### Main activities

**3.1 Workshop to develop evaluation guidelines or tools for the Early Childhood Potential Development Project** The objective is to have more knowledge, to exchange experience, and to create evaluation guidelines or tools for the Early Childhood Potential Development Project.

From the workshop, the questions and tools for evaluating the project, both quantitative and qualitative, are as follows 1) Behavior of using the Developmental Surveillance and Promotion Manual (DSPM) 2) Satisfaction

with the Developmental Surveillance and Promotion Manual (DSPM) 3) Childcare behavior 4) Personnel potentials 5) Supporting, and 6) Participation of the network partners

**3.2 Discussion meeting on the intellectual level of the early childhood development** (Intelligence Quotient, IQ) by the Department of Health in cooperation with the Department of Mental Health for increasing the intelligence level or IQ of children at the pilot level in the health service area 10 to create a model for increasing the Intelligence Quotient or IQ of children at the pilot areas with issues related to early childhood development as follows

**3.2.1 From the Situation Survey of Intelligence Quotient (IQ) and Emotional Quotient (EQ) in Pratomsuksa 1 (1<sup>st</sup> year of primary school) in 2016** conducted by the Department of Mental Health, Ministry of Public Health, it was found that the average level of IQ is 98.23, which is considered normal level but slightly lower than the international standard (IQ = 100). The integrated solution of this issue is required.

**3.2.2 Cooperation among scholars who are related this issue to find out strategy for developing Early childhood Intelligence Quotient (IQ)**

**3.3 Meeting to develop Applications for the Maternal and Child Health Handbook, Developmental Surveillance and Promotion Manual (DSPM) or Developmental Assessment for Intervention Manual (DAIM)** The development team presented development concepts based on the content per the maternal and child health handbook, adding a child's health schedule, vaccination days, timeline developmental assessments, and appointment alert, and adding the development of 2 school-age children book application, the trial use is at Saraphi District, Chiang Mai Province.

**3.4 Workshop on the development of children in honor of HRH Princess Maha Chakri Sirindhorn on the 5<sup>th</sup> Cycle Anniversary April 2, 2016, the fiscal year of 2019.** The attendees were informed 1) Surveillance situation promoting early childhood development in regions 2) Guidelines for solving early childhood development problems 3) Gap analysis of early childhood development promotion operations 4) Collaboration with Network partners for early childhood development promotion activities, and 5) the knowledge exchange of best practices in each province.

**3.5 VDO Conference of Screening Campaign Week for Early Childhood Development** to clarify the guidelines for Screening Campaign Week for Early Childhood Development, the fiscal year 2019, between 8<sup>th</sup> - 12<sup>th</sup> July 2019 to provincial public health offices by setting screening guidelines for early childhood development in 5 stages, namely 9 months, 18 months, 30 months, 42 months, and 60 months.

**3.6 Press Conference for Early Childhood Development Screening Campaign, 2019,** the Ministry of Public Health has organized a project to promote child development in honor of HRH Princess Maha Chakri Sirindhorn on the occasion of the 5<sup>th</sup> cycle anniversary in 2<sup>nd</sup> April 2015, together with the Ministry of Interior, Ministry of Social Development and Human Security, Ministry of Education, Ministry of Defense, and Bangkok Administration along with various departments to drive early childhood development into action focusing on

surveillance and promote early childhood development by specifying 1) the goal of every Thai child being properly and appropriately promoted, and 2) a nationwide early childhood development screening campaign in July every year. And in 2019, Early Childhood Development Campaign Week was scheduled between 8<sup>th</sup> - 12<sup>th</sup> July 2019. For this press release, it was the beginning of the Early Child Development screening campaign week to raise awareness about early childhood development in Thailand.

#### **Press conference issues**

1. Faculty of Medicine Siriraj Hospital, Issue: Early childhood development screening is an important issue. If children are not developed, but they are able to stimulate development in time, it will be very beneficial for them.

2. Ministry of Public Health Issue: The heart of the campaign is "to get to the children" and then creating Health Literate Parents.

3. Ministry of Interior Issue: The ultimate goal is public happiness promoting children's learning through the intelligence creating playing field.

4. Ministry of Education Issue: in collaboration with network partners for child development, the main task is to develop a curriculum for preschool children.

5. Ministry of Social Development and Human Security Issue: Caring for children from birth to the elderly, focusing on working with network partners.

6. Bangkok Issue: Creating a network for the promotion of child development, promoting village public health volunteers to monitor child development

7. The Royal Thai Army Medical Department Issue: with the network for screening child development and helping children with problems

8. National Health Security Office (NHSO) Issue: Public Health Promotion, reduce the cost of treatment, support the budget for the publication of Developmental Surveillance and Promotion Manual (DSPM)

## 4. Early Moment Matter on Mobile

Early Moment is an important time in human life especially during the first three years of life is the golden period or “window of opportunity.” It is the period that various systems of the body are forming and changing rapidly. The brains of children of this age develop and function swiftly compared to other stages of life. The brain cells of a newborn child make quick connections by approximately 700 to 1,000 times per second. And when the child turns 3 years old, the child’s brain will work twice as fast as the adult brain. In addition, during that period, the weight of the brain increased by 87.0 percent when compared with the age of the fully grown brain. Therefore, proper parenting, child development, and development stimulation of the brain, physical, emotional, and intellectual abilities of children, all have a direct impact on the intellectual and social development of children. It is important to lay the foundation of a child’s life and will have a long-term effect on educational success and further progress in life.

Every child in Thailand should be allowed to develop to their full potential in a warm, safe, and equal environment by supporting parents, care providers or those close to them to participate in activities with children for quality and positive care. The key strategies for achieving the goals include 1) policies to support families to develop early childhood and pushing it for a national agenda focusing on private sector participation. 2) Driving parents. Parents need quality early childhood services.

### Main activities

4.1 Public press for pregnant women, parents, young children caretakers, coming to receive services in 10,000 government hospitals, can register to receive the service.

Bureau of Health Promotion, Department of Health procures media production for Early Moment Matter on Mobile public relations in 3 items as follows

1. Public relations poster for Early Moment Matter on Mobile 11,000 sheets



2. Procurement of Early Moment Matter on Mobile tent cards 4,300 sets



3. Mobile Exhibition Set (Inkjet in PP Board Standee)  
Early Moments Matter on Mobile Project 30 items



**4.2 Organize mobile exhibitions and activities for Early Moments Matter on Mobile.**

1. Mobile activity: Early Moments Matter on Mobile during May 7-8, 2019 at the Health Promotion Hospital, Regional Health Promotion Center 5, Ratchaburi.

2. Mobile activity: Early Moments Matter on Mobile on May 21, 2019 at Mueang Chon Buri Hospital to clarify the Early Moments Matter on Mobile project to executives, academics, doctors, nurses, and related parties as well as publicizing the Early Moments Matter on Mobile project to target groups, including pregnant women, puerperas, preschool children caretakers, and antenatal clinic personnel and a healthy children's clinic. In addition, target groups and the public are invited to register to receive Early Moments Matter on Mobile information.

**4.3 Organize Media Trip for Early Moments Matter on Mobile, Bureau of Health Promotion**

The Department of Health, in collaboration with UNICEF, organized the Early Moments Matter on Mobile Media Trip between August 7-8, 2019 at the Central Khon Kaen shopping

center and the Health Promotion hospital at the Khon Kaen, Regional Health Promotion Center 7 with the purpose of publicizing the project to executives and media from 1) Channel 7HD 2) Bangkok Post newspaper 3) Thai Post newspaper 4) Matchon Publishing House 5) Parent One FB Page 6) Rak Luk Group Company Limited 7) PR News Network, and 8) Khon Kaen Local Media. In the event, executives and the media visited the #EatPlayLove exhibition at the Central Khon Kaen shopping center and visited the maternity and child health clinic of the Health Promotion Hospital at the Regional Health Promotion Center 7 in Khon Kaen including 1) antenatal clinic and parents school. 2) Well Child Clinic and 3) Visit the exhibition and visit the family home that uses the free breast milk delivery service.

**4.4 Video PR for Early Moments Matter on Mobile**

The Bureau of Health Promotion, Department of Health has procured a video production house to promote and publicize the Early Moments Matter on Mobile project to the relevant parties to subscribe to the raising children appropriately

according to age message service with Khun Benz Pornchita Na Songkhla as the presenter.

#### 4.5 The Assessment of Early Moments Matter on Mobile Project by clients

According to the Department of Health in cooperation with the United Nations Children’s Fund (UNICEF), the “Early Moments Matter on Mobile” project has been implemented with the aim of developing communication innovations for pregnant women, parents, and guardians of children from birth to 6 year-old to receive appropriate knowledge that corresponds to the gestational age or the age of the child. Early Moments Matter on Mobile was launching as a gift for the National Children’s Day from the Ministry of Public Health on January 11, 2019.

In December 2019, the Department of Health together with the organization United Nations Children’s Fund (UNICEF) determined the Early Moments Matter on Mobile follow-up to inquire about opinions toward

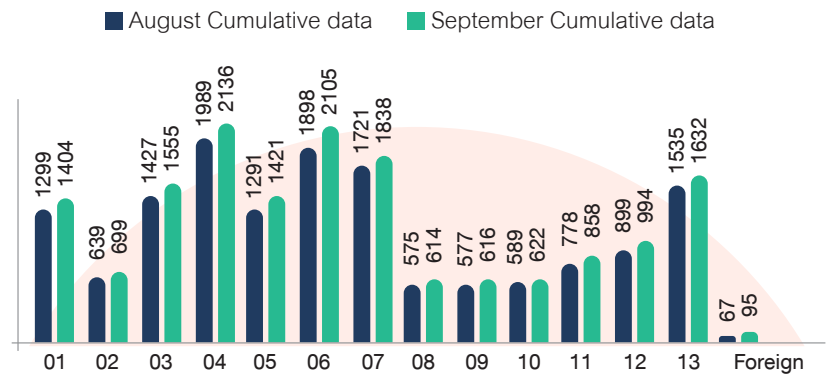
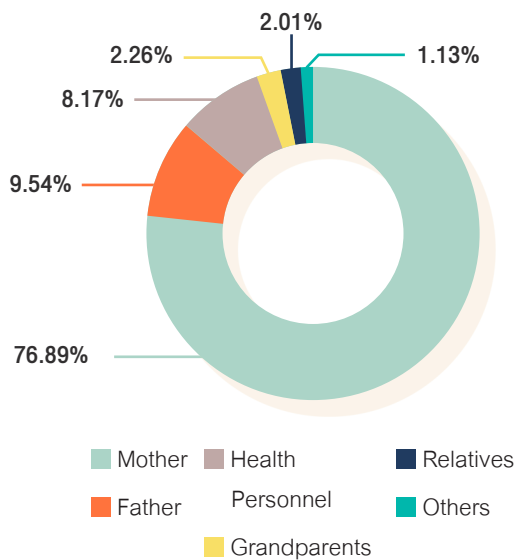
service recipients, including pregnant women, parents, and guardians, as well as medical personnel involved in driving the project with the following objectives

1. Find ways to drive and develop projects at the national level, regional level or provincial level.
2. Develop the content of the Early Moments Matter on Mobile service for proper communication with the target group.
3. Methods of public relations and registration to increase the number of applications and access.

#### Summary of Early Moments Matter on Mobile

Subscribers receive news from the Early Moments Matter on Mobile project on the Facebook page 16,589 people. The number of people who liked the page is 39,966 people and the follower of the page is 40,873 people which is mothers 76.89 percent, second place is fathers 9.54 percent, and third position is health personnel 8.17 percent.

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At present, the Early Moments Matter on Mobile Facebook page has moved to LINE application and the Maternal and Child Health Section, the Bureau of Health Promotion has launched LINE Official account as follows

The first 6 years of life is the golden opportunities for building a foundation for all-around development starting from antenatal care. With information, knowledge and activities to develop children in various fields according to age, we are inviting parents to subscribe for the information from pregnancy until the child turns 6 years old via mobile phone for free. Parents will receive infographic messages and videos that are useful for raising children, and bring activities to try and practice with children.

How to subscribe. We are inviting parents to register for free via LINE Official account

1. Add friends at Line ID @9yangth or scan the QR Code
2. Enter your personal profile
3. Get appropriate health care information according to the gestational age or child age

## 5. Pregnant Women Health Surveillance Project

The Department of Health suggests maternal and child health handbooks to pregnant women as a tool for 1) Self-health surveillance for mothers during pregnancy, childbirth, and postpartum period by mothers and family members 2) Health care and raising a child for healthy Development of childhood and 3) Capacity building mothers can do self-care according to the concept of health promotion for pregnant or early childhood for good health.

Health handbook is contained in a set of benefits that the government should provide to the target group according to the universal health coverage Scheme of the National Health Security Office (NHSO) and budget to the Department of Health for publication every year from 2001 to the present.



14:20

กรมสาธารณสุข  
MINISTRY OF PUBLIC HEALTH

สมุดบันทึกสุขภาพ  
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สมุดบันทึกสุขภาพ

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เข้าสู่ระบบ

ยังไม่มีบัญชีใหม่? ลงทะเบียน

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รวมโรคคอตีบ-บาดทะยัก-ไอกรน

Department of Health in collaboration with Mae Jo University By Teacher Alongkot Kongmanee has developed the maternal and child health handbook application to expand the content of the maternal and child health handbook to a digital platform for keeping their health record of mothers and children. The information is crucial for creating the development of mother and child's quality of life, health promotion, and warning of health conditions. The budget of the project has been supported by The National Broadcasting and Telecommunications Commission. Current trial Maternal and Child Health Handbook Application is tested at Phaya Chomphu Health Promoting Hospital and Ban Tha kwao Health Promoting Hospital, Saraphi District, Chiang Mai Province.

## National Institute of Child Health, Department of Health

### 1. English Communication Skills for children aged 1 - 3 years Promotion Project

Second language communication is the most important skill for every career and for Thailand, English language communication is a huge problem. Therefore, it is necessary to promote language skills from an early age. Parents or caretakers of children in the 21<sup>st</sup> century need to have the skills and abilities to organize the learning and communication experience for children from birth starting with children familiarizing with listening and speaking (Conversation) before reading or writing. Parents or caregivers are important factors in producing child's language and communication skills.

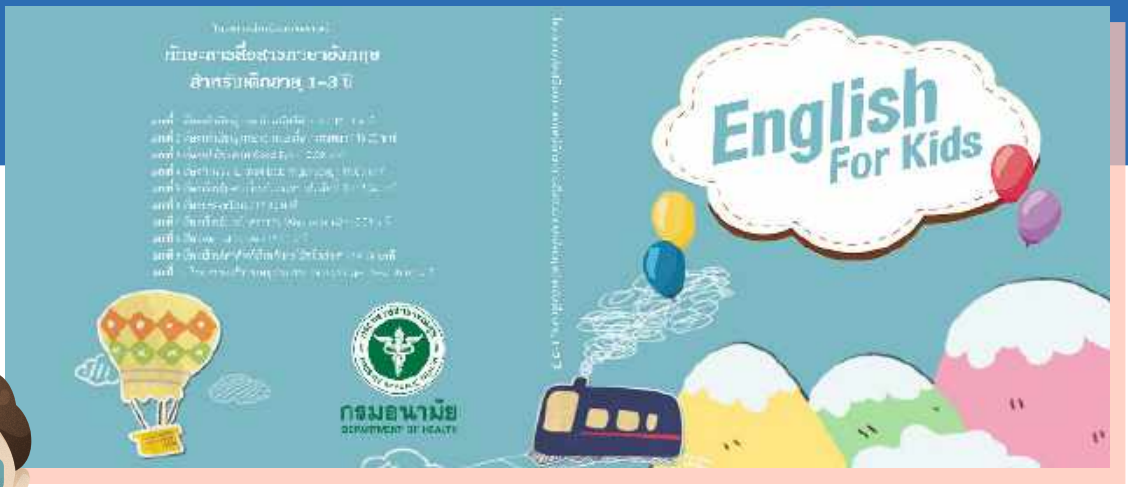
Organizing activities of English Communication Skills for children aged 1 - 3 years Promotion to 1) develop the capacity of child care teachers for organizing activities to promote learning experience in English communication skills for young children aged 1 - 3 years and 2) Child care teachers can develop skills and become confident and assertive.

#### Operation results

1. Teachers who take care of children can increase their ability in English and can provide learning experience in English communication skills for children aged 1 - 3 years.

2. Experience enhancing innovation

- English lesson plan for children aged 1 - 3 years
- English lesson plan video for children aged 1 - 3 years, early childhood development center



Download at:

<http://nich.anamai.moph.go.th/main.php?filename=English>



## School-age Children and Youth Health Section, Bureau of Health Promotion, Department of Health

### 1. The Conference on the development of children and juvenile health in remote area towards becoming Health Literate School in 2019 with “Good health, good quality of life” on May 28, 2019 at the Miracle Grand Convention Hotel, Bangkok

The Department of Health recognized the importance of child and juvenile health development in remote areas and organized a forum to exchange knowledge, to strengthen the new knowledge, and to expand the development guidelines by organizing a conference on child and juvenile health development in the remote areas of 2005, 2012 and 2015. This is to lead the integrated operation with the guidelines of the School of Health Promotion and upgrade to a Health Literate School of the 21<sup>st</sup> century and the digital society covering the creation of life skills and health skills. This is to increase the quality of life for children and juvenile through balanced development of potential, achieving desired behavior, proper nutrition, good health and surrounded by suitable and hygienic environment. Therefore, with a sense of royal grace in accordance with the royal duties on the development of health of children and juvenile in remote areas, the Department of Health has established a conference on the development of local children and juvenile health to be a health literate school. It was established in 2019 by HRH Princess Maha Chakri Sirindhorn.

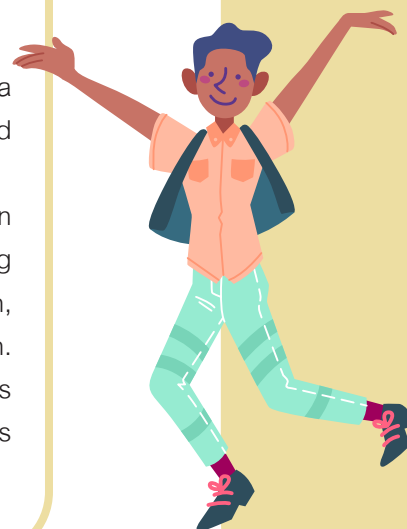


#### Objectives

1. To be a forum to exchange experiences, outstanding work, good practices, new knowledge, and health innovations in remote areas that are diverse in the context of schools and communities.
2. To be a role model with full efficiency, aiming to continually expand the development from schools to communities.
3. To propel child and juvenile health promotion operations of relevant network partners, sites, workers, and policymakers.

Conference on the development of children and juvenile in remote area towards becoming Health Literate School in 2019 with “Good health, good quality of life” presents interesting issues as follows

1. Royal Decree through children and juvenile development plan in remote areas according to the Royal Decree No. 5, 2017 - 2026, recognizing the importance of pregnant women, postpartum mothers or lactating women, newborn children, primary school children, and secondary school children. In the past, it was found health problems such as below average newborns weight, development laggard child, obesity in early childhood, shortness in elementary school children, obesity in secondary school children.



**The focus:** Development and positive discipline building in preschool children project adopted the prototype of Nan Province, expanding to the Border Patrol Police School.

**Suggestions:** The service should cover children of all ages, areas, homes, child centers, and educational institutions to enable children to grow to their full potential, develop as they age, and be able to learn through self-practice (Learning by doing).

2. Discussion “Strengthen Network, Create good health for the children in the remote areas.” Past Working in remote areas found health problems, communication, and access to health services. Currently, both public and private sectors have joined to support and to expand educational opportunities for children in term of quality, integrating knowledge about the development both the schools and the communities for all dimensions for sustainable development based on self-reliance, emphasizing on social and environmental responsibility. The operation consists of the analysis and synthesis of activities throughout the education sector, especially the border patrol police school and civil sector. It is to get to know the operational problems and to find solutions in a timely manner. In this regard, the principle of 4 notions that are 1. Admiration 2. Succour 3. Timely manner and 4. Sharing

**Suggestions:** seeking partnerships with the private sector and other factors to drive school health

3. Discussion “Challenging, developing, thriving, outstanding, all-around knowing to health of children and juvenile in remote area ,” under the challenging context of child and juvenile health development due to Ethnic diversity, religion, poverty, disadvantage, especially in the remote areas, causing some students to encounter malnutrition problems, obesity, shortness, thinness, dental health problems, and physical activity limitation.

The school is an important hub of the development of student health both physically and mentally with strategies that are appropriate for the context of the area and collaborating with all network partners as well as taking the community as the important base of the improvement of child and juvenile health operations.

Success factors or challenges

1. Driving operations in accordance with the context of the area, reducing the disparity between urban and rural areas and generosity
2. Cooperation from all sectors, including communities, is an important base child and juvenile health development
3. School development to international standards



## 2. Creating innovations for healthy Thai children

According to the turbulent globalization, a new form of life development emerged, which is a novelty of disruptive innovation, and when it happens, it will completely revolutionize the market. For the development of innovations for healthy Thai children by developing a network of healthy children, which is considered as Networking innovation because innovation is not limited to just a Product or Service.



Creating innovations for healthy Thai children starts with Design Thinking. This is to analyze problems that arise from understanding the problem people first, with the following steps

1. Empathize. Understanding the target audience means understanding school-age children and a summary of the needs of school-age children.
2. Define. Processing and synthesis discoveries to identify problems
3. Ideate. Brainstorming.
4. Test. Testing the target perception.

The implication of the creation and development of innovations requires intensive leader support to create innovation in the organization, teamwork, not sticking to past success, new experiences, and follow technological progress.

In addition, innovation creates 4 levels of values as follows

1. Social Impact
2. Life-Changing
3. Emotional
4. Functional

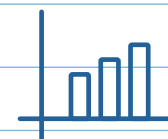


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## 3. Developing a joint database system for student health

Under the Constitution of the Kingdom of Thailand, published in the Government Gazette, 6 April 2017, it is required to integrate the database of all government agencies together while also able to exchange information with each other for maximum benefit. This should take into consideration the protection of privacy violations (Data Privacy).

Therefore, School-age Children and Youth Health Section, The Bureau of Health Promotion, Department of Health, in collaboration with relevant ministries, has created an integrated student health database that can exchange information with each other for the most benefit to the relevant agencies such as the development of information systems for education management, student health care, etc.



The characteristics of the student health database are open systems, meaning any person can access the information with security. "Person authentication," said information consists of education data for mothers before pregnancy until the elderly, birth data of children up to 21 years old, both formal and informal student data, and automatic links to the population registration database. These data are imported from the area with cooperation between health officials and teachers.

## 4. Health Literate School Project

Nowadays, Thailand is facing a challenging situation from all around, especially school-aged children and teenage such as Demographic structural change, birth rate decreased with inferior born, more teenage mothers, the transition from rural society to urban society, as well as technological progress, online social communication, modern imitation, focusing on materialism rather than the mind. As mentioned above, Thailand needs to be prepared to handle these changes. Specific Operating directions must be defined and to be consistent with

1. Sustainable Development Goals (SDGs) for health and quality of life certification
2. 20 Year National Strategic Plan (2018 - 2037) in the capacity building and development of human

3. The 12<sup>th</sup> National Economic and Social Development Plan in the capacity building and development of human capital in accordance with Thailand 4.0 goals

4. The constitution of the Kingdom of Thailand B.E. 2559, referendum Article 55 on the government must ensure that the public receive efficient public health services thoroughly and promote the public to have basic knowledge about health promotion and disease prevention, promote and support the development of traditional Thai medicine wisdom for the highest benefit.

5. Public health reform plan with 3 goals or desired outcomes in reforming health literacy 1) to enable all Thai people to have access to and process health information to support decision-making toward their own health, 2) to make Thai society a health literacy society and 3) to make Thailand to have a public health system, education, social welfare, and the environment that enable people to access information. People can understand, evaluate, and implement as well as access to various services to make health care decisions for themselves and their families appropriately.

In addition, analysis and review of operating results found important issues that are the operations cannot achieve results both health behavior and health status of students. Because the driving process focuses on systemic mechanisms, but not towards the students. Therefore, teenage children health care operations need to work in tackling specific health problems and holistic health promotion by using health literacy and behavior development strategies to create healthy Thai citizens.

### Project result indicators

1. Plan to develop students to have health literacy and desirable behavior together with the Office of Primary Education Service Area at the responsibility areas of all 12 Regional Health Promotion Centers
2. Guidelines for the implementation the 4 elements of the Health Literate School with 12 indicators and to collect data on health literacy and desirable health behaviors of school-aged children in the target school

# Health Literate School



3. 23 Model schools and best practices in the development of health literacy and desirable behavior

4. 342 schools participated in the development of health literate schools

### Operation

1. Integrated meeting for more enhancing the standard of the health promotion school to be the health literate school

2. Meeting to develop the process and guidelines for the health literate school in 4 elements with 12 indicators as follows

Element 1: Management process

Element 2: Health literacy communication

Element 3: Environmental arrangement encouraging health and learning

Element 4: Participation of network partners, including guidelines for operation under the composition focusing on the consistency with the context and possibilities of the school for the development of health operations.

3. Meeting to develop the personnel capability to support regional health literate schools

4. Meeting to promote health literacy and desirable behavior for school-age children

5. Meeting on the development of the potential of health personnel and network partners to carry out health promotion activities in preschool and school children

6. Survey of health literacy and desirable health behaviors for school-age children

7. Organizing an exhibition and campaign to promote health literacy among school-age children and teenagers at the National Children's Day 2019, approximately 600 of school-age children, teenagers, and juvenile participated in various activities: 1) Emphasize health knowledge, "Eat, sleep, play, brush, clean, and keen 2) Strengthen the awareness of the importance of health promotion, disease prevention, and being healthy



3) be able to apply the knowledge and 4) be able to disseminate knowledge to others

8. Producing health promotion media and evaluating health literacy media such as 1) Health literate school media 2) Animated Info Graphics in Health literacy 3) Dental health media or brushing teeth music contest 4) Health literacy and environmental sanitation behavior suitable for students motion graphics

9. Designing and producing health teen animation media "Strong Smart Smile" for disseminating to target groups to create health literacy for teens

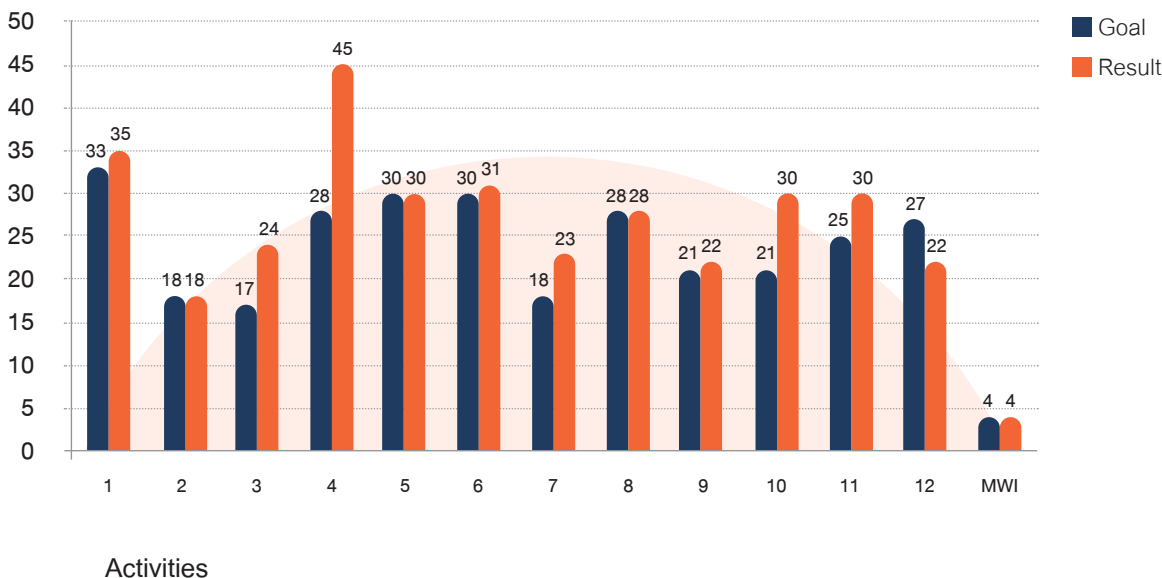
10. Organizing a workshop on capacity building for personnel to support and develop the school to be a Health Literate School

### Results of operations

- The school focuses on integration with other health development activities

- Measuring performance outcomes, especially health, requires time as well as supporting coaching by public health officials

Figure 30: Number of Schools Participating in the Health Literacy Process Development School Classified by Health Center (Goal 300 schools, result 342 schools)



Activities



#### Success factors

1. The National policy on health literacy
2. The Vision and commitment to improving student health of the administrators.
3. Schools participating in the program exceeded the goal (Goal 300 schools, 342 Done)
4. The school has always been working to promote health and wants to enhance to be a health literate school that focuses on individual health outcomes.
5. The enhancement of the operation and the integration of health in school-age children and teens with health literacy
6. The cooperation from partners in the central and regional networks

#### Problems

- The propulsion of the joint policy level of the relevant ministries is not yet concrete.
- Public health personnel development on health literacy
- The difference in the understanding of the process of health literate school development.
- The students and parents cannot access the correct health knowledge.
- Discontinuation of health promotion activities in schools, affecting the health literacy and desirable behavior
- The creation of health literacy to desirable behavior must be pervaded by the effective communication process that requires long-term monitoring.





## Working-age Health Section, Bureau of Health Promotion, Department of Health

### 1. Somdej Ya Royal Project Against Breast Cancer

Department of Health, Ministry of Public Health, in cooperation with Thanyarak Foundation under the patronage of Somdet Phra Srinagarindra Boromarajajonani emphasize the importance of supporting Breast Self-Examination (BSE) for Thai women using the Triple Touch method to screen for early breast cancer. Department of Health, Ministry of Public Health is conducting the operation, but still lacking the quality control of manual breast self-examination. When abnormalities are found, the care and referral systems are still unclear. Later, in 2012, the Department of Health, Ministry of Public Health in cooperation with Thanyarak Foundation under the patronage of Somdet Phra Srinagarindra Boromarajajonani and the National Health Security Office (NHSO) operated a project to assess the efficacy of the result of Breast Self-examination of Thai women under the project of Inheriting the Royal wishes of Somdej Ya Against Breast Cancer, 2012 - 2017.

In 2015, Signing of the Memorandum of Understanding of operation of the project of Inheriting the Royal wishes of Somdej Ya Against Breast Cancer between Thanyarak Foundation under the patronage of Somdet Phra Srinagarindra Boromarajajonani in collaboration with the Ministry of Public Health, with the Department of Health as the coordinator of the project of Inheriting the Royal wishes of Somdej Ya Against Breast Cancer conducted the management of the operating model and the collection of personal information of Thai women, target group aged 30 - 70 years, the pilot areas are in 21 provinces

1. Region representative Provinces. The operation covers all districts in 5 provinces, namely Chiang Rai, Chanthaburi, Surat Thani, Nakhon Ratchasima, and Sakon Nakhon.

2. 1 operation in a district in 16 provinces, namely Chiang Mai, Phitsanulok, Kamphaengphet, Nakhon Sawan, Phra Nakhon Si Ayutthaya, Lopburi, Nakhon Nayok, Ratchaburi, Samut Songkhram, Roi Et, Nong Bua Lam Phu, Loei, Ubon Ratchathani, Amnat Charoen, Phang Nga, and Songkhla

Activities include the development of the potentials of public health personnel and village public health volunteers (VPHVs) regarding the knowledge and skills of breast self-examination. The creation of the breast self-examination notebook as a tool to build the potential of Thai women in the breast self-examination and the care linked to the health service system. The past performance is clear in terms of knowledge and skill in the breast self-examination using the Triple Touch method, the quality of the breast self-examination, breast examination by medical personnel, and breast examination with ultrasound. All of the above operations have resulted in reducing the severity (Staging) both of the illness rate and the death rate.

Surveillance of Thai women escaping breast cancer, Creation a course for breast self-examination, and data collection are created for monitoring the situation, development, and expanding the project area to cover all provinces.

#### Objective

1. To Inherit the Royal wishes of Somdej Ya Against Breast Cancer, the Founder of Thanyarak Foundation for Thai Women escaping breast cancer.

2. To develop a breast cancer screening system that begins with a breast self-examination.

3. To promote Thai women to have correct and consistent breast self-examination behavior.

### Project implementation process



#### Gap analysis

1. Devices and media are inadequate with the number of service centers and Thai women in the target group, especially in the operation extended provinces of the project of Inheriting the Royal wishes of Somdej Ya Against Breast Cancer.

2. Lack of personnel who can use the Portable Ultrasound device and Portable Ultrasound devices are broken in some service units

3. Lack of continuity of operation due to the change of responsible personnel at both district and provincial levels

4. The personnel of the operation extended provinces of the project of Inheriting the Royal wishes of Somdej Ya Against Breast Cancer lack knowledge and understanding of the operation.

5. The breast cancer monitoring database for self-examination is not comprehensive and continuous.

## Future challenges

1. Thai women aged 30 - 70 years are able to Breast Self-Examination (BSE) correctly and consistently 80.0 percent.
2. Expanding the area of the project, covering all districts and provinces nationwide



## 2. A project for the development of health promotion model in the workplace for quality of life for working-age or CSR (Corporate Social Responsibility) in Health for happy and healthy workplace

In 2019, Thailand has a working population of 38 million people, which is the largest group in the country. This is the main group driving the country according to the 20-year national strategies consisting of 6 strategies 1) Security 2) Capacity building in the competition. Economic Competency Development 3) Human Development and Capacity Building Promoting good health for people 4) Equal opportunity, Social equality, and reducing economic and social inequality 5) Creating environmentally friendly growth in quality of life 6) Balancing and growing of integrated government management systems in order to achieve its' vision on "stability, prosperity, and sustainability, Thailand will become a developed country through developments based on the sufficiency economy philosophy" leading to the development of happiness of Thai people and responding to achieving national benefits 1) Improving the quality of life 2) Generating high incomes 3) Equally, stable, and fair society 4) Become a developed country and 5) Competing in the global economy. It can be seen that the goal of the strategies focuses on "developing Thai people to be happy" and is to create and to develop happiness both body and mind. The CSR in Health for Happy and Healthy Workplace Project is a process for knowledge management and guidance to create good health for the working population in workplaces both public and private establishments resulting in the good efficiency of the workforce.



“10 Packages, Healthy Workplace” is a strategy used to drive health promotion and disease prevention for the quality of life, the healthiness and the happiness for people in the workplace.

**Project objectives**

1. To support the implementation of the policy on health promotion and quality of life in the workplace.
2. To create network partners to drive development mechanisms in both operating systems of health promotion and quality of life in the workplace.
3. To support the development of health promotion innovations in the workplace.

**The Process**

1. Organizing meeting to develop health and quality of life policy for the working-age population in the workplace
2. Organizing monthly meetings to monitor the work of the project committee of project for the development of health promotion model in the workplace for quality of life for working-age.

3. Organizing a network of health and the quality of life personnel in the workplace meetings.

4. Signing the MOU in health promotion and disease prevention of working-age population in the workplace, and launching 10 Packages, Healthy Workplace under the project of Health Promotion and Environmental Health Packages in Organization

5. Organizing a workshop on health promotion and environmental health in the workplace with 10 Packages, Healthy Workplace. The attendees consist of personnel from central, provincial, and regional personnel.

6. Organizing a leader training on health promotion and quality of life of workers in the workplace

7. Organizing the meeting to brainstorm ideas creating guidelines to promote health promotion and environmental health in the workplace

8. The development of health promotion innovations in the workplace

- 10 Packages, Healthy Workplace guide for health promotion and environmental health in the workplace

- Video media, knowledge, and 10 Packages, Healthy Workplace public relations

- 10 Packages, Healthy Workplace Media leaflet

- Media for health promotion and environmental health programs in the workplace exhibition

9. Conducting 2 researches

1. Factors Affecting the Success of the 10 Packages, Healthy Workplace Operation.

2. The Integrated Driving Process of Health Promotion and Environmental Health Policy in the Workplace

10. Organizing a periodic meeting to monitor operations and exchange results with the regional health promotion centers

11. Visiting the operational evaluation and in-depth consultation in the organization

12. Organizing a forum to exchange knowledge, to spread the work of the organization, and to reward

## Results

The training for leaders in both of health promotion and quality of life development, which are for workforce in the workplace

- Regional Health Promotion Center 4, Saraburi
- Regional Health Promotion Center 6, Chon Buri
- Regional Health Promotion Center 10, Ubon Ratchathani

## Gap analysis

1. Pushing and expanding health promotion operations in some establishments are still not able to be implemented. It is necessary to rely on continuous network pushing from partners.

2. The operation cannot be fully integrated.

3. Lack of systematic analysis and development of manpower in line with the changing situation and health system reform

## Future challenges

1. Creating an integrated information technology database system to support health promotion and disease prevention of working-age populations in the workplace.

2. “10 packages, Healthy Workplace” leadership program for working-age population health promotion in the workplace

3. Expand operations and develop networks under the project of model development of workforce health promotion in the workplace in order to increase the quality of life to the provinces of the Eastern Economic Corridor (EEC), namely Rayong, Chonburi, Chachoengsao.

**Publication of “10 Packages, Healthy Workplace” for working-age populations health promotion in the workplace.**

1. Publicize the guidelines for “10 Packages, Healthy Workplace” on 10<sup>th</sup> September 2019 at Command Building 1, Government House.

2. Anamai Electronic Knowledge Hub for collecting Public relations media of “10 Packages, Healthy Workplace” knowledge.

3. “10 Packages, Healthy Workplace” learning set

4. “10 Packages, Healthy Workplace” public relations video media for working-age people

5. Life’s strategy “10 Packages, Healthy Workplace” Series

## 1. Publicize the “10 Packages, Healthy Workplace” 10<sup>th</sup> September 2019 at Command Building 1, Government House



2. Public Relations Media of 10 Packages Healthy Workplace Knowledge (Anamai Electronic Knowledge Hub)



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3. 10 Packages Healthy Workplace Poster



4. "10 Packages for Healthy Workplace" public relations video media for working-age people



5. Live Strategies "10 Packages for Healthy Workplace" series

live strategies "10 packages for Healthy Workplace" Series are compass for navigation and communication, creating awareness, realization, and understanding of 10 packages strategy and is easy to understand. There are captivated contents. There are clues to solving problems, causing decisions, and knowledge in health.

Package 10 offers a balanced lifestyle with happiness, health, and increase the quality of life consisting of

Live strategies



For more info.  
<https://qr.go.page.link/xJbfh>



### 3. Health promotion and environmental health packages in organization



MOU Signing Ceremony and launching the 10 packages guidelines for health promotion and environmental health in the workplace and holding a forum on the topic of the success step towards the integration of health promotion and disease prevention for working people on September 12, 2019 at the Miracle Grand Convention Hotel, Bangkok



Workshop on Health Promotion and Disease Prevention for Working-age in the Workplace, September 13, 2019 at Miracle Grand Convention Hotel, Bangkok



#### Objectives

1. For the cooperation of agencies and network partners involved, both public and private sectors such as the Ministry of Interior, Ministry of Labor, Ministry of Industry, Bangkok Administration, the Federation of Thai Industries, Private Hospital Association, and related network partners in propelling and implementing integrated health promotion, disease prevention from the central, provincial, and public and private enterprises in order to promote healthy, happy, long life populations with “10 Packages Healthy Workplace”, resulting in

the working-age population being healthy and increasing the quality of life.

2. To develop, improve, connect, and integrate the health promotion and disease prevention information database of the agencies that sign the MOU and related network partners.

3. For the integration of health promotion and disease prevention services from departments beginning from policy level to the local level or operational level, this is to reduce the duplication of the work of various departments.

### Target group

Executives from agencies and network partners, both public and private sectors such as the Ministry of Interior, Ministry of Labor, Ministry of Industry, Bangkok, the Federation of Industry of Thailand, Private Hospital Association, and the Office of Thai Health Promotion Foundation (THPF) approximately 350 people.

### Implementation

General Prayut Chan-O-cha, Prime Minister, along with Mr. Anutin Charnverakul, Deputy Prime Minister and the Minister of Public Health, presided over and witnessed the signing ceremony of a Memorandum of Cooperation on health promotion and disease prevention working-age population in the workplaces of various departments such as the Ministry of Interior, Ministry of Labor, Ministry of Public Health, Ministry of Industry, Bangkok, the Federation of Thai Industries, and private hospital associations as well as launching 10 Packages guidelines for the health promotion and environmental health in the workplace.

Deputy Prime Minister and Public Health Minister Anutin Charnverakul gave the summary report as follows: The government grants the Ministry of Health with government and private agencies to promote health, prevent disease, reduce unwanted health behaviors against chronic diseases and occupational diseases in working-age populations. The important role of working age population is to drive the economy of family and country, therefore, it is necessary to have good health, good income, and long lifespan. The objectives of this MOU are 1) to develop a model to promote the health of working-age population with the health guideline of “10 packages for safe, healthy, good job, happy workplace”, resulting in working-age population being healthy and increasing the quality of life. The establishments can apply the health promotion design for the specific activities for their working-age population suiting their needs and health condition 2) to improve the health promotion and disease prevention information database of the agencies that sign the memorandum of cooperation, to share information for planning and driving operations, and 3) to reduce the repetition of the operations of various departments.

After that, Prime Minister General Prayut Chan-o-cha gave a policy that being healthy is the beginning of a happy life. King Rama IX, King Rama X, and Her Majesty Queen Regent Sirikit, The Queen Mother in the reign of King Bhumibol Adulyadej the Great. His Royal Highness always saw the importance of people’s health. The government, therefore, inherits and spreads his words as the main policy of the Thai public health system. The signing of this memorandum of cooperation is to pilot the health promotion of working-age population, not only just within the workplace, but it includes the general working age population. This confirms the government and private sectors’ intention of the cooperation in health promotion and disease prevention for working population. The driving integrated operations are 1) to increase the quality of life, happiness, and health literacy for working population. This can help reduce national medical and public health expenses 2) to help create economic and fiscal status for national development. It is one of the important measures of the government that aims to develop the country “stability, prosperity and sustainability” according to the 20-year national strategy, and 3) to be Thai people 4.0 era, be ready to accept challenges and changes in the future.

## 4. Health promotion project for working-age population, fiscal year 2019

### Learning design through electronic books

The Department of Health is the country's primary organization for the National Health Authority in Health and Environmental Health. Therefore, the Department of Health proceeds to promote the health of all age groups, starting from quality pregnancy, quality parents, quality of early childhood with proper development childhood, school-age and teenagers with good height and symmetric development, school-age and teenagers having good life and health skills, shapely healthy and happy working age, and the elderly receive care under an environment that is conducive to sustainable well-being.

Working or labor age population play an important role in the development of family, society, and driving the country's economy. Therefore, the working-age population needs to be healthy. However, according to data from the Ministry of Public Health and many surveys, working-age population are having unwanted unhealthy behavior which can cause many diseases and health hazards.

Working-age Health Section, the Bureau of Health Promotion, has established a project to promote health for working people, consisting of learning design activities through electronic media regarding the knowledge needed to promote working-age population health. The content development must be appropriate, concise, consistent, and able to be implemented for health personnel and working people with the cooperation from related network partners such as the Department of Disease Control, Department of Mental Health, Office of the Permanent Secretary, and departments within the Department of Health.



### Objectives

1. To develop the potential of the health personnel for the working-age population health promotion operation.
2. To develop communication channels to promote working-age population health desirable behavior.
3. To coordinate with network partners to propel the operation of working-age population health promotion.

### Method of Implementation

1. Establishing a committee to be appointed as working group to create the necessary knowledge to promote health in the working-age population
2. Drafting various topics and content about the knowledge needed to promote health in working-age population
3. Organizing a working group meeting for knowledge creation to brainstorm ideas and suggestions for adjusting the draft topics and content for designing the knowledge that is needed to promote health for the working-age population through electronic books
4. Procurement for Providing knowledge design for promoting working-age population health through electronic books



5. Presenting the results in the agenda of the working group cluster meeting, acknowledging and receiving recommendations for further improvement

6. Checking the accuracy, completeness, overall appearance, suitability of content and various elements with the working group

7. Publishing electronic books, knowledge needed to promote health, working-age population on the website of the Department of Health under the topics of Public service and Anamai media

7.1 For public health personnel



7.2 For citizen



7.3 Electronic book video clips for citizen



8. Satisfaction assessment of the electronic books content with the necessary knowledge to promote health for the working-age population as follows

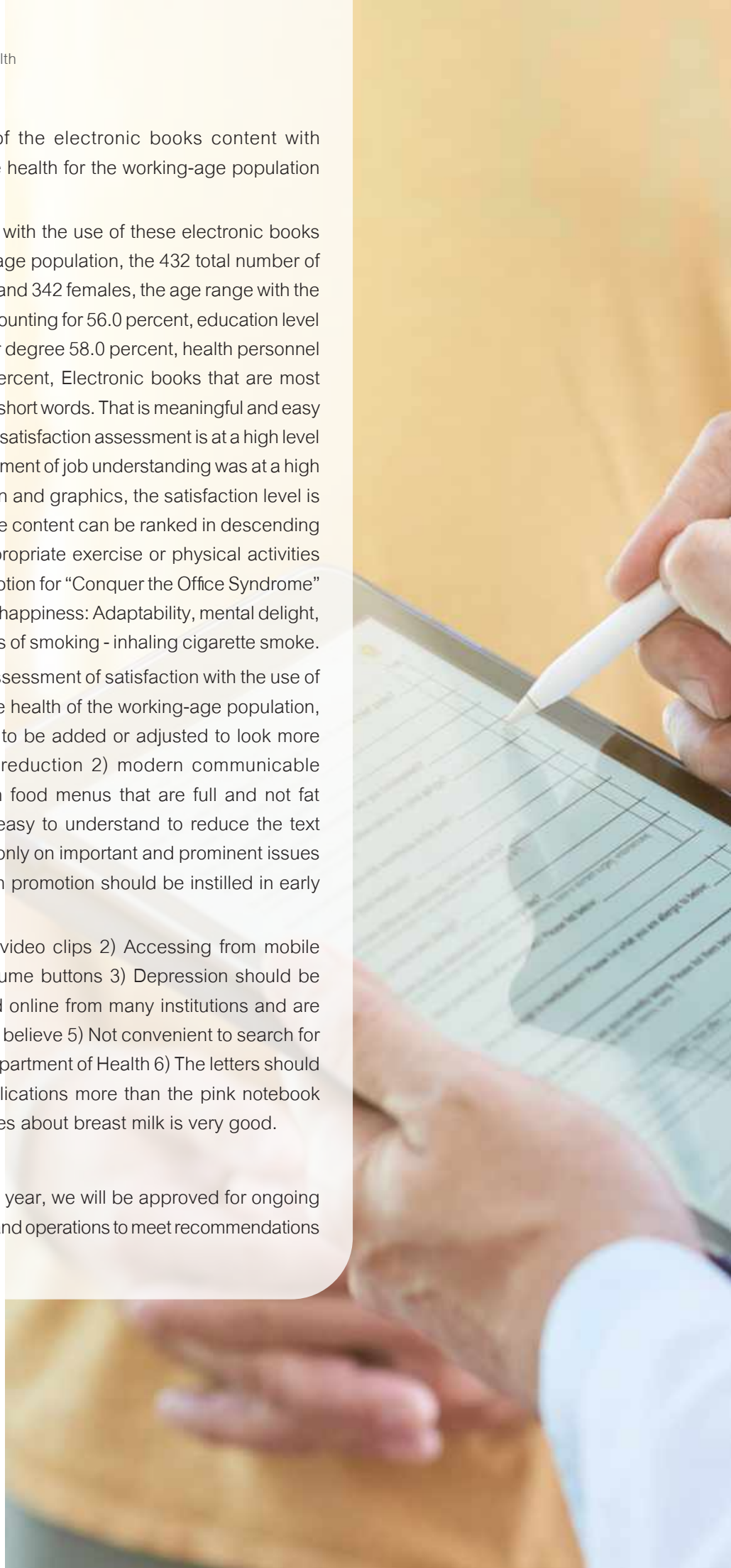
For assessment of satisfaction with the use of these electronic books to promote the health of the working-age population, the 432 total number of respondents are divided into 90 male and 342 females, the age range with the most respondents is 31 - 40 years, accounting for 56.0 percent, education level with the most respondents is bachelor degree 58.0 percent, health personnel answering the assessment is 77.0 percent, Electronic books that are most appropriate and interesting must have short words. That is meaningful and easy to understand (key message). Content satisfaction assessment is at a high level of satisfaction. The satisfaction assessment of job understanding was at a high level of satisfaction. In terms of design and graphics, the satisfaction level is high. And, evaluating the appeal of the content can be ranked in descending order from 5 levels as follows 1) Appropriate exercise or physical activities 2) Nutrition for all ages 3) Health promotion for “Conquer the Office Syndrome” in working-age population 4) Creating happiness: Adaptability, mental delight, enjoy life, no stress and 5) the dangers of smoking - inhaling cigarette smoke.

For the suggestions from the assessment of satisfaction with the use of these electronic books to promote the health of the working-age population, it was found that content that needs to be added or adjusted to look more interesting is 1) stress and stress reduction 2) modern communicable diseases or adult vaccines 3) Clean food menus that are full and not fat 4) seniors 5) The image should be easy to understand to reduce the text 6) Too much content. It should focus only on important and prominent issues of the Department of Health 7) Health promotion should be instilled in early childhood for longevity health.

Other suggestions 1) Adding video clips 2) Accessing from mobile phones, users are unable to find volume buttons 3) Depression should be added 4) Electronic books published online from many institutions and are different content to not know where to believe 5) Not convenient to search for information from the website of the Department of Health 6) The letters should be larger 7) Good at accessing applications more than the pink notebook 8) Maternal and Child Hospital teaches about breast milk is very good.

#### **Future challenges**

We hope that in the 2020 fiscal year, we will be approved for ongoing activities to improve, develop, and expand operations to meet recommendations and add more interesting content.



## Bureau of Elderly Health, Department of Health

### 1. A project for the development of the system of long-term care for the elderly in the community, 2019<sup>1</sup>

As the government realized the agenda of Thailand is stepping into an aging society, the elderly population increased as follows: 1994, 4 million elderly population, or 6.8 percent, in 2014, 10 million elderly population, or 14.9 percent. It is expected that by 2040 the elderly population will increase to 20.5 million people or 32.1 percent.

In 2016, The government focused on dependent elderly caring. The important goal is to make healthy elderly away from illness or dependency. In order to proceed with the proper care for dependent elderly with a condition, the local long-term health care system development policy for the dependent elderly has to be made and the budget is given to relevant agencies for the care. As well as expecting that the elderly in bed and in the home will receive care from a multidisciplinary team and consistent home health care services based on health problems and benefits packages, with participation from families, communities, and local communities.

Bureau of Elderly Health, Department of Health has been operating continuously from 2016 - present as follows

1. Produced 12,843 elderly care managers
2. Produced 77,853 elderly caregivers
3. Preparation of the elderly care plan for 167,118 people
4. Promoting sub-district level long-term care for elderly health promotion in the community in 2019, 6,282 sub-districts out of 7,255 sub-districts nationwide.
5. Developing the long-term care program or 3C program, the record data can be used to analyze situations and solutions for elderly care planning at both national and regional policy levels as well as providing

<sup>1</sup>Situation of the Elderly Report, Bureau of Elderly Health, Department of Health (Data for September 2019)

facilities for the personnel for the preparation of a reporting system and the preparation of appropriate care plans for the elderly. This makes elderly access to the health service system more comfortable and thorough.

From the said operations, those are important factors that result in a better quality of life for the elderly in society with dignity, access to universal and equal services, creating a society of generosity for “Thai society, elderly society, understandable, accessible, reliable.”

### 2. A project to promote health for the elderly and prevent dementia in the elderly in 2019

The Alzheimer’s Disease International 2010 report estimated that there are more than 35 million dementia patients worldwide, in South East Asia 2.4 million people. For Thailand, from the 5<sup>th</sup> Thai National Health Examination Survey (NHES V) in 2014 conducted by the Office of the Thai Health Survey, the Health Systems Research Institute surveyed 23,760 people, it was found that 8.1 percent of the elderly had dementia accounting for 6.8 percent of the male elderly and 9.2 percent of the female elderly. The prevalence of dementia Alzheimer’s disease directly changes with age, which means with age increases, dementia rate also increases as well.

The Office of Elderly Health, Department of Health, realized the importance of the said problem and therefore implemented the elderly health promotion and dementia prevention project in the elderly, consisting of 1) activities to support, promote, assess, and perform primary health screening along with recording the information for planning or surveillance for the elderly in the community. The elderly received health screening according to their activity daily living (ADL) 7,715,600 people in total or 91.02 percent<sup>2</sup> 2) promote the health behavior modification activities, arrangement to develop mental and physical skills for at-risk elderly By the regional Health Promotion Center 1-12, the Metropolitan Health and wellness Institute and nationwide and 3) creating health media to promote health literacy for the elderly for quality of life.

<sup>2</sup>Data from the standard report system (Health Data Center, HDC), Ministry of Public Health on 30 September 2019

Knowledge media to support operations

1. Application “Aging without Alzheimer’s disease”



2. Handbook on health promotion for the elderly and Alzheimer’s disease prevention for people and staff, namely “Smart Walk, Smart Brain, Smart Mental, Smart Eat”



3. 3 Promotional video media for health promotion of the elderly which include “Aging without Alzheimer’s disease” “10 Warning signs of dementia” and “Age-friendly Cities”

“Application Aging without Alzheimer’s disease”  
“10 Warning signs of dementia”



“Age-friendly Cities”



3. Monks and Health Development Project 2019<sup>3</sup>

95.0 percent of the Thai population are Buddhists. The Institute of Buddhism has been with Thai society for a long time. At present, Thailand has 41,334 temples and 252,851 monks<sup>4</sup> and novices. The 47,715 are elderly monks, or 31.08 percent, and trend to be more. Monks are important in inheriting Buddhism, in the development of moral, ethics, and social development. They can be a good role model for Self-care and a healthy environment in their enclave. So monks can improve the well-being of people in the community. Likewise, monks can have health problems, illnesses with chronic non-communicable diseases like ordinary people. Taking care of monks’ health is therefore important in accordance with the resolution of the synod of 191/2560 and the 5<sup>th</sup> National Assembly of Health to launch the “Monks and health development” project.

The Bureau of Elderly Health, Department of Health, has been working on monks and well-being since 2017 - present, together with national monk’s health Act to the operation area through the integrated mechanism of activities 1 temple



1 hospital or Sub-District Health Promoting Hospital of 9,723 temple 9,468 hospitals or Sub-District Health Promoting Hospitals in total. The Department of Health propelled temple development as a health promoting temple. It was revealed that there were 5,437 temples passed the assessment criteria of health promoting temples and supported the training of the Temple Health Promotion Volunteers Monk, Thai namely “Phra Kilanuphattha.” The training is consisting of a 70-hour course and 35-hour course. It was found that the 4,525 Phra Kilanuphattha passed the training and take care of one’s own health and being a good role model for the community.

<sup>3</sup>Bureau of the Elderly Health, Department of Health as of 30 September 2019

<sup>4</sup>National Buddhism Bureau, 31 August B.E. 2562

## Academic and Research Support Section, Bureau of Health Promotion, Department of Health

### 1. “Child Care by the teachings of His Majesty the King” Project in security areas and peripheral areas under the Royal Initiative of His Majesty King Bhumibol Adulyadej The Great and Her Majesty Queen Sirikit The Queen Mother

His Majesty King Bhumibol Adulyadej The Great, and Her Majesty Queen Sirikit The Queen Mother of the Royal Millennium Royal have bestowed guidelines on strengthening borderline security by developing “people” as strong people, being a national fence, building immunity with knowledge, living by the principles of Sufficiency Economy Philosophy, and being self-reliant. The army of Thailand has assigned the 3<sup>rd</sup> Army Region to be the area Coordination Unit implementing the national security development plan (2018 - 2021) consisting of 8 strategies and related to the Ministry of Public Health in Strategy 2 “Strengthening the capacity and immunity of the community and target area.”

Many researches from all over the world mentioned that “human” development to be a quality person. It must be started developing from early childhood or the first 8 years of life because it is the period that the brain develops the most and the brain is the foundation of one person’s intelligence throughout the life. From the randomized survey of students in the age group of 3 - 5 years of age, it was revealed that there were 61.1 percent of developmental attainment and 38.9 percent of the suspected of developmental delay. The most 2 aspects of suspected of developmental delay were 27.8 percent namely fine motor and intelligence (FM) and Receptive Language, (RL) followed by Expressive Language (EL) 11.1 percent. This result was in line with the results of the Thai Early Childhood Development Survey 2017 conducted by Chintana Pattanaphongthorn Ph.D and Wanwisa Kaewkhaengkhan for development in all 3 areas, affecting learning and intelligence.

Therefore, the Department of Health, Ministry of Public Health embraced the principle of Sufficiency Economy philosophy to support the operations focusing

on strengthening the human mind and building morality, honesty, and knowledge of living with intellect, patience, diligence, and prudence. Being ready to support rapid and extensive changes in material, society, environment, and culture from the outside world. All of which affect the development of “people” in every dimension and age in accordance with the area development plan for national security (2018 - 2021).

#### Objectives

1. To strengthen health skills and knowledge for individuals, families, and communities.
2. To strengthen families, leaders in communities, teachers and public health personnel in terms of knowledge, training skills, and training for raising children aged 3 - 14 years, “Raising children according to the teachings of the father” 8 virtues in accordance with the principle of sufficiency economy philosophy.
3. To strengthen people in the security area and the border guard village according to the royal initiative providing the access to health services.

#### Main Activities

1. Innovative Production
  - 1.1 Health instruction plan “Raise children according to father’s teachings” handbook
  - 1.2 Model Family handbook “Raise children according to Father’s teachings” 8 virtues in accordance with the principle of sufficiency economy philosophy.
2. Create a keynote speaker to promote the family role “Raising children according to the teachings of father” 8 virtues according to the principles of sufficiency economy philosophy.
3. Capacity building in health literacy and child rearing skills for individuals, families, and communities



Project Result

1. Health instruction plan handbook “Raising children according to father’s teachings”



2. Model family handbook “Raise children according to the teachings of father” 8 virtues according to principle of sufficiency economy philosophy



3. Keynote speakers can promote the family role regarding “Raising children according to father’s teachings” 8 virtues according to the Sufficiency Economy Philosophy through the Project Approach, 180 speakers.

4. Schools under the Office of Basic Education and Child Development Center proceed to plan the teaching and learning according to Health instruction handbook of “Raise children according to father’s teachings” through

the Project Approach accounting for 16 locations or 100.0 percent.

5. Families with children aged 3-6 years have passed the incubation process according to the model family guide of “Raising children according to the teachings of the father” 8 virtues according to the sufficiency economy philosophy, 400 families or 90.0 percent.

### Success factors

1. Teachers organized the Project Approach following the manual by focusing on children as the center of learning resulting in the development of language and the development of fine muscles, including the development of childhood. Parents realized the importance and adopted the methods of teaching and training for raising children at home.

2. The intention, commitment, and teamwork of Practitioners in both education and public health

3. The school administrators recognized the importance support arrangement Project Approach teaching and learning process following the manual, focusing on children as the center of learning with stimulating activities allowing the children learning.

### Problems

The mountainous terrain and the high plateau make the travel difficult.

### Activities



## Medical and Public Health Personnel Development Section, Bureau of Health Promotion, Department of Health

### 1. July Course, the path of medical and public health cooperation of ASEAN member states

In 2010, Thailand announced the ASEAN Free Trade Area and became an ASEAN Community in 2015 consisting of three dimensions, namely ASEAN Politics and Security, ASEAN Economic Community, and ASEAN Socio-Cultural Community. This caused Thailand to be well prepared to cope with the changes and impacts, at the same time, so do the public health system. Preparation to handle external challenges is inevitable.

May 2014, Mr. Pornthep Siriwanarangsarn MD., Director-General of the Department of Health recognized the importance of the development of health personnel especially doctors as the proactive leaders in health promotion and disease prevention management. Therefore, the Bureau of Health Promotion under the leadership of Mr. Danai Thewanda MD., Director of the Bureau of Health Promotion, was assigned to develop

1. 3 consecutive years in conducting Preventive Medicine in Public health science courses

2. The curriculum of "Development of Specialists in Preventive Medicine in Public Health Sciences or "July Course," with the training duration of 1 month. The training has been held from 2015 to present resulting in 5 batches of health personnel, both Thai and foreigners from neighboring countries consisting of Myanmar, Laos, Cambodia, Vietnam, and China, participated in the training.

The July Course aimed to increase knowledge, understanding, and skills on the concepts and principles of preventive medicine, public health science for the residencies and to create opportunities to share experiences and learn together as well as to brainstorm on preventative medicine in public health in order to create cooperation in the future to other domestic and abroad multidisciplinary health personnel. In addition, the Department of Health proceeded to provide technical assistance to narrow the development gap for CLMV countries, including Cambodia, Laos, Myanmar, and Vietnam, through the training budget support. This is to create public health cooperation as well as the prevention of communicable diseases from the transboundary aspect.

Developing expertise in health promotion and disease prevention for personnel is like planting a large tree. It must wait for the time for the flowers to bloom. Planters may not see results, but it is sure that in the future the seedlings that the Department of Health planted in the soil today will grow root and transformed into large trees, sprawling branches and shaded, becoming invaluable personnel. This is an important force for driving delivery Health Promotion and Disease Prevention service .. Build stability for the health system and increase the quality of life for Thais.



## 2. The success of the operation on being a Health Literate Organization (HLO) as an important supporting factor for the success of the Thai public health promotion

National Health Reform Action Plan 2018, Issue 8 on the reformation of Health Literacy aiming for creating a Thai society as “Health Literate Societies” that is. ... People can access and process health information to make appropriate decisions for their healthcare and their families ... For the development of health literacy behavior for Thai people to become Health Literate Societies, one of the most important things is the personnel development within the organization to become Health Model in order to build trust and faith among other people.

The Bureau of Health Promotion, Department of Health operates to promote the health of people of all age

groups as well as increasing health literacy for health, longevity, and quality of life. In addition, Mr. Ekachai Piensriwatchara MD., Director of the Bureau of Health Promotion, noticed the importance of increasing health literacy among personnel within the Bureau of Health Promotion in order to truly strengthen external and internal health promotion.

Over the past 1 year, the Bureau of Health Promotion has been an organization that has driven the organization to be the Health Literate Organization (HLO), which is outstanding among the Department of Health. The performance score of the operations in accordance with the certification of civil service of agencies under the Department of Health, 2019, in the strategic issues, system reformation to a high-performance organization. The goal is being a high-performance organization. The 2.5 indicators of the success of the Health Literate Organization (HLO) from a full score of 5 points.

“ ...the first 5 months period

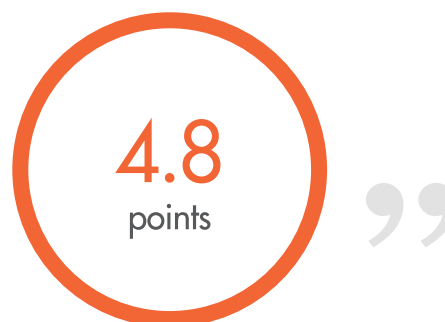


### Implementation activities

1. The Self-assessment of Health Literate Organizations found that personnel of the Bureau of Health Promotion, Department of Health engaged in little physical activity.

2. Solving problems as in No. 1 by establishing human resource development program to support the becoming of a Health Literate Organization (HLO) which is consisting of 2 main activities

while the last 5 months



2.1 Exercise the diseases away every Thursday at 3 pm. in the parking lot area of the Bureau of Health Promotion, The Department of Health, led by a volunteer teacher. The exercises were consisted of line dance, paslop or aerobics circulated every week.

2.2 Workshop on “Skill development to enhance health literacy” with 91 personnel participated in the training, representing 59.86 percent of all personnel.

3. Support the personnel of the Bureau of Health Promotion, Department of Health to participate in health promoting activities both inside and outside the Department of Health

4. Improving the environment for the convenience and safety of access to the services of the Bureau of Health Promotion, Department of Health with signs, organization chart, and list of officers, etc.

#### Success factors

The Director is the first important factor of success as the Director recognized the importance of driving the organization to be health literate organization by announcing policies and supporting various activities. Another important factor is the good cooperation of the personnel.

#### Obstacles of the implementation

Since the Bureau of Health Promotion, Department of Health is a large organization with 159 personnel, the communication coverage or mutual understanding may not be inclusive enough. The responsible person should explain to each person or group of people. This is to enhance health literacy for personnel.

#### Summary

Driving the organization to be health literate organization, although, the mission to enhance health literacy, both personnel, and the general public, requires time to drive and communicate, the Bureau of Health Promotion, Department of Health still maintains the determination to drive and to communicate continuously, based people-centered policy regarding fairness and equality. We are ... not leaving anyone behind ...

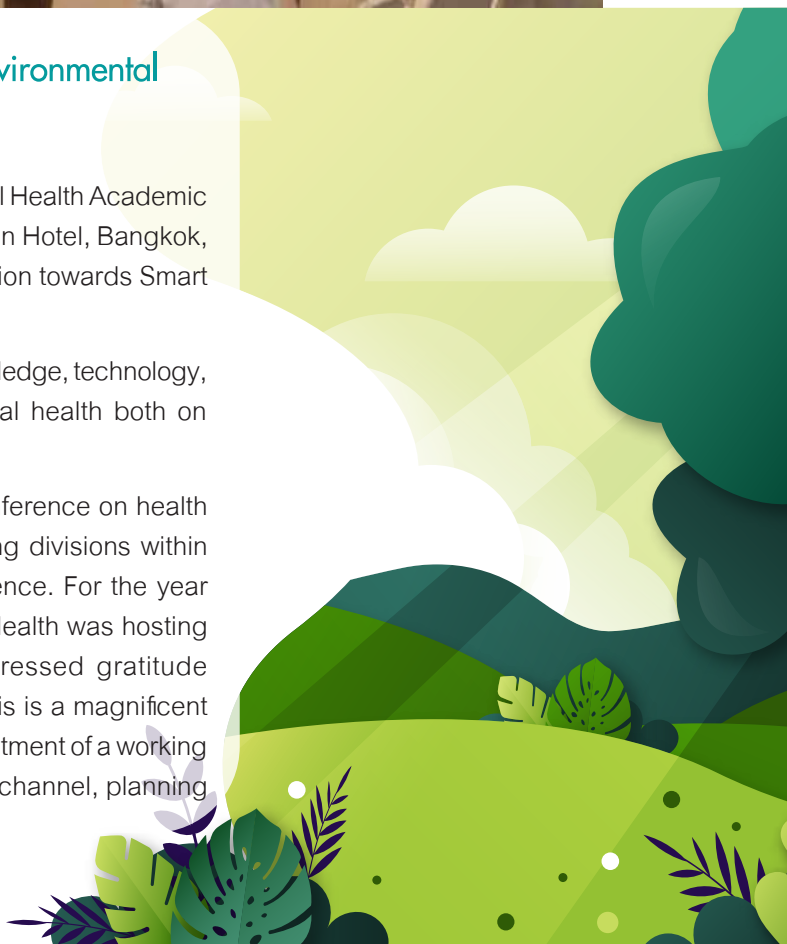


### 3. The 12<sup>th</sup> National Health Promotion and Environmental Health Academic Conference 2019

The 12<sup>th</sup> National Health Promotion and Environmental Health Academic Conference 2019 was held at the Miracle Grand Convention Hotel, Bangkok, on June 26 - 28, 2019 under the theme “Disruptive Innovation towards Smart Citizens by Health Literacy”.

Objective: To be an exchanging forum for ideas, knowledge, technology, and achievements in health promotion and environmental health both on national and international contexts.

The Department of Health organized a national conference on health promotion and environmental health annually by assigning divisions within the Department of Health as circulate host of the conference. For the year of 2019, the Bureau of Health Promotion, Department of Health was hosting the conference. Executives and colleagues have expressed gratitude towards the conference as well as the organizer team. This is a magnificent achievement. The meeting plan was consisted of the appointment of a working group, preparation of the conference, the communication channel, planning and lesson transcription are as follows



1. The academic secretarial team created an operation manual for the academic conference consisting of clearly defining roles and responsibilities of each working group, divided for each of the activity before the conference, during the conference, and after the conference as well as information of communication channels for each working group.

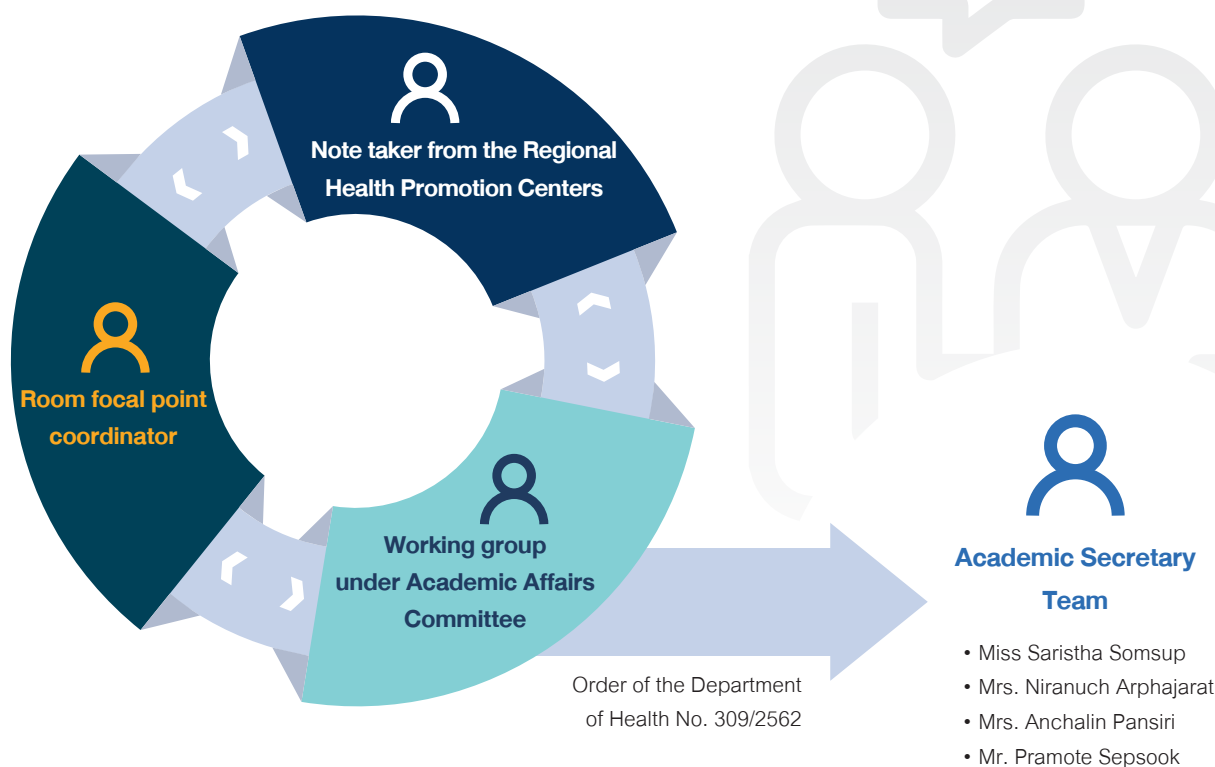
2. The preparatory meeting before the conference and tracking the progress of each working group periodically to jointly plan and solve problems through the communication channel "LINE Group" on LINE Application to coordinate the operations even quicker. So, the working group could access to information in case of urgency at the same time or could coordinate over the phone to solve problems with quick response.

3. Participatory planning with network partners as well as clearly define roles, duties, and responsibilities

3.1 The focal point coordinator of each sub-meeting room was responsible for determining the topic and layout of the meeting room as well as contacting the speakers and related issues.

3.2 Note takers for each of the sub-meeting rooms were from the Regional Health Promotion Centers who were responsible for summarizing the essence of each meeting room, extracting lessons, and presenting them in One Page format in both Thai and English as well as sending it through the academic secretary team, who is the coordinator of the audio-visual work group to immediately upload to the Department of Health website for daily publication.

3.3 Working groups under the academic affairs committee supervised the meeting room facilities by coordinating between the focal point coordinator of the sub-meeting and the academic secretary team as shown



4. After the 12<sup>th</sup> National Health Promotion and Environmental Health Academic Conference 2019, all working groups were going to organize the meeting to analyze the work lessons and exchange knowledge on

working together (After Action Review, AAR) together with the presentation of the academic conference, problems, obstacles, and suggestions to be a guideline for the next conference on health promotion and environmental health.

## Capacity Building for Health Promotion Section, Bureau of Health Promotion, Department of Health

### 1. The Project on Promoting the Bureau of Health Promotion as a Health Literate Organization (HLO) for A Good Corporate Image of the Organization, Fiscal Year 2019

The Bureau of Health Promotion, Department of Health, has been dedicated in health promotion of people of all age groups, as well as to increase people’s health literacy for longevity and quality of life by using health promotion products such as 1) Maternal and Child Health Handbook 2) The Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code) 3) Facebook fanpage for Early Moments Matter, namely in Thai “9 อย่างเพื่อสร้างลูก” 4) Maternal and Child Health Standards Hospital 5) Health promoting school standards 6) Health self-check handbook for Prathomsuksa 5 - 6 Students 7) Health self-check handbook for Matthayomsuksa 1 - 6 Students 8) Health promotion and Preventive disease guideline handbook for school-age children and juvenile 9) STRONG SMART SMILE capacity building for students 10) NuPETHS knowledge set, and 11) National health promoting hospital standards, etc.

The Bureau of Health Promotion, Department of Health is actively promoting for more public recognition on the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code) and for related parties and people, such as health personnel and consumers, all target groups related to children aged 1 - 3 years to create knowledge and understanding that Thailand has enacted the laws of the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code) to protect the rights for infants and young children. Throughout the time, the implementation of this project has been continuing restlessly with the designing and distribution of posters for communication as follows



**พ.ร.บ.นมผง**  
ปกป้องสิทธิสำหรับทารกและเด็กเล็ก

จี้คอควรรู้ พ.ร.บ.นมผง  
ไม่ห้ามขาย ไม่ห้ามซื้อ แต่ควบคุมวิธีการส่งเสริมการตลาด  
อาหารสำหรับทารกและเด็กเล็ก

- ลดราคาสินค้าได้ แต่ห้ามคิดป้ายลดราคา
- ห้ามโฆษณาอาหารสำหรับทารก "อาหารสำหรับเด็กเล็ก" \*\*และอาหารเสริมสำหรับทารก
- ห้ามแจกสินค้าตัวอย่าง
- ห้ามบริษัทติดต่อให้ของขวัญ ให้ตัวอย่างอาหาร แก่หญิงตั้งครรภ์ แม่ และคนในครอบครัว ที่มีเด็กอายุต่ำกว่า 3 ปี

\* ทารก คือ เด็กแรกเกิดถึง 1 ปี  
\*\*เด็กเล็ก คือ เด็กอายุ 1 ปีขึ้นไป ถึง 3 ปี

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นมผง  
สแกนสิจ๊ะ!  
#MilkCodeTH

## Objectives

1. To support the academic operations of the Bureau of Health Promotion and to effectively respond to the implementation policies of Department of Health.

2. To increase health promotion literacy for health promotion personnel.

3. To develop personnel in the Bureau of Health Promotion on morality, ethics, and solidarity as well as to promote the corporate image as a transparency organization model.

4. To develop a workplace that is conducive to the creation of health literacy.

5. To develop media for health literacy and self-health assessment for personnel and Thai people.

6. To increase knowledge and understanding for the public about the benefits from the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code)

7. To increase the communication skills on health literacy of government personnel and people.

8. To promote the integration of government organizations operations to enhance public health literacy.

## Process

1. Creating action plan or project according to the schedule and duration specified by the Bureau of Health Promotion

2. Appointing working groups or committees to carry out project activities.

3. Organizing working group meeting to determine the action plan and project activities

4. Producing health promotion literate media

5. Producing media to create a good corporate image for the organization

6. Organizing short video clip contest on promoting health literacy

7. Arranging a workshop on health literacy creative communication

8. Summarizing of operating results according to project activities

From the survey of people who had received antenatal care and general service at Nakomping Hospital, Ratchaburi Hospital and Health Promotion Hospital in the 1<sup>st</sup> Regional Health Promotion Center, Chiang mai and the 5<sup>th</sup> Regional Health Promotion Center, Ratchaburi, regarding the poster media of the Milk Code Act, there was a total of respondents: 73.4 percent female and 26.6 percent male, the average age is 30.2 years, while 37.3 percent of the respondents had the education level in less than or equivalent to lower secondary school level and 22.5 percent of the respondents were with upper secondary school and undergraduate degree. The result were as follows

The family who raised children under 3 years of age with breastfeeding



49.1%

Comments and feedback on the Milk Code Act Poster

- Stop and read at the first seen
- Stop, look and walk past without reading
- Not interested



57.4%

29.0%

13.6%

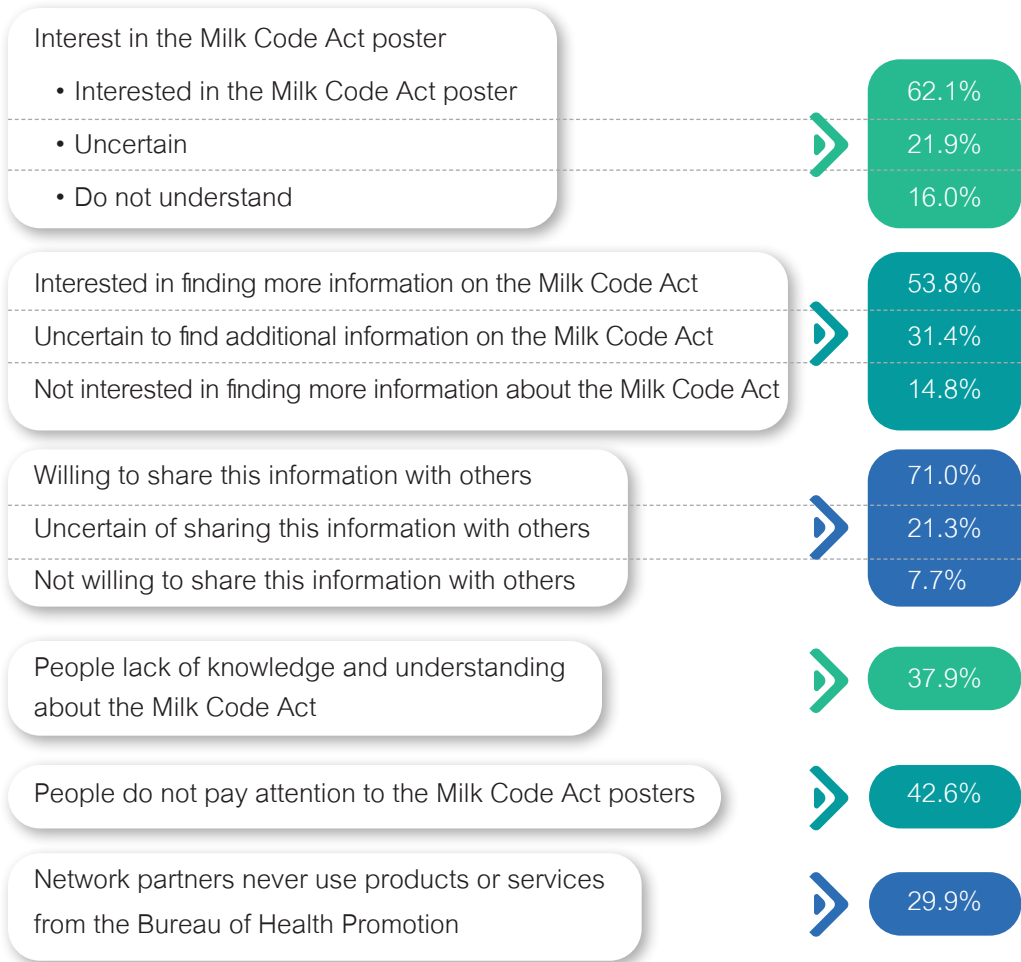
Have seen, heard, received information about the Milk Code Act

- Ever
- Never



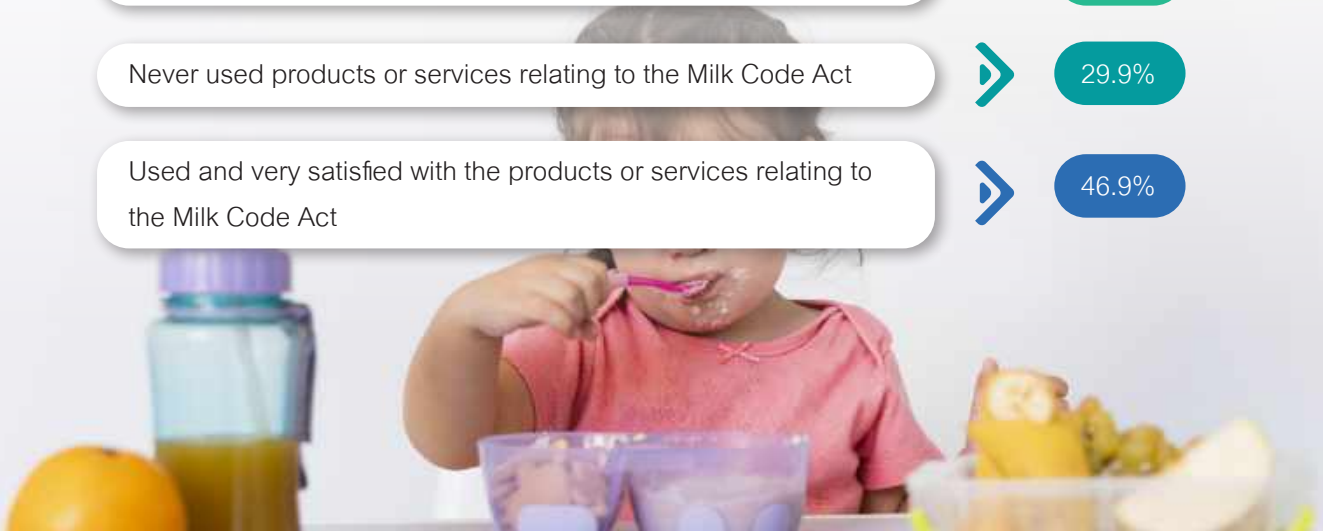
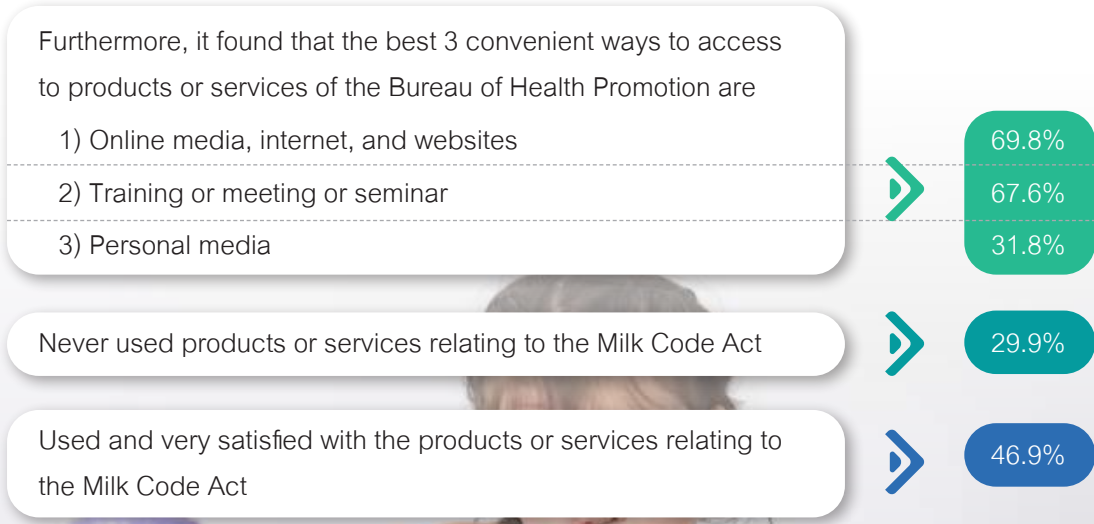
14.2%

85.8%



For the evaluation of the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code), an online survey on the Marketing Control on Food for Infants and Young Children Act B.E. 2560 (Milk Code),

fiscal year of 2019, with a total of 318 respondents: 87.7 percent female and 11.3 percent male, bachelor's degree level and at the master's degree level of 50.9 percent and 41.5 percent respectively.



## Future challenges

The above evaluation was only the evaluation of products or services of the Bureau of Health Promotion in some parts and some target groups. It found that the pre-launch media still lacks performance testing<sup>1</sup> Chaiyong Phromwong, Ph.D., said that the media or teaching materials need to be tested for the efficacy of the media before publishing. In order to test whether those media or teaching packages are enable to increase knowledge to the target group or not. Does it increase the efficiency of the teaching and learning process or not? And whether the target group is satisfied with the media or teaching package or not, etc.

Future implementation should be initiated by the development of products and services to be suitable for the target group for driving the operations of the Bureau of Health Promotion and building health literacy for individuals, families and communities for sustainable health.



## 2. A project for the development of health promotion media literacy

The Bureau of Health Promotion, Department of Health, works to promote the health of people of all age groups as well as increase the health literacy for the people to be healthy, long life, and the quality of life. Health Education Division, Department of Health Service Support, presented the results of the Survey of Health Literacy and Behavior of Thai People in Working-Age of 15-59 years old in 2016. It found that the level of health literacy according to the principles of 3G. 2N. Which mean Good Food, Good Mood, Good Exercise and No Liquor, No Cigarette among Thai working-age of 15-59 years is at a poor level of 49.0 percent, especially in these 4 components 1) communication to increase health expertise 2) access to health both of services and information 3) media and information literacy and 4) managing their own health conditions.

Creating health promotion literacy for people, skills in accessing health data, understanding and processing health data, and the decision making to take care of one's own health and family are required. Another important factor is the creation of factors contributing to social wellness. All of the above requires cooperation and support from all sectors of society consistent with the 20-year strategy that focuses on integration and alignment of all sectors as well as focuses on the development of human potential throughout life by promoting Thai people's health covering physical, mental, intellectual, and social aspect.

The Bureau of Health Promotion is the main health promotion unit of the Department of Health which is responsible for the development of the knowledge body on health promotion and disseminate such knowledge to network partners and public aiming that the target can receive news and information through various media platforms. Hence, the media is very important and necessary. The development of media on a regular basis to become an appropriate technology as an enabling tool that people can access, understand, analyze health data, and use the information to decide on how they can take care of their own health effectively. Therefore, the Bureau of Health Promotion realizes the necessity of developing various media, combining knowledge for appropriateness for publication. Thus, a media development project was created to promote health promotion knowledge.



<sup>1</sup>Chaiyong Phromwong, Ph.D., discusses concepts and practices when producing media or teaching packages that must be tested before being published.

**Objectives**

1. To develop the media about the knowledge on health promotion to support the policy of the enhancing health literacy for personnel, network partners and Thai people.
2. To create health promotion literacy for personnel, network partners and Thai people.

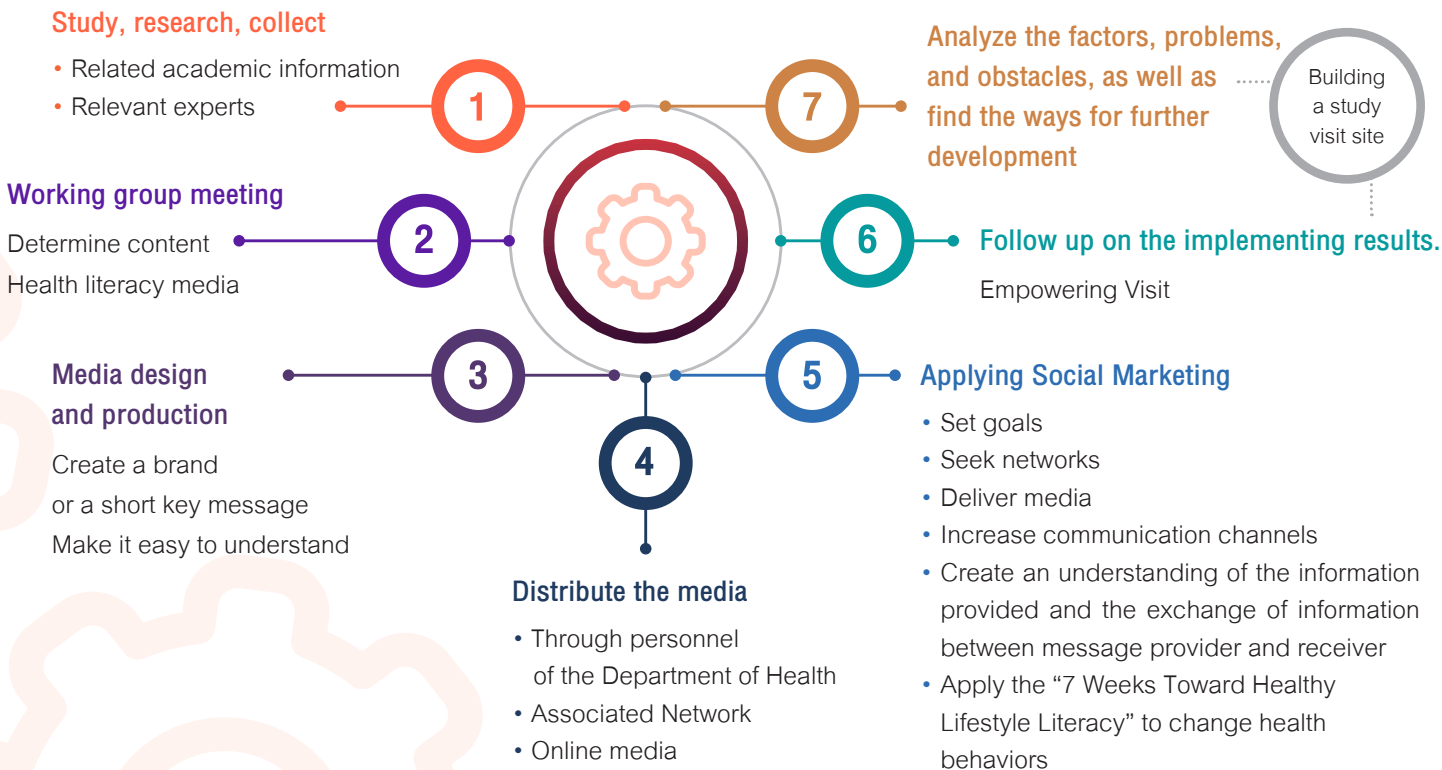
**Process**

1. Study, research, and collect relevant academic data or information from relevant experts
2. Organize working group meeting to determine the content of the Health literacy media
3. Co-design the media and production of “7 Weeks” project by creating a brand or key message in a short and easy-to-understand manner
4. Publish media and online media of “7 Weeks Toward Healthy Lifestyle Literacy” through the personnel of the Department of Health, network partners, and the public to create health literacy which is consisted of 1) access 2) understand 3) respond to questions 4) make decisions 5) change of health behavior and 6) tell the others

5. Implementing Social Marketing as follows

- 5.1 Set goals by aiming at promoting the health of people to be “healthy and lively”
- 5.2 Seek networks to disseminate and distribute the “7 Weeks Toward Healthy Lifestyle Literacy” handbook to personnel and public as well as attending knowledge exchange meetings with community, committees, and organizations in order to build participation and health literacy creation
- 5.3 Deliver the “7 Weeks Toward Healthy Lifestyle Literacy” handbook to public health network to implement the creation of healthy lifestyle
- 5.4 Increase communication channels to support information and knowledge while carrying out project activities
- 5.5 Decide to use the “7 Weeks Toward Healthy Lifestyle Literacy” handbook to change health behaviors
6. Follow up on the implementation results by visiting and developing such area into a study site
7. Analyze factors, obstacles, problems, and find ways to develop further.

**Implementation process framework**



Results

1. 7 Weeks Toward Healthy Lifestyle Literacy



7 Weeks Handbook is a holistic health care guide with the suitable knowledge in daily life emphasizing on practical training, such as eating, exercise, sleep, stress management, office syndrome, gum and teeth care, etc. for people who are interested in taking good care for their health

Published in Anamai Media Topics E-book Health

Published link: <http://multimedia.anamai.moph.go.th/ebooks/7weeksdiary2/>

2. COACH 7 WEEKS Toward Healthy Lifestyle Literacy



COACH 7 WEEKS Toward Healthy Lifestyle Literacy is a handbook for personnel to organize activities, teaching, and practicing correctly, in accordance with daily life, in order to promote knowledge about good health to people in a holistic manner such as eating, exercise, sleep, stress management, office syndrome, gum and teeth care, etc.

Published in Anamai Media, Title E-book, Handbook of Parties

Published link: <http://multimedia.anamai.moph.go.th/associates/coach-seven-weeks-towards-healthy-lifestyle-literacy/>

3. For the health of the participants of the “7 Weeks Toward Healthy Lifestyle Literacy,” most of them were getting better and perceived more about their success on their own health care. Although, it can be practiced for only a small amount of time. However, the duration is not an important factor, but the attitude.

4. Supporting various departments to drive the implementation toward being a health literate organization with the “7 Weeks Toward Healthy Lifestyle Literacy” handbook such as the Provincial Public Health Office, Regional Health Promotion Center, Sub-district Health Promotion Hospital, and Divisions within the Department of Health

5. Innovative health promotion within the community such as 1) 9 slots table for step counter, 2) Health account and 3) Research on community participation in building health literacy

6. Community driven movement to create a health literacy society

#### Problems and obstacles in project implementation

1. The network requires “7 Weeks Toward Healthy Lifestyle Literacy” handbook for further implementation in various areas, but the amount handbooks are inadequate and the lack of budget for the training for health models and learning lessons from the target audience.

2. The number of representatives for the coaching of “7 Weeks Toward Healthy Lifestyle Literacy” handbook to the public is not enough.

#### Future challenges

1. The “7 Weeks Toward Healthy Lifestyle Literacy” handbook is a tool to create healthy lifestyle for the people to enhance health literacy to be even more inclusive and effective in a wider scene.

2. Establishing a focal point in each province as a hub for data communication and implementation strategy of the “7 Weeks Toward Healthy Lifestyle Literacy” handbook

3. Having adequate budget for social marketing





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## **Research Abstract,**

Fiscal Year 2019

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## The study take care of baby and postpartum depression of mother project in terms of subsidizing newborn baby



Amporn Benjapholpitak MD, Jintana Pattanapongthorn Ph.D., Arisara Thonghem

The purpose 1) negotiated and planned process between Ministry of Social Development and Human Society and Department of Mental Health 2) integrated potential development program of province leaders (Teacher A) and volunteers of Ministry of Social Development and Human Society with department project 3) site visit 4) summarize.

The potential development program of province leaders (Teacher A) and volunteers of Ministry of Social Development and Human Society aims to consultant practice. For home visit found that 70 - 80% of volunteers could provide and help in same standard all area. Volunteers suggested to edit home visit manual 2 parts there were demographic part and postpartum depression of mother part because some questions are not proper to the target group and the target group does not want to answer.

About the problem, obstruction and risk found that mother lacks of support from community, to adjust to a being mother. Not only that, volunteers also found other problems such as family income, unemployment, health problem, unstable home, no plan of family and child, mother could not be model to child, insufficient knowledge to take care of child, dirty home, had pet under a home, plenty of toys that are not organized and volunteers are not confident to be consultant.

The success factors were 1) directors and officers are intended to solve problems 2) teamwork 3) team are always meeting 4) many ways of communication 5) summarize 6) solve problem together. About volunteers they were other volunteers before worked this project, so they were kind, public mind, age over 50 years old, had home visit experience, could motivated postpartum depression mother to the right way and their own experience.

For the suggestion, director should set the social support system policy for family. It consists of welfare, health, economic, education and social. Other than that, they should develop standard of integrated quality family to understand to take care baby and to be model for them. Build drive mechanism. Set meeting with related organization. Expand target group from postpartum depression mother to pregnancy until postpartum mother period. About system design to prevent postpartum depression mother and promote child development (protect, promote, support, rescue mother have ability to fight depression and can take care their child proper their age) consist of 5 components are knowledge system, assessment, advocacy, implementation and management.

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## The factors associated with early childhood development in Thailand 6<sup>th</sup> B.E. 2560



Mrs. Jintana Pattanapongthorn, Public Health Technical Officer,  
Expert Level, Bureau of Health Promotion, Department of Health  
Mrs. Wanwisa Keawkangkan, Researcher, Coordinating Project,  
Bureau of Health Promotion, Department of Health

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To study the factors affecting child development in Thailand 6<sup>th</sup> in 2017. The participants include 10,053 parents, who taking care of child unless 6 months and child aged 8 months 16 days to 5 years 11 months 29 days. Sampling by Stratified Three-stage Sampling, descriptive statistic analysis and multiple logistic analysis are used for the study.

**Results:** The total development of early childhood had properly development 67.5 percent. When classified by age group, it is found that children aged 0 - 2 years have developed in every aspect 76.80 percent, aged 3 - 5 years 58.0 percent. The gross motor skill 94.8 percent, social and can help themselves 92.1 percent, fine motor skill 90.4 percent and language 79.4 percent. Six times of surveying child development in 1999, 2004, 2010, 2014 and 2017 found that it is steady and decreasing from 71.7, 72.0, 67.7, 73.4, 72.0 and 67.5 percent respectively. The child development of Thailand are lower than WHO statistic (80 - 85 percent) and could not reach the human development integrated plan in al-age target (85.0 percent). For the proper development of 12 health areas (except Bangkok) found that only Chon Buri province could reach the human development integrated plan in all age target. If compare with the child development survey in 2014 and 2017 found that only 4 health areas that all-age the proper development in early childhood including the regional health area 2 (Phitsanulok), the regional health area 5 (Ratchaburi), the regional health area 6 (Chon Buri) and the regional health area 10 (Ubon Ratchathani).

**The selected factors:** demographic factors of mother such as age when they had pregnancy, education and career. The mother health when they had pregnancy factors such as dental health, drug and ultra sound. The child health factors such as normal deliver, deliver by schedule, weight of child (more than 2,500 grams) and dental health. The nutrition factors such as main meal. Environment and social factors such as education and career of father and who taking care of child, place that child stay in the afternoon. Parenting behavior factors such as storytelling, quality playing, quality electronics PR and do not watch TV and tablet.

**The offering:** The government should invest for building “quality family” by developing parenting knowledge, PR and campaign the child under 2 years old should not to use mobile phone, tablet and watch TV, driving policy “play for building the nation”, supporting “playground area following King Rama 9’s Idea in each Tambon, Improving health clinic system that provides knowledge and practice to parenting to child, Setting child development plan in long term (20 years) separated into 3 parts which consist of quality family system, child development place system, and health service system. Not only that, government should have integrated child development research in long term (more than 25 years) to follow up the effectiveness.

## Development of Health Promotion Behaviors program to control body weight of Public Health Officers in Bureau of Health Promotion, Department of Health, Ministry of Public Health



Unchalin Pansiri, Witchupron Ketmai, Pataraporn Thewaaksorn, Tiwawan Suesat

The purpose of this study is to develop a health promotion model for body weight control of public health officers in the Bureau of Health Promotion, Department of Health, Ministry of Public Health. Number of overweight personal [*body mass index (BMI) > 22.9 kg/m<sup>2</sup>*] in Bureau of Health Promotion are as high as 61.83 percent. Therefore, it is important to establish the public health officers as a health model. Moreover, theirs can be able to transfer body weight control's experience to another. *Participatory Action Research (PAR)* was used. The population was conducted from 68 overweight [*body mass index (BMI) > 22.9 kg/m<sup>2</sup>*] working in Bureau of Health Promotion and willing participation. The model development consist of understanding the problem, organizing health promotion activities, policy announcement to be 'Smart & Healthy in Happy Bureau' organization, building health literacy, peer-assisted, step counting by using watch, supporting wrist clock pedometer to encourage more pace, organizing physical activity every Thursday from 3 - 4 pm, publishing health care information via LINE application, organizing learning exchange forum, and mutual agreement to manage and control overweight. The model development took for 12 months. Moreover, the participant was evaluated before and after participating the model development.

The results of this study show that most of them are female (83.8%), average age 44.85 years old, and graduated bachelor degree (63.2%). Data before and after participating are analyzed and found that the participants who attend training class at all times have knowledge in terms of health promotion, belief of recognizing the risk of obesity, benefits in preventing obesity, exercise behavior, and the average body weight better than the participants who occasionally attend training class and significantly differences at the statistical level at p-Value < 0.05. There is no statistically significant difference at p-Value < 0.05. between the two groups in terms of belief in violence and obstacles in obesity prevention practices, food consumption behavior, and emotional control. The result of group which occasionally attend training class found that there is no statistically significant difference at p-Value < 0.05 in all variables before and after the activity. According to the health belief model theory, people believe that although obesity is a risk of illness, it is not severe and there is no need to change behaviors. In addition, most activities in this model focus on exercise, so there is no difference in food consumption behavior analysis results. It is claimed that this model can change behaviors to control body weight. The recommendations are to encourage appropriate food consumption behavior both at home and office, use group processes to reinforce behavioral adaptation, and periodic monitored behavioral change to encourage the persistence of behaviors which affect to body weight.

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## Knowledge management, operations, reducing teen pregnancy problems. Case study of Tan Sum district, Ubon Ratchathani



Maliwan Srimuang

Montol Whanwaja

Bureau of Health Promotion, Department of Health

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Year 2017 information of provinces of Health Region 10 found that Ubon Ratchathani Province in Tan Sum district, the highest percentage of repeat pregnancies in adolescents has decreased from 2016, which is a good model area that has been implemented to reduce pregnancy in adolescents in a better direction. Therefore managing knowledge to study the guidelines for reducing the pregnancy in the teens of Tan Sum district, Ubon Ratchathani to develop knowledge and operational skills to reduce adolescent pregnancy and transferring knowledge in management to reduce repeated pregnancy in adolescents. From the 10<sup>th</sup> Health Center, Ubon Ratchathani Provincial Health Office Public Health Office, Tan Sum District Ubon Ratchathani Professional nurses, hospitals Tan Sum, Ubon Ratchathani Province Staff from Tan Sum Subdistrict Administrative Organization Nakai Subdistrict Administrative Organization, Tan Sum District, Ubon Ratchathani Province Kamnan Chik Thoeng Subdistrict, Tan Sum District, Ubon Ratchathani Province Village Headman, Samrong Subdistrict, Tan Sum District, Ubon Ratchathani Province, Teacher Ban Kham Wa School Teachers, Chiang Kaew Phitthayakhom School, Tan Sum District, Ubon Ratchathani Province, Parents, President and Secretary of the Children and Youth Council, Tan Sum District, Ubon Ratchathani Province, Teen Leaders District, Tan Sum District, Ubon Ratchathani Province. In-depth interview, in which the researcher presents the results in a descriptive manner. (Description) In this interview, the open-ended questions are highly flexible. Giving information providers the opportunity to freely discuss various issues, providing information based on willingness and taking notes on important issues. The results of the study show that Tan Sum district has a problem management process starting from seeing problems from family members and close ones from preparing teenage birth statistics. Finding a cause for repeated teen pregnancy. Presenting the situation in the area. Proposing a solution for the sheriff to see the importance then presenting the information to the district stage meeting. and returning information to the community, including the study of knowledge from training from experience and joining to work with Network for both health centers Provincial Public Health Office. Adjusting the working strategies, driving the use of implantable drugs, “buy, use, claim, return”, creating community participation, making plans to solve problems and building a district health system. By relying on the chief sheriff, every sector participates in thinking. There are interconnected work, such as the project 1 hospital, 1 school that is forwarding problem situations and collaborating to resolve. There are supporting operating statements from all sectors, both from local administrative organizations, Department of Health National Health Security Office, including communication, creating social flows through various media channels, such as Facebook for teenagers to request information and receive advice. There are follow-up visits to strengthen the menstrual power, including local administrative organizations, schools, health promoting hospitals, village health volunteers for village leaders that have a surveillance system to understand the situation, then reporting to local administrative organizations to inform Public Health Officer to resolve the problem at the root, and not forgetting the development of people on training training of knowledge, health officials, teachers, village headmen, village health volunteers, teenage leaders, sex stories and contraceptive drugs with insertion of

sex education and life skills into teaching and learning. Two factors that support to resolve the issue of adolescent pregnancy are namely 1) receiving information about the situation of adolescent pregnancy which increases rapidly and 2) getting information about the problem and needs for help from repeated pregnant teenagers.

It is found that there are 3 factors that facilitate continuous operation, including 1) winning awards and distinctions 2) as source to study 3) as keynote speaker to convey the authentic success, other auxiliary factors district sanction, finding extra strength, resulting in continuous operation which includes 5 aspects namely 1) receiving strong support from community leaders and group 2) gaining cooperation from colleagues and the consortium network related 3) tracking, reminding, encouraging and giving suggestions from people who supervise the work 4) meeting and exchanging knowlegge and 5) integrating projects and participating in protecting and solving the problem of repeated teenage pregnancy.

**Suggestion:** Public health and stakeholders should disseminate information. The Prevention and Solving of Adolescent Pregnancy Prevention and Prevention Act of 2015 gives people access to a wider understanding. Relevant agencies and network partners should create a mechanism for working with teenagers connected in a systematic, integrated way. Giving importance to the participation of people in planning and solving problems in their own communities for sustainability.



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## Health literacy situation of child rearing among preschoolers of primary caregiver: 4 case studies



Premruthai Ketrain  
National Institute of Child Health

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This descriptive research aims to study the health literacy situation of child rearing among preschoolers. Factors related to health literacy of Child Rearing. And the relationship among health literacy of Child Rearing with nutrition status, development and oral health of preschool children. The samples of this research are primary caregiver of preschool children who were born - 3 years old, selected from 4 provinces of Thailand that voluntarily participated in the 4 researches: Northern region (Chiang Mai province), Northeastern region. (Buriram province), Central Region (Saraburi province) and the South (Nakhon Si Thammarat province). The samples are 1,080 people. Collected data include the personal information questionnaire of preschool child caregivers. Questionnaire on health literacy in raising preschool children of primary caregivers. Data analyzed using Chi-square test and Pearson's Correlation Coefficient.

The research found that Health literacy of child rearing includes in fair level 48.3%, very good level 38.8%, poor level 12.9%. In each aspect, health literacy of child rearing in accessing the information and services is very good 41.5%, Understanding the information is very good 51.8%, Reassure and Decision making the information is very good 40.4%, Managing self-health is very good level of 65.3% and Communication is very good level of 26.8%. Factors related to Health literacy include age, education level, occupation, and family income per month. The caregiver's relationship with young children And family characteristics is related to Health literacy of child rearing statistically significant ( $p$ -value  $< 0.05$ ). Gender factors and marital status there was no relationship with Health literacy of child rearing. Health literacy of child rearing is related to nutritional status, divided by height according to age criteria. And weight classification according to height criteria of preschool children Statistical significance ( $p$ -value  $< 0.05$ ).

**Key words:** Health literacy, Child Rearing, Preschoolers

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## **Honorable Awards**

of Thai Health Promotion  
Implementation

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## Bureau of Health Promotion, Department of Health



22 August 2019

Outstanding achievements  
in morality and ethics development,  
Ministry of Public Health



8 August 2017

2<sup>nd</sup> runner-up: Moral Competition  
Department Project,  
Department of Health,  
Fiscal Year 2017



3 August 2016

First prize: Moral Competition  
Department Project,  
Department of Health,  
Fiscal Year 2016



9 September 2014

3<sup>rd</sup> runner-up award: Global Learning  
Organization toward Internationalization,  
Department of Health



22 August 2019

Outstanding Department Award



9 July 2019

Award winning "The Moral agency,  
Department of Health" 2019



22 August 2016

Outstanding achievements in morality  
and ethics development



2015

National Government Service  
Award 2015 for excellent level  
in the category of excellent service  
integration, Standardized School  
of Health Promotion



10 - 11 August 2009

Honor Plaque for Operations of The Anamai Doctor Model for Breast-Feeding 2009 Project of the Doctor's Health Network Foundation



18 August 2005

Honor Plaque for Organization Development to Excellence Project 2005



31 May - 4 June 1999

The Valuable Support for the Organization of the 7<sup>TH</sup> International Conference on Thalassemia and the Haemoglobinopathies and the 9<sup>TH</sup> Thalassemia Parent and Thalassemics International Conference



14 April 1997

Award winning: Thailand Walk-run for Family on National Family Day at the Ministry of Public Health



27 November 1992

Family Health Division, Department of Health, outstanding organization in public health on the occasion of 50<sup>th</sup> Anniversary of the establishment of the Ministry Public Health



2019

State Excellence Award 2019: Government Service Award, Good Service Development Category, from the "Development of Long-Term Care in the Community with 3C Innovation: Care Manager, Caregiver & Care Plan"

## Bureau of Elderly Health, Department of Health





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