Thailand COVID-19 responses: health sector, governance and institutions

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Webinar series 3
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0900-1130 AM Manila time
Confirmed COVID-19 cases in Thailand
update 11 Sep 2020, zero local transmission since 25 May 2020

Source: https://www.worldometers.info/coronavirus/country/thailand/
Topics

• How Thailand responded to the Pandemic?
• What are the contributing factors?
I. Thailand’s responses to COVID-19
1. Governance mechanisms

• Organogram
  • Establishment of Centre for Covid-19 Situation Administration (CCSA) chaired by the Prime Minister: whole of government approach, multi-sectoral coordination/command
  • Establishment of MOPH Emergency Operating Center at HQ and 77 provincial health offices, also EOC in other ministries
  • Delegation of power to provincial governor

• Communicable Disease Act 2558 BE (2015)
  • Legislative power to apply all public health measures
1. Governance: public communication

• Risk communication & community engagement
  • Daily update
    • Epidemiology situation and trends update at national and provincial Emergency Operations Centres since inception
      • Evidence from Thailand, SEA, ASEAN and world.
      • Education and empowerment to the public
    • Ensure public trust, confidence and adherence to government interventions.

• Key actors
  • Department of Disease Control (DDC), Ministry of Public Health (MOPH),
  • All other departments,
  • Cross ministry departments,
  • Academia
2. Social measures

• Individual:
  • Physical distancing, wearing mask, hand and food hygiene, adherence to April “stay at home”; refrain from social gathering,

• Community:
  • Closure of all public venues, on-line school introduced, postal delivery of NCD medicines

• National level:
  • State of Emergency Decree and curfew 22-04hr; restriction of travel, support work from home,
2. Social measures: monitoring adherence

- Evidence informed policy decisions
  - IHPP initiated weekly online survey in April, May, June and biweekly July-Sep
  - Findings are fed to EOC and CCSA for further actions.
  - Maintain core module + topical modules in line with new policies

- IHPP initiated national online survey: media literacy: capacity to distinguish true and false statement, propagation of fake news related to COVID-19
3. Public health measures: test, trace, isolation

TEST

• Scale up lab capacity
  • Development of RT PCR assays and sequencing protocols,
    • implemented national external quality assurance program for COVID RT PCR
  • Rapid expansion of national lab network
    • From 80 labs in April to 222 labs in Sep nation-wide
      • 82 in Bangkok Metropolitan Region [36 public, 46 private]
      • 140 in all other provinces [115 public, 25 private]
  • Daily capacity: 10,000 tests in BKK, 10,000 tests in provinces

Source: Department of Medical Sciences, Ministry of Public Health, as of 25 Aug 2020
3. Public health measures: test, trace, isolation

TRACE

• Thailand’s >1,000 Surveillance and Rapid Response Team (SRRT)
  • Indispensable role of field epidemiologists through Field Epidemiology Training Program (FETP) investment since 1980.
  • Surge capacity was mobilized from local health staffs in sub-district health centers, and district hospitals

• Legal framework:
  • Response system and Communicable Diseases Act activated very early

• Local capacities:
  • Local health workforce
  • >1 million village health volunteers helped to detect and respond to cases in rural areas
  • Family care team at sub-district level
3. Public health measures: test, trace, isolation

**ISOLATION**

- **Home quarantine** for low risk contact cases, with reporting to healthcare workers of their conditions for 14 days

- **Local quarantine**, managed and sponsored by Ministry of Interior through provincial governors in collaboration with MOPH, is designed for international travellers both national and non-national from land borders.

- **State quarantine**, managed and sponsored by Ministry of Defence, is for international flight arrivals by both national and non-national.

- **Alternate state quarantine** – voluntary choices of hotel-based quarantine sites, self payment

- All persons in State Quarantines are subject to RT PCR on day 7 and 14
## 4. Clinical responses

National treatment guideline for COVID-19 developed by Department of Medical Service with experts from universities, launched in January 2020 and updated regularly. The latest version is on 1\textsuperscript{st} May 2020.

<table>
<thead>
<tr>
<th>Category</th>
<th>Recommended treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Asymptomatic</td>
<td>No Antiviral needed</td>
</tr>
<tr>
<td>2. Mild case without risk factors</td>
<td>Considered 2 drugs combination</td>
</tr>
<tr>
<td></td>
<td>1. Chloroquine or hydroxychloroquine</td>
</tr>
<tr>
<td></td>
<td>2. Darunavir + Ritonavir or Lopinavir/Ritonavir or Azithromycin</td>
</tr>
<tr>
<td></td>
<td>If CXR found progression of infiltration, consider adding Favipiravir</td>
</tr>
<tr>
<td>3. Mild case with risk factors</td>
<td>Recommended at least 2 drugs combination</td>
</tr>
<tr>
<td></td>
<td>1. Chloroquine or hydroxychloroquine</td>
</tr>
<tr>
<td></td>
<td>2. Darunavir + Ritonavir or Lopinavir/Ritonavir</td>
</tr>
<tr>
<td></td>
<td>Consider adding Azithromycin, if CXR found progression of infiltration, consider adding Favipiravir</td>
</tr>
<tr>
<td>4. Pneumonia</td>
<td>Recommended at least 3 drugs combination</td>
</tr>
<tr>
<td></td>
<td>1. Favipiravir</td>
</tr>
<tr>
<td></td>
<td>2. Chloroquine or hydroxychloroquine</td>
</tr>
<tr>
<td></td>
<td>3. Darunavir + Ritonavir or Lopinavir/Ritonavir</td>
</tr>
<tr>
<td></td>
<td>Consider adding Azithromycin</td>
</tr>
</tbody>
</table>
5. Sustain essential health services: safety

**Principle:** ensure safety for Professional and Patients [two P Safety policy]

- Single entrance into health facilities: mandatory protocol
  - Temperature screening and hand sanitizer
  - Face mask and face shields by all visitors and healthcare workers
  - Physical distancing in all areas
- Appointment schedule reduces crowding at waiting area
- Relocation of ARI clinic outside the hospital main building
- Test RT-PCR with full PPE for all emergency and urgent cases at A&E
- Reduce crowding index (visit / hour / square meters in hospitals)
- Protocol for patients
  - At epidemic situation: all elective cases (dental/surgical/medical) were tested for RT-PCR prior to service provision
  - At low local transmission: verbal screening with appropriate PPE application
6. Health workforce: occupational safety

• Full support of different types of PPE for health workforce:
  • Laboratory personnel: specimen collection
  • Public health workforce: SRRT, contact tracing
  • Transport workers
  • Hospital-based medical personnel

• COVID infection in health workforce
  • Total 108 Health workforce out of 3,454 total national cases (Sep 2020), 3.1% of total cases
  • Zero mortality from corona virus among health workforce

<table>
<thead>
<tr>
<th>Role</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>45</td>
<td>42%</td>
</tr>
<tr>
<td>Doctors</td>
<td>22</td>
<td>20%</td>
</tr>
<tr>
<td>Nurse aids</td>
<td>22</td>
<td>20%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Dentists</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Others</td>
<td>13</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>108</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
6. Health workforce: the white gown heroes

• Mobilizing surge capacity from public and private sectors
• COVID Insurance coverage: role of private sector CSR
  • Several insurance companies donated 220,000 insurance policies
• April 7, 2020, Cabinet decided the packages for health workforce
  • More than 45,000 civil servant positions for MOPH facilities
  • Additional quotas to MOPH in FY2020: double steps annual salary adjustment.
  • Double times of service years (during State of Emergency) for the calculation of pension benefit once retired
  • Reduce interest rate for loans from Krung Thai Bank and Government Saving Bank made by health workers for one year
• Moral support
  • Department of Mental Health: specific hotline for health workforce
  • Food, lunch and dinner boxes were donated by public and private sectors to many health facilities and quarantine centres
• Social recognition: the white gown hero
7. Universal Health Coverage

• All COVID-19 treatment
  • Free of charges to all Thai, OP and IP through 3 public health insurance schemes,

• Additional budget mobilized to support responses
  • NHSO: THB 4,280 million (US$ 142.7m.) for RT PCR and associated PPE for specimens collection for citizens
  • MOPH: THB 3,461 million (US$ 115m) for test,

• Local and state quarantine fully sponsored by the government
  • For both Thai and non-Thai
## 7. Universal Health Coverage

Payment for COVID-19 testing is managed by National Health Security Office

<table>
<thead>
<tr>
<th>Items</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Testing</strong></td>
<td></td>
</tr>
<tr>
<td>• RT PCR lab tests at health facility</td>
<td>For all Thais: Fee schedule (ceiling at 2,500 THB) + 500 THB for PPE for health personnel</td>
</tr>
<tr>
<td>• Sample collection from home</td>
<td>For all Thais: 540 THB for PPE for health personnel</td>
</tr>
<tr>
<td>• Testing in tents or mobile clinics</td>
<td>For all Thais: 540 THB for PPE for health personnel</td>
</tr>
<tr>
<td>• Drive through testing</td>
<td>For all Thais: fee schedule (ceiling at 2,500 THB) + 500 THB for PPE for health personnel</td>
</tr>
<tr>
<td><strong>2. Outpatient consultation</strong></td>
<td>payment as indicated by insurance scheme each patient belongs to</td>
</tr>
<tr>
<td><strong>3. Hospital emergency care</strong></td>
<td>Fee schedule using COVID-19 payment list (e.g. room, lab, PPE, medicine specific for COVID-19, self protection equipment, referral transportation)</td>
</tr>
<tr>
<td><strong>4. Hospital ICU care</strong></td>
<td>Fee schedule using COVID-19 payment list on top from DRG system</td>
</tr>
<tr>
<td><strong>5. Stay in hospital ward (for patients with moderate symptoms)</strong></td>
<td>Fee schedule using COVID-19 payment list on top from DRG system</td>
</tr>
</tbody>
</table>
8. Essential health services

<table>
<thead>
<tr>
<th>Essential services</th>
<th>Oct-Dec 2019</th>
<th>Jan-Mar 2020</th>
<th>COVID effects Apr-Jun 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Outpatient rate, visit per capita</td>
<td>1.203</td>
<td>1.176</td>
<td>0.754</td>
</tr>
<tr>
<td>2. Admission rate, per capita</td>
<td>0.026</td>
<td>0.024</td>
<td>0.019</td>
</tr>
<tr>
<td>3. Dental visit, per capita</td>
<td>0.103</td>
<td>0.093</td>
<td>0.024</td>
</tr>
<tr>
<td>4. ANC at 12 week, % coverage</td>
<td>88.3</td>
<td>86.7</td>
<td>82.1</td>
</tr>
<tr>
<td>5. Quality ANC 4 visits, % coverage</td>
<td>82.6</td>
<td>81.0</td>
<td>74.8</td>
</tr>
<tr>
<td>6. Fully immunized child, % &lt;1 year</td>
<td>84.7</td>
<td>83.0</td>
<td>79.9</td>
</tr>
<tr>
<td>7. Post natal care, % coverage</td>
<td>82.3</td>
<td>82.2</td>
<td>75.3</td>
</tr>
</tbody>
</table>
8. Essential health services: TB HIV/AIDS

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>12 m.</td>
<td>9 m.</td>
</tr>
<tr>
<td>TB Treatment coverage</td>
<td>81.6%</td>
<td>64.0%</td>
</tr>
<tr>
<td>TB Ongoing treatment, % total cases registered</td>
<td>6.6%</td>
<td>63.7%</td>
</tr>
<tr>
<td>TB Treatment complete / Success rate, First Quarter cohort</td>
<td>85.6%</td>
<td>61.7%</td>
</tr>
<tr>
<td>Ongoing treatment, First Quarter Cohort</td>
<td>1.74%</td>
<td>24.64%</td>
</tr>
<tr>
<td>Number of HIV/AIDS on ART treatment</td>
<td>271,704</td>
<td>276,891 (data 6 months)</td>
</tr>
</tbody>
</table>
## 8. Essential health services: End-state kidney diseases

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>12 m.</td>
<td>9 m.</td>
</tr>
<tr>
<td><strong>Number of ESRD on hemodialysis</strong></td>
<td>26,898</td>
<td>27,861</td>
</tr>
<tr>
<td><strong>Number of ESRD on peritoneal dialysis</strong></td>
<td>30,722</td>
<td>29,683</td>
</tr>
<tr>
<td><strong>Report of supply interruption of peritoneal dialysis solution</strong></td>
<td>Zero interruption</td>
<td>Zero interruption</td>
</tr>
</tbody>
</table>
II. Contributing factors
Enabling factors

• Effective interventions at very early stage of epidemic.
  • Implementation capacity: synergies between public health and social interventions
  • Contain local transmission to zero after 25 May 2020, very early on in the epidemic curve.
    • Relieve tension on treatment resources, mortality and psychological tensions

• Health systems resilience
  • Infrastructure, workforce (SRRT, medical team, supporting team, VHV), medicines, nation-wide scaling up laboratory finance, UHC

• Governance
  • Effective risk communication and community engagement
  • Full commitment by head of statement with funding support
  • Drive responses by evidence
  • Monitor population adherence to government interventions
  • Multi-sectoral collaboration including engagement of private sector, civil society and community