

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

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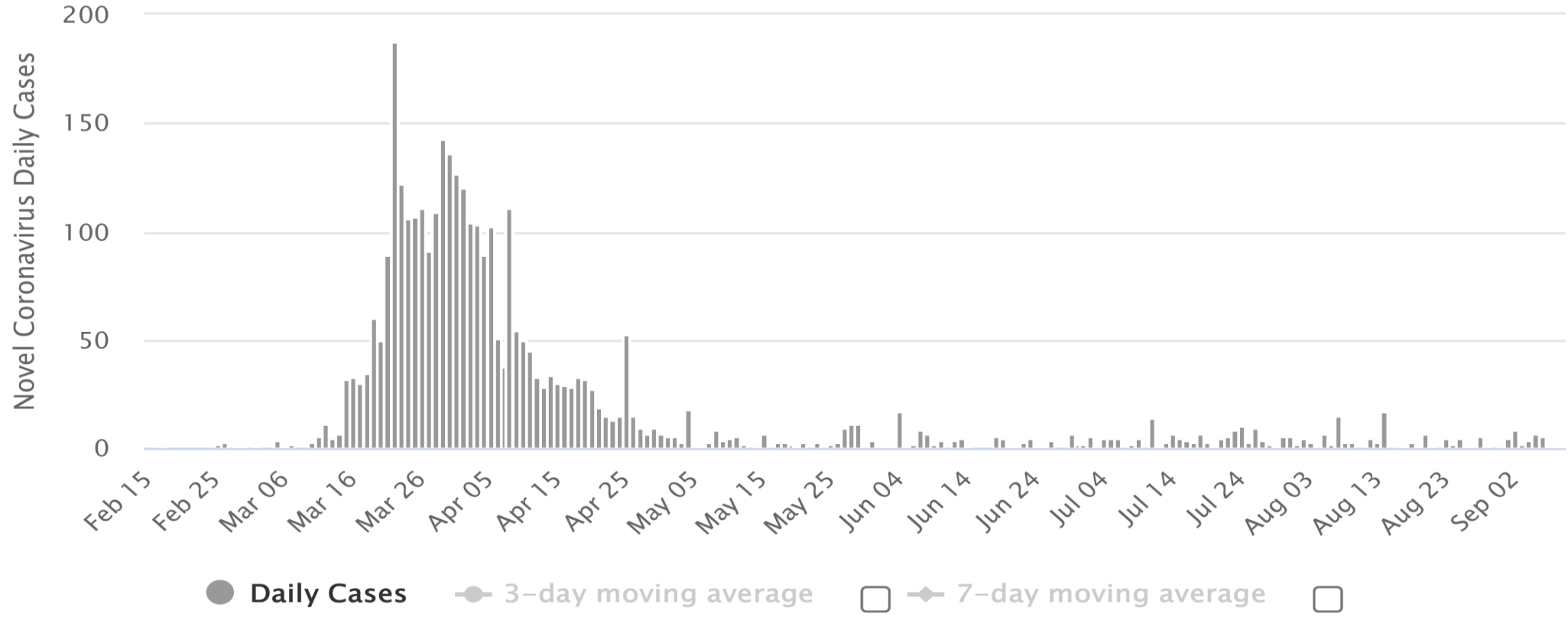
Webinar series 3  
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# Confirmed COVID-19 cases in Thailand

update 11 Sep 2020, zero local transmission since 25 May 2020

## Daily New Cases

Cases per Day  
Data as of 0:00 GMT+0



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

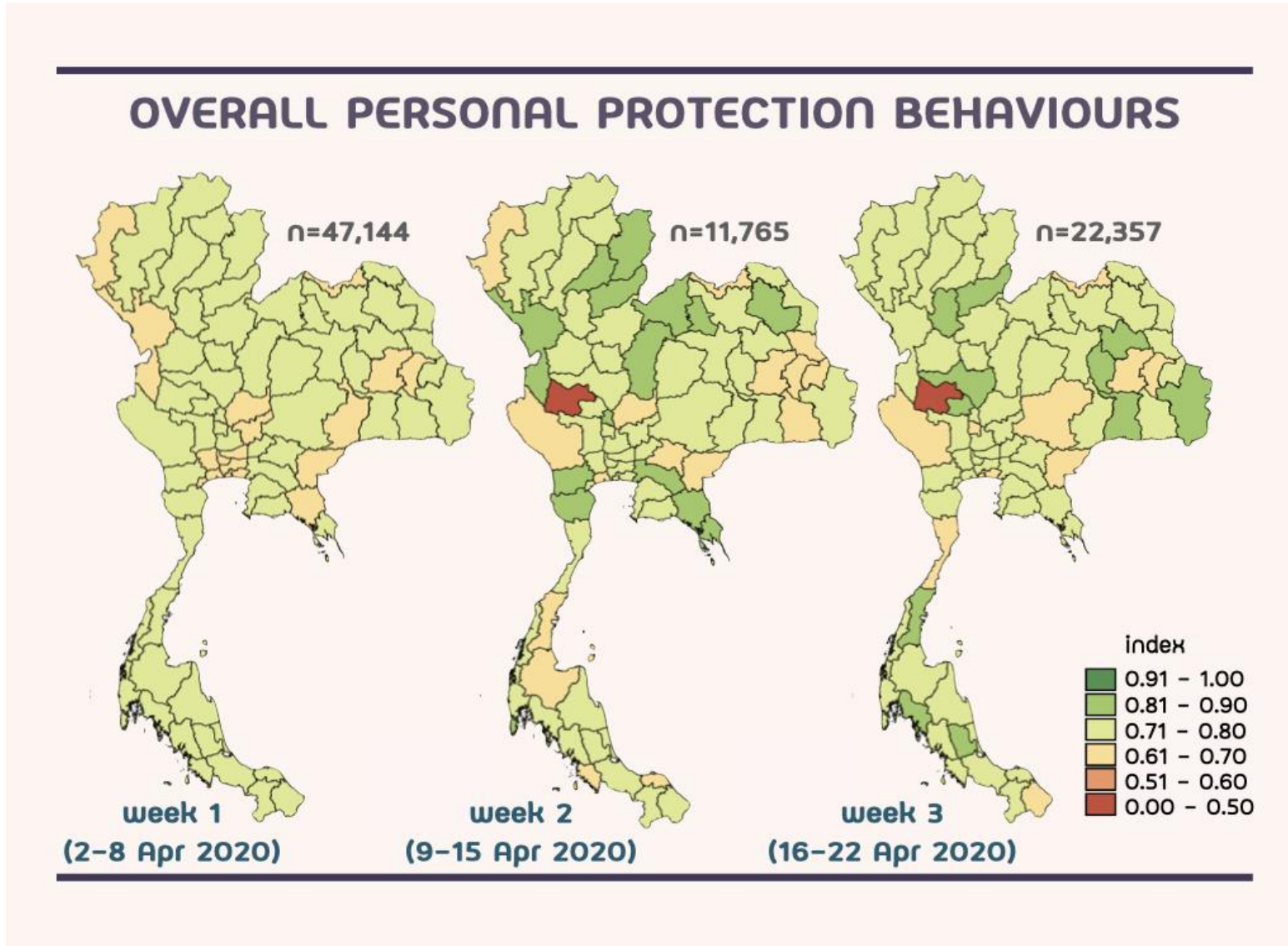
# 1. Governance: public communication

- 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

# 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<sup>st</sup> May 2020.

Category	Recommended treatment
1. Asymptomatic	No Antiviral needed
2. Mild case without risk factors	Considered 2 drugs combination 1.Chloroquine <u>or</u> hydroxychloroquine 2.Darunavir + Ritonavir <u>or</u> Lopinavir/Ritonavir <u>or</u> Azithromycin If CXR found progression of infiltration, consider adding Favipiravir
3. Mild case with risk factors	Recommended at least 2 drugs combination 1.Chloroquine <u>or</u> hydroxychloroquine 2.Darunavir + Ritonavir <u>or</u> Lopinavir/Ritonavir Consider adding Azithromycin, if CXR found progression of infiltration, consider adding Favipiravir
4. Pneumonia	Recommended at least 3 drugs combination 1.Favipiravir 2.Chloroquine <u>or</u> hydroxychloroquine 3.Darunavir + Ritonavir <u>or</u> Lopinavir/Ritonavir Consider adding Azithromycin

# 5. Sustain essential health services: safety

**Principle:** ensure safety for **P**rofessional and **P**atients [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

Nurse	45	42%
Doctors	22	20%
Nurse aids	22	20%
Pharmacists	3	3%
Dentists	3	3%
Others	13	12%
	108	100%

# 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

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

## 8. Essential health services

Essential services	Oct-Dec 2019	Jan-Mar 2020	COVID effects Apr-Jun 2020
1. Outpatient rate, visit per capita	1.203	1.176	0.754
2. Admission rate, per capita	0.026	0.024	0.019
3. Dental visit, per capita	0.103	0.093	0.024
4. ANC at 12 week, % coverage	88.3	86.7	82.1
5. Quality ANC 4 visits, % coverage	82.6	81.0	74.8
6. Fully immunized child, % <1 year	84.7	83.0	79.9
7. Post natal care, % coverage	82.3	82.2	75.3

# 8. Essential health services: TB HIV/AIDS

Key Indicators	2019 (Oct 2018-Sep 2019) 12 m.	2020 (Oct 2019-Jun 2020) 9 m.
• TB Treatment coverage	81.6%	64.0%
• TB Ongoing treatment, % total cases registered	6.6%	63.7%
• TB Treatment complete / Success rate, <u>First Quarter cohort</u>	85.6%	61.7%
• Ongoing treatment, <u>First Quarter Cohort</u>	1.74%	24.64%
• Number of HIV/AIDS on ART treatment	271,704	276,891 (data 6 months)

## 8. Essential health services: End-state kidney diseases

Key Indicators	2019 (Oct 2018-Sep 2019) 12 m.	2020 (Oct 2019-Jun 2020) 9 m.
• Number of ESRD on hemo-dialysis	26,898	27,861
• Number of ESRD on peritoneal dialysis	30,722	29,683
• Report of supply interruption of peritoneal dialysis solution	Zero interruption	Zero interruption

## **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, nationwide scaling up laboratory finance, UHC
- Governance
  - Effective risk communication and community engagement
  - Full commitment by head of state 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