CHAPTER 1
INTRODUCTION

The Ministry of Public Health (MOPH) is responsible for the organization, management of public health services and most of the medical services provided by the government for people in the rural areas. The Ministry of Public Health is divided into 8 major departments/offices, namely : (Figure 1)

1. The Office of the Secretary to the Minister
2. The Office of the Permanent Secretary for Public Health
3. The Department of Medical Services
4. The Department of Health
5. The Department of Communicable Disease Control
6. The Department of Medical Sciences
7. The Office of Food and Drug Administration
8. The Institute of Mental Health

In addition, the Ministry has a state enterprise and a semi-public organization called

1. The Government Pharmaceutical Organization.
2. The Health Systems Research Institute.

Central Administration : The roles and functions of each department or institution are as follow :-

1. The Office of the Secretary to the Minister deals with the political functions of the Minister, particularly in relation to health activities. The main function of the office is to provide general secretarial support to the Minister. The Secretary to the Minister, an elected Member of the Parliament, acts as the head of the office. The Office reports itself directly to the Minister.

2. The Office of the Permanent Secretary for Public Health has 14 Divisions and 2 Super-Divisions (namely ; the Bureau of Health Policy and Plan, and the Institute of Health Manpower Development). In addition, there are 6 functional Offices/Divisions working under its structure. The responsibilities of the Office are to plan, direct, support, monitor and evaluate public health services, especially in areas outside Bangkok. It also coordinates with health related sectors, other

government bodies, and non-governmental organizations. Another main functions of the office are to support in health manpower development and to promote research study in various fields. The major roles of the office are to directly support, supervise and control the Provincial Health Administration which is headed by the Chief Medical Officer.

3. The Department of Medical Services, one of the MOPH's technical departments, is particularly responsible in the field of non-communicable diseases. It is responsible for launching medical and health services in regard to general and special diseases. Several specialized hospitals/institutions located in Bangkok belong to this department. The main functions of this department are to provide technical support in the areas of diagnosis, treatment, rehabilitation, health promotion and health prevention at the Provincial level. Moreover, the Department organizes several inservice training programs for the MOPH staffs.

4. The Department of Health, one of the MOPH's leading technical supportive body, is responsible mainly for preventive and promotive health care. The major activities of the Department comprise of family planning, maternal and child health, school health, dental health, nutrition, environmental health, water supply and sanitation, and occupational health.

5. The Department of Communicable Diseases Control provides technical support for general communicable disease control as well as prevention and control of some specific communicable diseases such as AIDS, veneral diseases, malaria, leprosy and others. Its major function, among the others, is to launch nationwide services of the Expanded Program on Immunization (EPI).

6. The Department of Medical Science conducts medical research and provides laboratory services to support preventive and curative care for all health institutions. It also works closely with the Office of Food and Drug Administration in order to support issues concerning consumer protection.

7. The Office of Food and Drug Administration (FDA) is responsible for the control and enforcement of laws concerning food, drug, cosmetic, toxic substances, medical devices, narcotic and psychotropic substances. Its main role is to emphasize its work in consumer protection.

8. The Department of Mental Health is responsible for caring of the mental sickness patients and mental handicap. It also emphasizes its

work on preventive and promotive services. The major roles of the Department are to train counselors and to promote counseling in mental health.

All the above mentioned departments/offices also provide technical support to the Provincial Health Offices in their respective fields.

Provincial Administration : Their roles and functions of each services at different levels are as follow :

1. Provincial Health Office : There is one Provincial Health Office in each province throughout the nation. The chief of the office is called Provincial Chief Medical Officer (PCMO). He is responsible for both administrating and providing supports to all medical and health facilities in the province including the Provincial Hospital and Provincial Health Office. In practice, the routine tasks of the Provincial Hospital are left in the hand of a hospital director hand. The PCMO focuses his task on the supervisory aspects for technical and policy matters. The PCMO reports himself to the Office of Permanent Secretary for Public Health, at the same time , according to an administrative line of command he also reports himself to the provincial governor, a senior civil administrator.

2. Regional and General Hospital (Provincial Hospital) : Most provincial hospitals have 150 up to 500 beds, while regional/referral hospitals have 500 to 1,000 beds. Hospitals at this level provide various trainings to medical doctors and paramedical workers. Curative service is predominant at this level, however, certain promotive, and preventive and rehabilitative services are also offered. General hospital are predominantly utilized by people within each province, whereas the bigger regional hospitals serve as referral centers for their respective catchment areas/regions.

3. Community Hospital (District Hospital) : Almost 90% of districts through out the nation has one Community Hospital. These hospitals normally have 10 to 60 beds, some may hold up to 90 beds. A 10-bed hospital is normally posted with two physicians. A 30-bed, 60-bed, and 90-bed facility hold three, four and six physicians, respectively. Each Community Hospital provides curative, preventive, promotive and rehabilitative health services and is officially responsible for the over-all supervision and technical support to health center and public health programs in the respective district. A Community Hospital also serves as

a referral center at the secondary level of the health care service delivery system.

4. District Health Office (DHO) : is basically an organization staffed with technical and administrative health personnel. The DHO is headed by the chief of District Health Office, is also under the care of District Officer who reports himself to the Ministry of Interior. In practice, however, most of the DHO's technical, managerial support and supervision is provided by the Provincial Health Office.

5. Health Center : In each Tambol, there is at least one health center. Each health center is staffed with one technical nurse or midwife and one junior sanitarain in minimum. Health center provides integrated services of prevention and promotion. Midwife and sanitarian are responsible for prenatal, delivery, postnatal services, immunization, nutrition, family planning and, water supply and sanitation activities. Health centers also provide basic/limited treatment for emergency or minor illnesses. Health personnel will make the decision whether to treat or transfer patients to a district or provincial hospital. The health center also serves as a referral unit at the primary level of the health care delivery system. Likewise, it provides support to the village in relation to the development and strengthening of PHC program. Supervision and support to VHCs and VHVs are of prime concern, particularly in the self-management of the essential elements in Primary Health Care (PHC).

6. Community Health Services Stations (CHSSs) are the smallest health facilities located in villages. The villages with CHSSs are those perceived to be at national security risk, or located in remote areas or the settling areas of minority groups, such as the villages of hill-tribes along the border line of the country .

Background and Rationale

As far as public health organizational structure of Ministry of Public Health at the district level is concerned, it is devided into 2 parts, Community Hospital and District Health Office. Hence, these two offices are under different line of command. The director of Community Hospital reports himself to PCMO while District Health Office reports himself to district governor. The responsibilities of both Community Hospital and District Health Office have been indicated clearly.

Community Hospital acts as a center for academic, health care and general diagnosis at the district level. Besides, it also provides integrated service in its cathchment area.

District Health Office absorbed policies from PCMO to implement in the responsible areas. The mains responsibilities are to support and supervise health personnel who work in health centers.

Since the two offices work independently, it leads to the lack of unity. There is no continuous co-ordination between these two offices as the co-ordination is normally done through individual or personal contact.

During the fifth National Health Development Plan (1982-1986), The Ministry of Public Health had launched policies to increase efficiency of the co-ordination for all aspects at all levels. Especially at district level, the co-ordination among independent organizations is a key factor for public health development. Hence, the co-ordinate organization has been formed and developed continuously since 1982.

1982-1983

In August 1982, the District Health Development Committees (DHDCs) had been formed. The objectives of this organization are to co-ordinate, support, monitor and evaluate public health issues at district level. It is also meant to reduce the gap between Community Hospital and District Health Office.

However, the DHDC did not achieved its goals. In 1983 Ministry of Public Health had reviewed the structure and responsibilities of DHDC again. The new responsibilities of DHDC were to :

1. Set an operational plan at district level. Each item of works must be related and support one another.
2. Search for co-ordination among related organizations.
3. Monitor, evaluate and support the works of health service centers at all levels including health volunteer organizations.

1986-1987

Eventhough the responsibilities of DHCC had been reviewed, the organization had not yet succeed its goal. Therefore, the Permanent Secretary Office of MOPH had called for workshop in order to review the mission of DHDC again. 21 Representatives from Community Hospital and 21 from District Health Office had discussed together to come out with the conclusion that the DHDC should be changed to the

District Health Coordinating Committee(DHCC). Then 3 additional policies had been launched for the Provincial Health Office to absorb:

1. form DHCCs
2. Allocate budget to support special activities of DHCCs.
3. Report the progression of DHCCs to the Office of the Permanent Secretary for Public Health every 6 months

The Office of the Permanent Secretary for Public Health had also formed a committee to monitor the progression of DHCC. Missions of the committee were to:

1. Decide methods/approaches to monitor the performance of DHCCs.
2. Monitor the performance of DHCCs.
3. Supervise, facilitate and support the task of co-ordination between DHCC and other offices at central level.
4. Report the progression of DHCCs to the Office of the Permanent Secretary for Public Health annually.

In 1987, 72 provinces had formed DHCCs. Out of this number, only 61 provinces had reported the progression of DHCCs to the Permanent Secretary Office of MOPH. And thus these 61 provinces had received additional supported budget for 396,000 Baht.

1988

Office of the Permanent Secretary for Public Health decided to review missions of DHCCs again in 1988 in order for it to be more efficient. Below were issues to be processed at provincial level.

1. Officially post members of DHCC and report to the Permanent Secretary Office of MOPH
2. Allocate budget to support activities of DHCCs. The amount of budget is partly from annual budget and partly from central level.
3. Select the outstanding DHCCs of each province. The outstanding DHCC would received additional supported budget.
4. Select the national outstanding DHCCs. Any district which the national outstanding DHCCs are located, would serve as a study tour site for other DHCCs.
5. Report the progression of DHCCs every 6 months.

Beside the support from provincial level, DHCCs also received support from central level. The responsibilities of committee from central level were to :

1. Support special activities of each provincial outstanding DHCC.
2. Select 10 national outstanding DHCCs (So called model DHCCs.)
3. Monitor and Evaluate activities of DHCCs by supervisors from both provincial and central levels. The tool for monitoring and evaluating was a set of standard check list.
4. Organize the national workshop for representatives of DHCCs from the whole country. (NB The conclusion from the workshop are listed below:)

4.1 Structure of DHCC

-Members of each DHCC were not more than 15, the proportion of members from Community Hospital and District Health Office was depend on the consideration of each DHCC.

-The members of DHCC were posted by provincial governor

-The responsibilities of DHCCs were extended to be able to solve health problems at district level.

-The missions of DHCCs were clarified. The operational hand book for DHCCs would be published and given to all DHCCs.

4.2 Evaluation

-Each province evaluated potential of each DHCC within its own province.

-The evaluation in term of quality would be done by the committee from the MOPH.

4.3 Guidelines to select the outstanding DHCC

-One DHCC would be chosen to be an outstanding.

-The outstanding DHCC would be rewarded.

-The outstanding DHCC would be allowed flexibility in term of management .

1989-1993

Since 1989, The Permanent Secretary Office of MOPH had set guide-lines for each level :

1. Members of DHCC of each district were posted by the provincial committee. After that it was reported to office of the Permanent Secretary for Public Health
2. Outstanding DHCC of each province was selected by the provincial committee.
3. The outstanding DHCCs at regional and national level were selected by the committee at central level
4. Extra budget would be given to every outstanding DHCC
5. Rural Health Division, MOPH organizes the seminars for DHCCs in order to improve potential and quality of the organization

Eventhough the evolution of DHCC has passed through many steps, the co-ordination is still done activity by activity not yet for the whole process or continuity.

In Khonkaen, 20 DHCCs has been formed for the last 5 years. The activities of DHCCs follow guidelines from MOPH except some DHCCs have extend their activities beyond the guidelines for better quantity and quality outcome. In general, the activities of DHCCs in Khonkaen is not so illustrative as many essential activities haven't been organized yet.

In short, the evolution of the DHCCs is not a systematically process. Therefore, it is difficult to say whether it succeeds or fails. The investigator wants to study the present role and the prospective role of DHCC in order to suggest the strategic issues which could increase the efficiency of DHCCs.

In this study, the Delphi technique was chosen. The result of this study may be used by administrators as an additional information for decision making in order to launch policies or strategies to increase the potential of DHCCs in Khonkaen.