



กรมอนามัย
DEPARTMENT OF HEALTH

Protecting the SRMNCAH services during the COVID-19 pandemic, Challenge & Next Step Thailand's experiences

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Outline



- ▷ *Overview of the COVID-19 Situation in Thailand*
- ▷ *Impacts of COVID-19 on Health Services Thailand*

Overview of the COVID-19 Situation in Thailand

- ▶ The information in this section was obtained from the daily situation reports produced by the Department of Disease Control (DDC), Ministry of Public Health of Thailand (MOPH) (Department of Disease Control, 2020), together with the contributors' own accounts of the situation as it has developed in Thailand. The DDC's reports summarize the COVID-19 outbreak situations in Thailand and overseas, the measures being implemented at the time, as well as the way forward to mitigate the impacts of COVID-19.
- ▶ Following the outbreak of unknown pneumonia in late December 2019 in China, Thailand scaled up its surveillance and screening measures at major international airports across the country, particularly focused on passengers traveling from or transiting in Wuhan, based on the possibility of human-to-human transmission.
- ▶ The first COVID-19 case in Thailand was detected on 8 January 2020 and it is known to be the first confirmed case outside of China. The number of COVID-19 patients gradually increased and reached its peak in late March 2020 with more than a hundred cases reported daily with local transmission (World Health Organization, 2020). The situation prompted the government to take a number of measures deemed mandatory to contain the spread of COVID-19, including a national lockdown. As a result, the number of cases began to decline gradually to less than 10 cases a day.

Stage 1: Imported Cases

Stage 2: Limited Local Transmission

Stage 3: Widespread Clustered Cases

- Thailand would maintain its lockdown mode with full restrictions. It was expected that there would be 15-30 new cases daily among those who are known to be in close contact with previously confirmed cases or those found through active surveillance and community screening. There would be 15 critical COVID-19 patients in intensive care units (ICU) that require ventilators. The measures under this scenario include prohibition of international inbound travel, restrictions on domestic movement of people, and an extension of temporary business closures.
- Only limited restrictions would be in place. In this scenario, the outbreak would slow down to a moderate pace. The government would be able to maintain the health system capacity to detect and treat infected patients and would ease some lockdown measures, although certain restriction measures may be necessary such as limitation of international inbound travelers. Low-risk businesses would be allowed to operate. There would be approximately 114 cases daily as a result, comprising of new cases such as those who are close with known cases and inbound people
- All lockdown measures would be lifted and the situation would become similar to the early days where there were widespread of cases due to social gatherings and substantial movement of people domestically and internationally without quarantine or follow-up. All businesses would be allowed to operate as usual. This would result in an increase to 398 cases per days. The health system in this scenario might be incapable of responding to the spread of COVID-19 effectively.

COVID-19 situation in Thailand

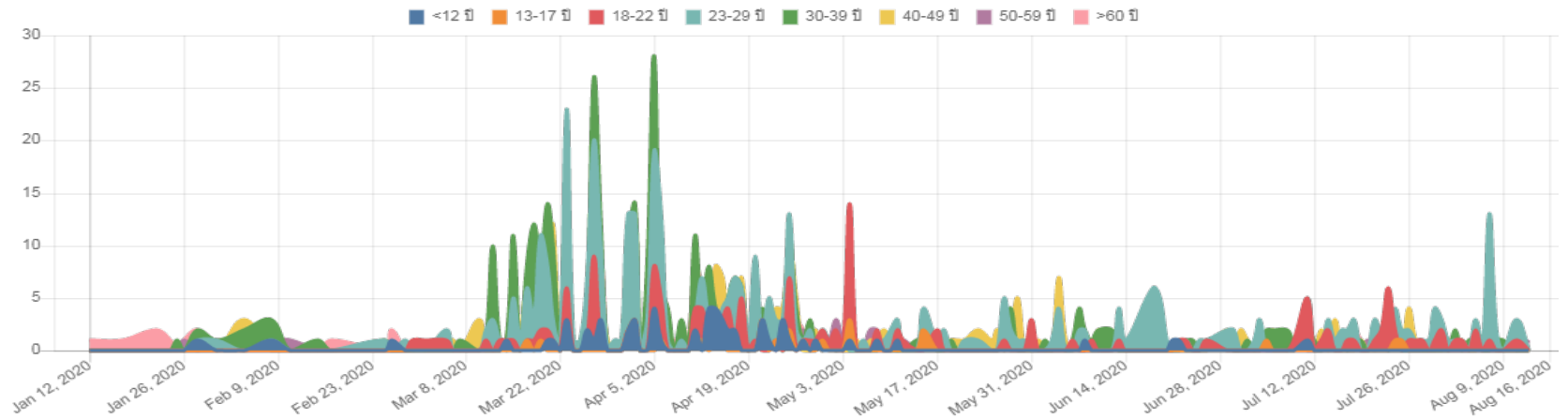
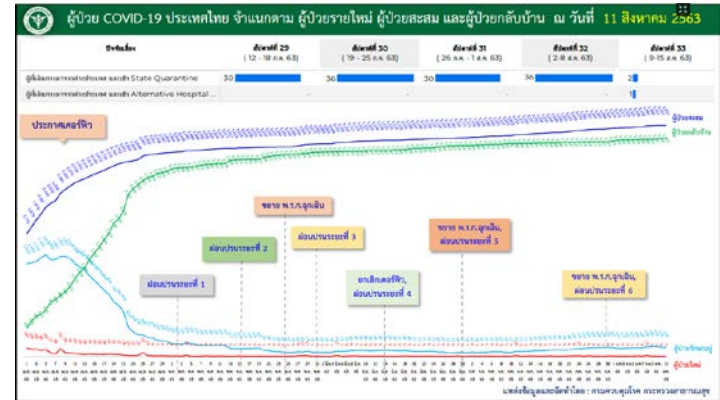
Total **3,378**

Recover
3,194

Hospitalized
126

Deaths
58

 No domestic cases for 84 days



Recovery Phase: May and beyond

The government's measures and advice appeared to effectively reduce the spread as the number of cases started to drop. The Ministry of Public Health expanded criteria for COVID-19 tests for people to cover those with mild symptoms, including those who lost their sense of smell or taste. In this phase, no new local cases were detected. All new cases were undocumented immigrants, Thai nationals, and their families returning from overseas. As the situation improved with regular reports of fewer cases and deaths, the government decided to ease restrictions by allowing shopping malls and restaurants in shopping centres, convention centres, wholesale markets and swimming pools to reopen starting

Recovery Phase: May and beyond

When tracking the situation, the focus has been on two key indicators: incidence and prevalence. Since the spike, Thailand recorded an increase by at least 30 cases daily. Many of these cases previously gathered at boxing stadiums. In response, the government declared a state of emergency. The movement of people between provinces was restricted and self-quarantine was mandatory nationwide. The government ordered all educational institutions nationwide to postpone semester commencement dates.

All entertainment and sports venues were temporarily closed until the situation improved. Despite the fear that there would be super spreaders, transmission of COVID-19 was limited due to extensive contact tracing performed by health officials. The incidence curve shows a renewed but smaller increase in the average number of new cases from 30 March onwards. However, the long weekend in the first week of May provided an opportunity for people to travel across provinces, raising fear of nationwide spread.

National Capacity and Preparedness for the Outbreak

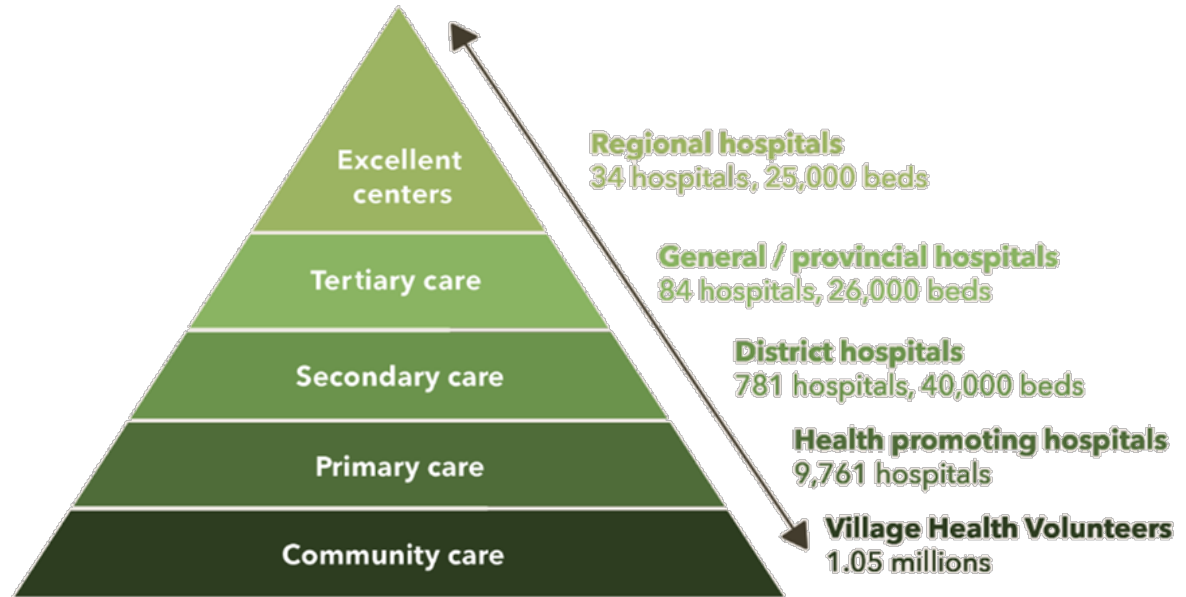
	COUNTRY SCORE	AVERAGE SCORE
HEALTH SYSTEM	70.5	26.4
Health capacity in clinics, hospitals and community care centers	48.1	24.4
Medical countermeasures and personnel deployment	33.3	21.2
Healthcare access	99.3	38.4
Communication with healthcare workers during a public health emergency	100	15.1
Infection control practices and availability of equipment	50	20.8
Capacity to test and approve new medical countermeasures	100	42.2

Source: (Cameron, E, Nuzzo, J, Bell, J, 2019)

Health Facility Capacities

Thailand has invested heavily in healthcare infrastructure and workforce for the last four decades. In addition to urban hospitals, district hospitals and health centers were built up during that period, resulting in nationwide expansion of rural health services and broadened access to health services at the community level

These assets provide a good basis for an effective response to the COVID-19 outbreak. Village Health Volunteers have played a crucial role in providing knowledge and information on disease control to the general public, primarily to check the health condition of patients in the community and to follow up their symptoms. These volunteers have helped to minimize local transmission, raise awareness of people in the community and encourage people to abide by the disease control measures



Source: MOPH, 2020

Note: Excellent center can provide super tertiary care, conduct R&D, provide training, referral services and reference, policy advocacy and network.

Risk communication preparedness

Risk communication preparedness encourages the general public via various channels, to follow the preventive and control measures to prevent infection. The Ministry of Public Health designated a spokesperson to provide the situation update and knowledge of the COVID-19 daily through live broadcasting. The Deputy Prime Minister and Minister of Public Health was often present at the daily briefing to boost public confidence and trust in the capacity of the Thai health system.

However, when the celebrity couple, Matthew and Lydia, posted a story on social media that they had COVID-19 and explained how dangerous the disease was, it stimulated fear in their followers about getting COVID-19 and motivated them to heighten “their guard” by implementing the self-protection practices and maintaining good personal hygiene. Without the information from those two celebrities and the power of social media, it is difficult to know if people would have changed their behaviours. The COVID-19 situation in Thailand may have become more destructive and more difficult to control.

Public health measures

The MOPH recommended everyone to avoid all non-essential travel to the outbreak areas. Thailand also released recommendations to manage the COVID-19 situation for all sectors and places such as self-protection for the general public, and guidance for people who returned from affected areas, as well as for business owners, for transportation services, and for religious places.



Impacts of COVID-19 on Maternal and Child Health Services



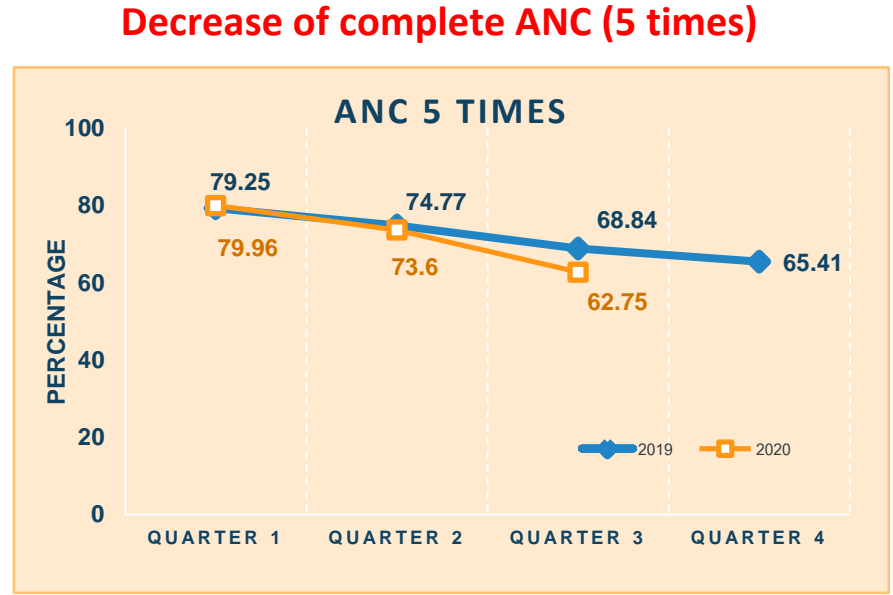
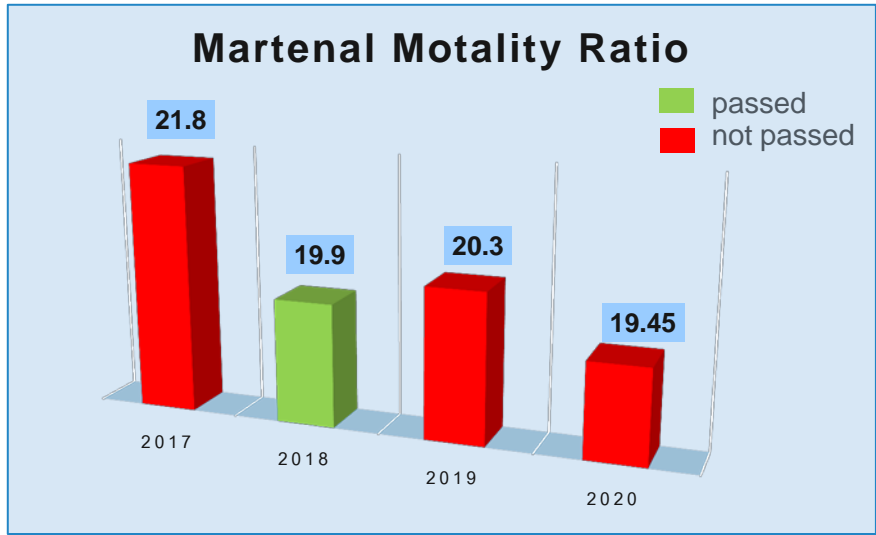
Expected impacted on mothers

1. Pregnant women cannot meet the appointments for ANC services
2. Complications for mother and baby
3. Stress and insufficient nutrition
4. Modification of ANC services according to COVID-19 situation

Public Health Services Units

- unable to provide screening and ANC services as usual

Impacts of COVID-19 on Maternal and Child Health Services



Source: Bureau of Health Promotion, DOH



Services Provision Guideline for MCH during COVID-19 pandemic



Public Health Units: Provincial Public Health Offices / District Health Offices / Sub-district hospitals / Village Health Volunteers

- ▶ **Red/Yellow** areas : Follow the Department of Health's guideline on **WCC management** during COVID-19 situation
- ▶ **Green** areas : Provide services as usual, follows **COVID-19 prevention measures (New Normal)** as well as promotes development screening and surveillance of situation
- ▶ Monitoring health situation **through phone calls** or chatting through **Save Mom program**



Services Provision Guideline for MCH during COVID-19 pandemic



Village health volunteers :

- ▶ Provide development promotion advice, surveillance on child development every 3 months, monitoring the receive of services at public health units
- ▶ Provide advice on the consumption of iron supplement in children aged 6 – 5 months, and deliver the supplement when the family run out of it



Impacts of COVID-19 on Children in Early Childhood

Impact on Child Growth

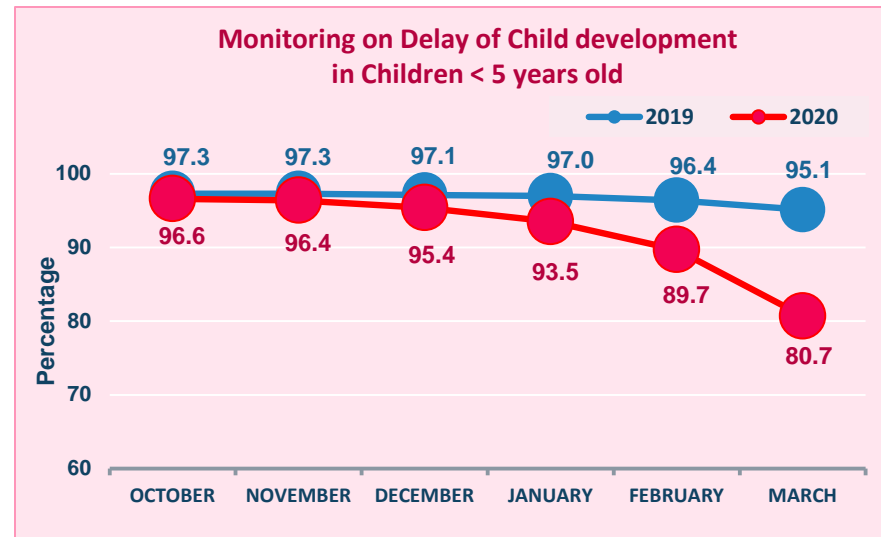
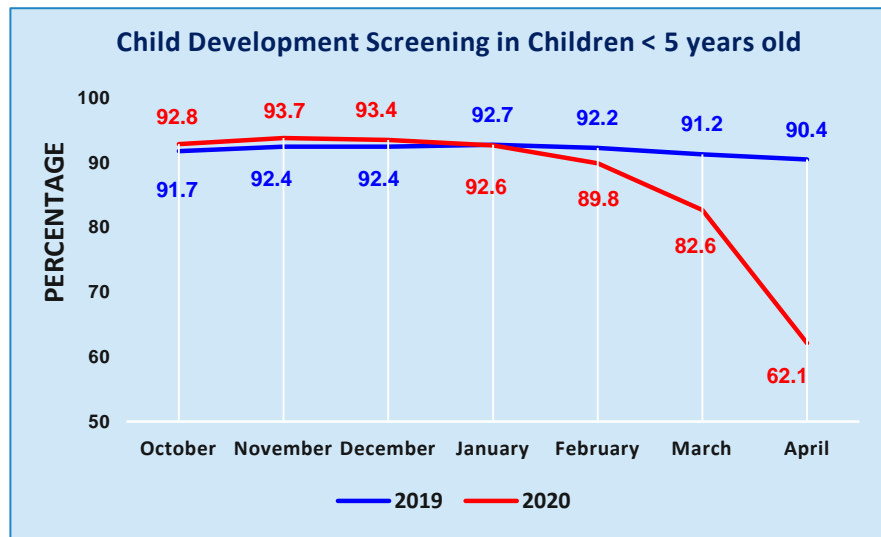
1. Children's growth and development is not appropriately monitored and promoted
2. Children do not receive appropriate food according to their age.
3. Children are unable to complete the vaccination according to the schedule.

Public Health Units

- unable to provide screening and development stimulating services during COVID-19 situation

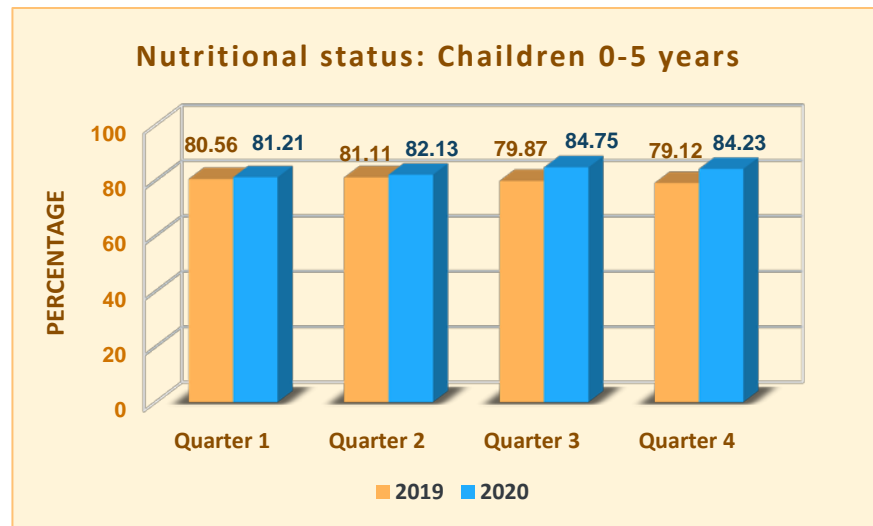
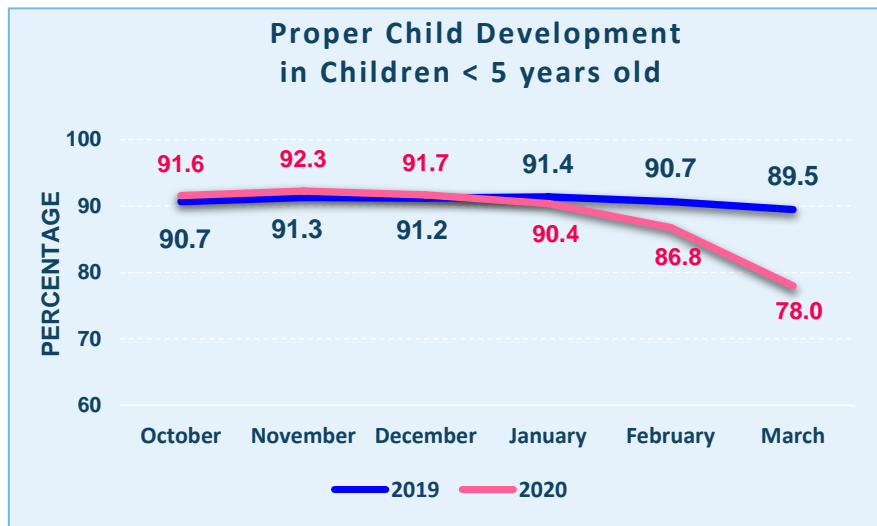
Impacts of COVID-19 on Children in Early Childhood

Decrease of Child development screening and monitoring on delay of Child development



Impacts of COVID-19 on Children in Early Childhood

- Decrease of proper child development in children under 5 years old
- Nutritional status of children under 5 years old did not changed



Source: HDC Dashboard, MOPH Thailand

Early Childhood Development Promotion during COVID-19

Family: Encourage parents to “play with children according to their age” such as using DSPM in monitoring and promoting development through various sources of media,

Early Childhood Care: Operate in accordance with the guideline from the Department of Health

Early Moment Matters
on Mobile
Application



**Khunlook
Application**



Dental Health Knowledge
for Pregnant Women and
Children in Early Childhood



DSPM E-Book + Clip VDO

<http://nich.anamai.moph.go.th/main.php?filename=DSPM6>
0 Book

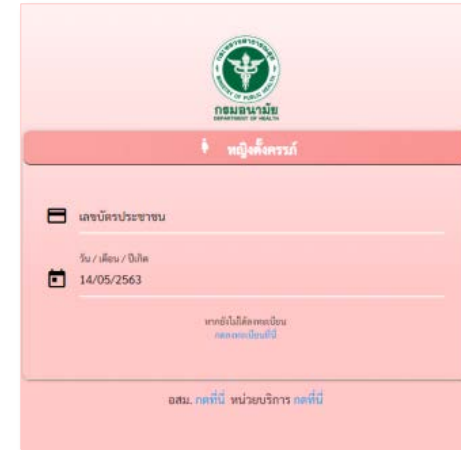


Supporting Tools



Early Moment Matters
on Mobile

Maternal and Child Health
Handbook



Save Mom Platform
<http://savemom.anamai.moph.go.th/login>

Dental Health Knowledge
for Pregnant Women and
Children in Early
Childhood





Impacts of COVID-19 on MCH: Nutrition Services



- ▷ **Improperly measurement of children's weight and height could result in suffering from malnutrition**

Nutrition Services during COVID-19

- ▷ **Village health volunteers continuously measure children's weight and height with the COVID-19 prevention measures.**

Impacts of COVID-19 on Family Planning and Birth Control Services

Impacts on service receivers

- ▶ Irregular access to birth control services
 - unwanted pregnancy
 - wrong practices on family planning
- ▶ Risk of the transmission of COVID-19 between the service providers and service receivers.





Impacts of COVID-19 on Family Planning and Birth Control Services

Impacts on service providers

- ▶ Risk of getting infected from service receivers, and the congestion of service units
- ▶ Shortage of medicines, contraception supplies, or equipment necessary to provide certain birth control services
- ▶ Limited time in providing consultation and information services.
- ▶ Increase of workload as the number of people infected with COVID-19 increases.



Family Planning and Birth Control Services Provision during the COVID-19 pandemic



- ▷ **Reducing** the service duration of the face-to-face consultation
- ▷ **Provide more channels for online/telephone consultation**
- ▷ **Provide protective gears** for all workers (PPE/gloves/masks/face shields)
- ▷ **Clean the service areas**, tools, equipment according to standard criteria
- ▷ **Arrange the service areas** properly to ensure **social distancing** of at least 1 m.
- ▷ **Set up screening procedures** for the service recipients prior to the services.
- ▷ **Postpone appointments** for those cases with **low priority and non-urgent**.

Best practice:

Services Provision at community

Close cooperation among public health officers at central, province and local levels on MCH & Family planning, in particular at community level: Village health volunteers

Village health volunteers

- ✓ Visit and provide advice to pregnant women, mother & child on health promotion (pregnancy, family planning, child's growth development, nutrition)
- ✓ Deliver medicines and nutrition supplementary to pregnant women in case where pregnant women cannot meet ANC appointment.
- ✓ Monitor and provide advice on food consumption for pregnant women, breastfeeding women, and children aged 0 – 5 years
- ✓ Continuously refer information to ensure continuous care for pregnant women
- ✓ Visit and monitor risk of COVID-19 case emerging in the community
- ✓ Cooperate and send public health information in community to public health officers



Way forward: SRMNCAH



- ▶ Documenting the impact and developing mitigation strategies on SRMNCAH in an emergency situation
- ▶ Intensity communication activities to raise awareness of the public
- ▶ Revise and develop data management system and a simple reporting system for SRMNCAH services (user-friendly for the local level)
- ▶ Develop service guidelines on SRMNCAH in an emergency situation
- ▶ Develop online/telecommunication technology for counselling services
- ▶ Continuously provide training for health service providers on SRMNCAH

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...THANK YOU ...