

Transitions sanitaires en Thaïlande Health Transitions in Thailand

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Séminaire PôleSuds: Transition(s) sanitaire(s) en Asie

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Demographic situation

(Pop Ref. Bureau 2010)



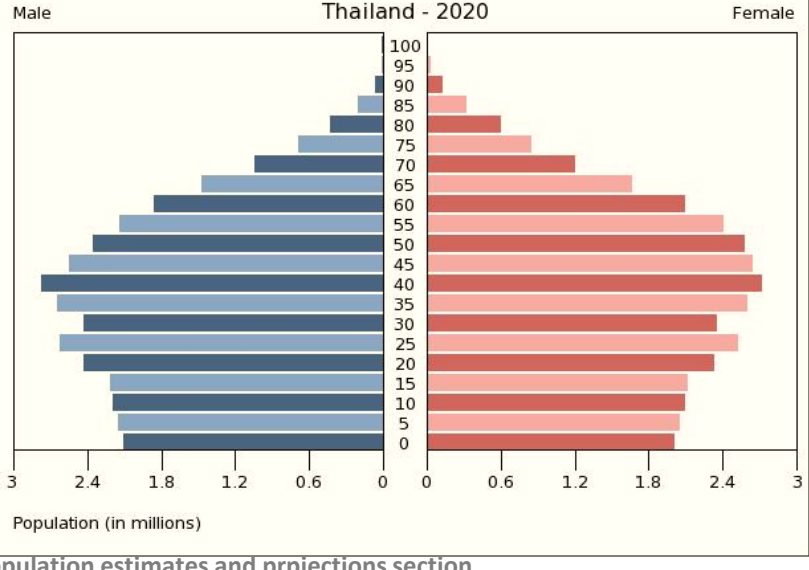
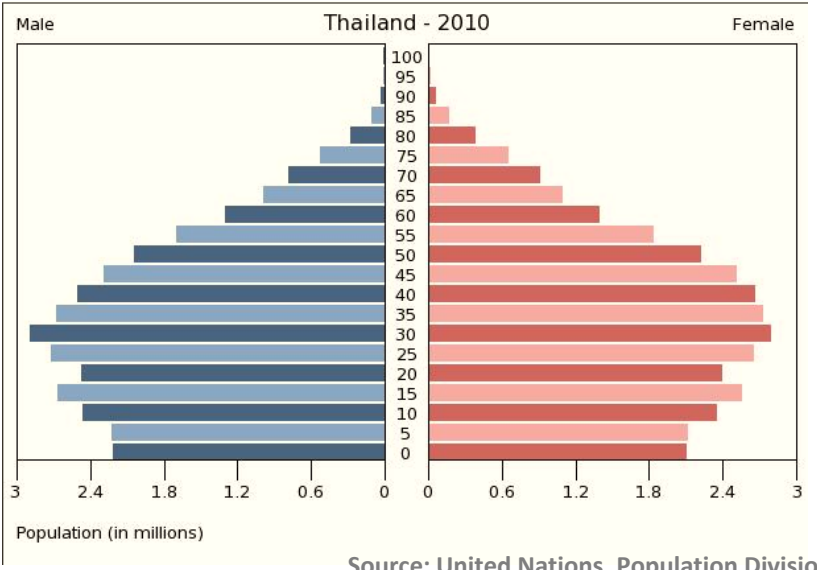
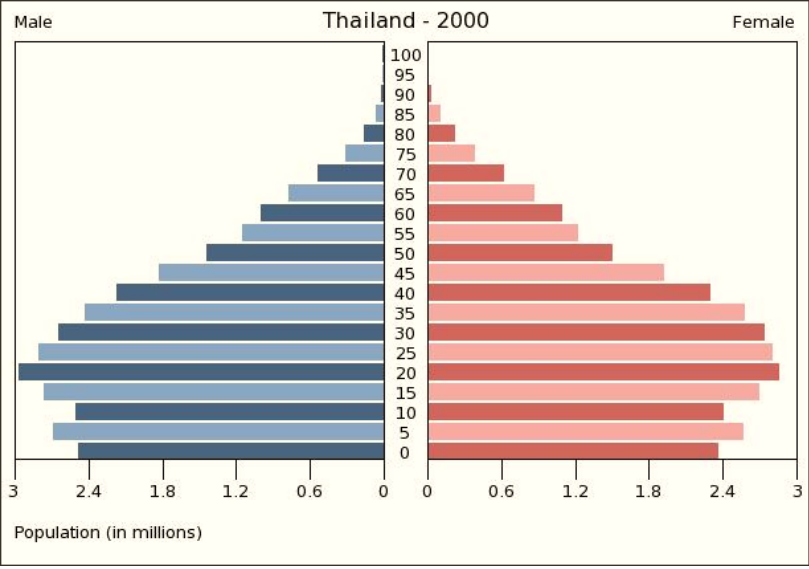
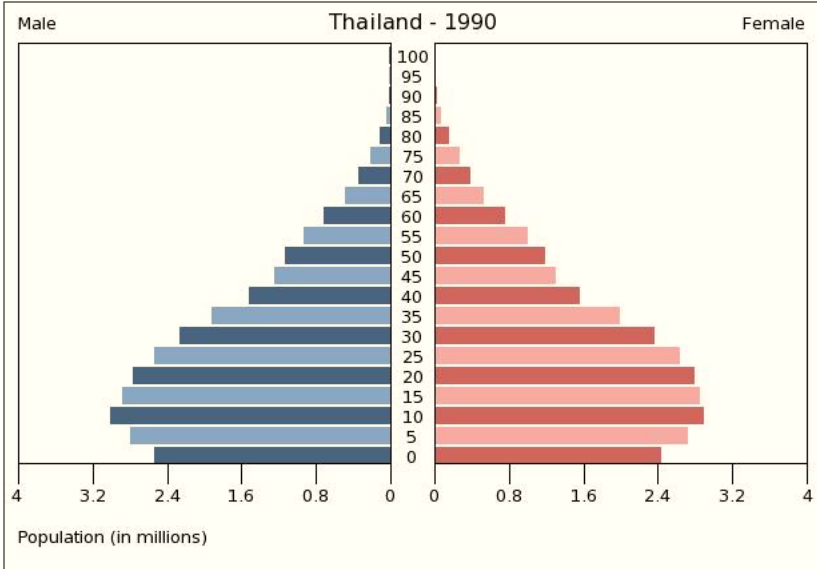
Population : 69,1 million inhabitants

0-14 years: 20,4%

>60 years: 12.9%

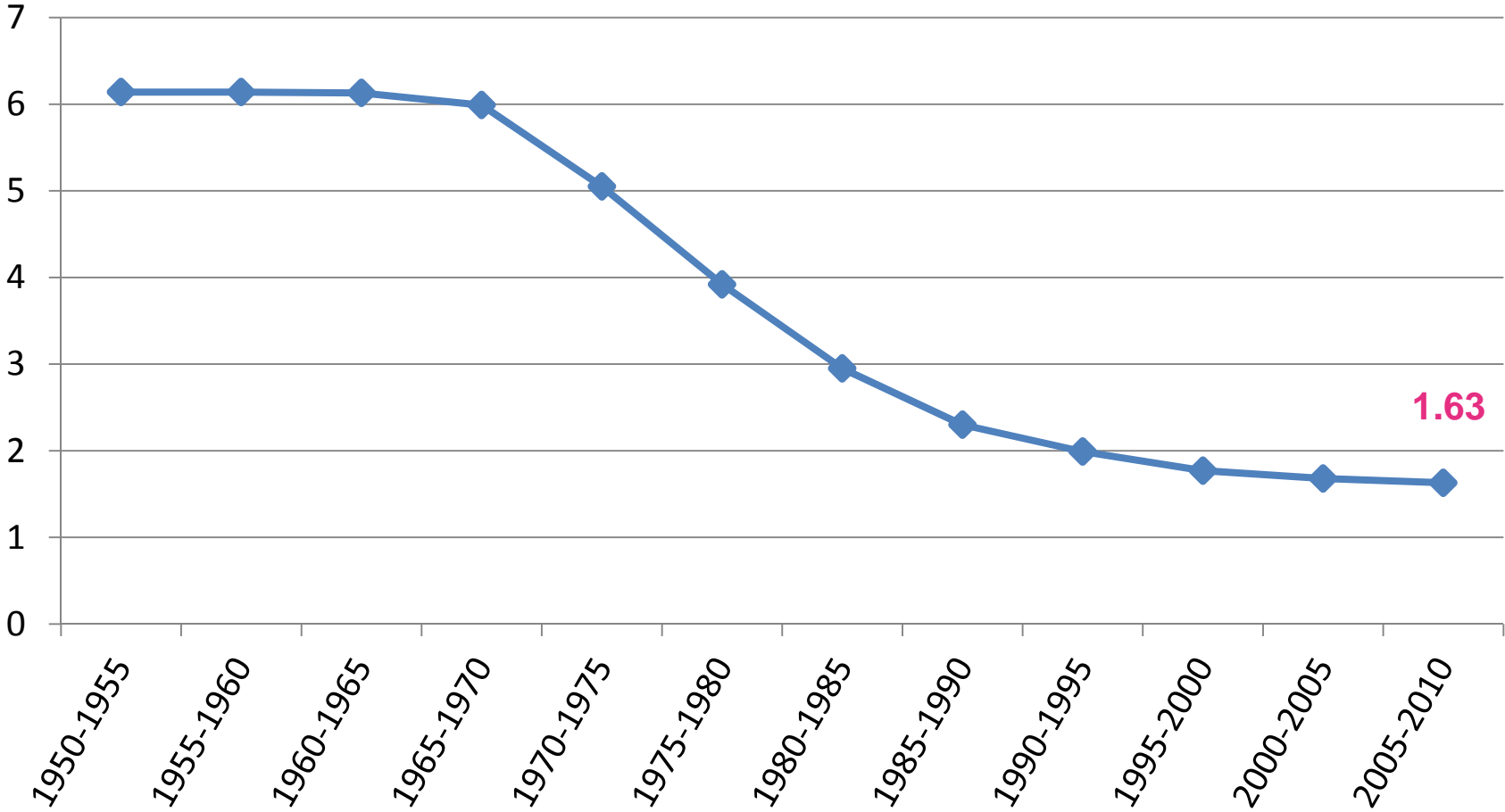
➔ Favorable dependency ratio

Evolution of the age pyramide



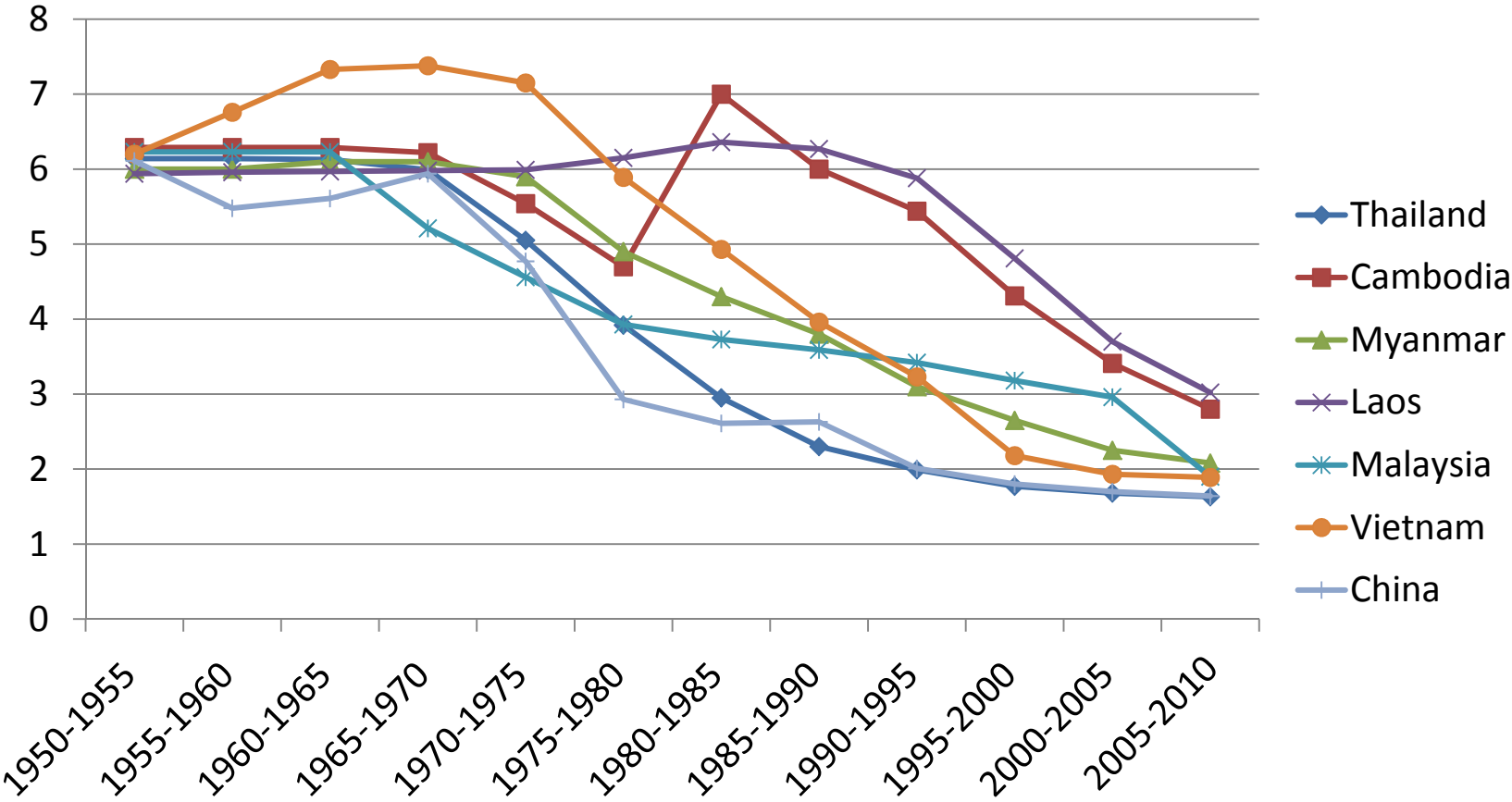
Source: United Nations, Population Division, Population estimates and prjections section

Total fertility (children per woman)



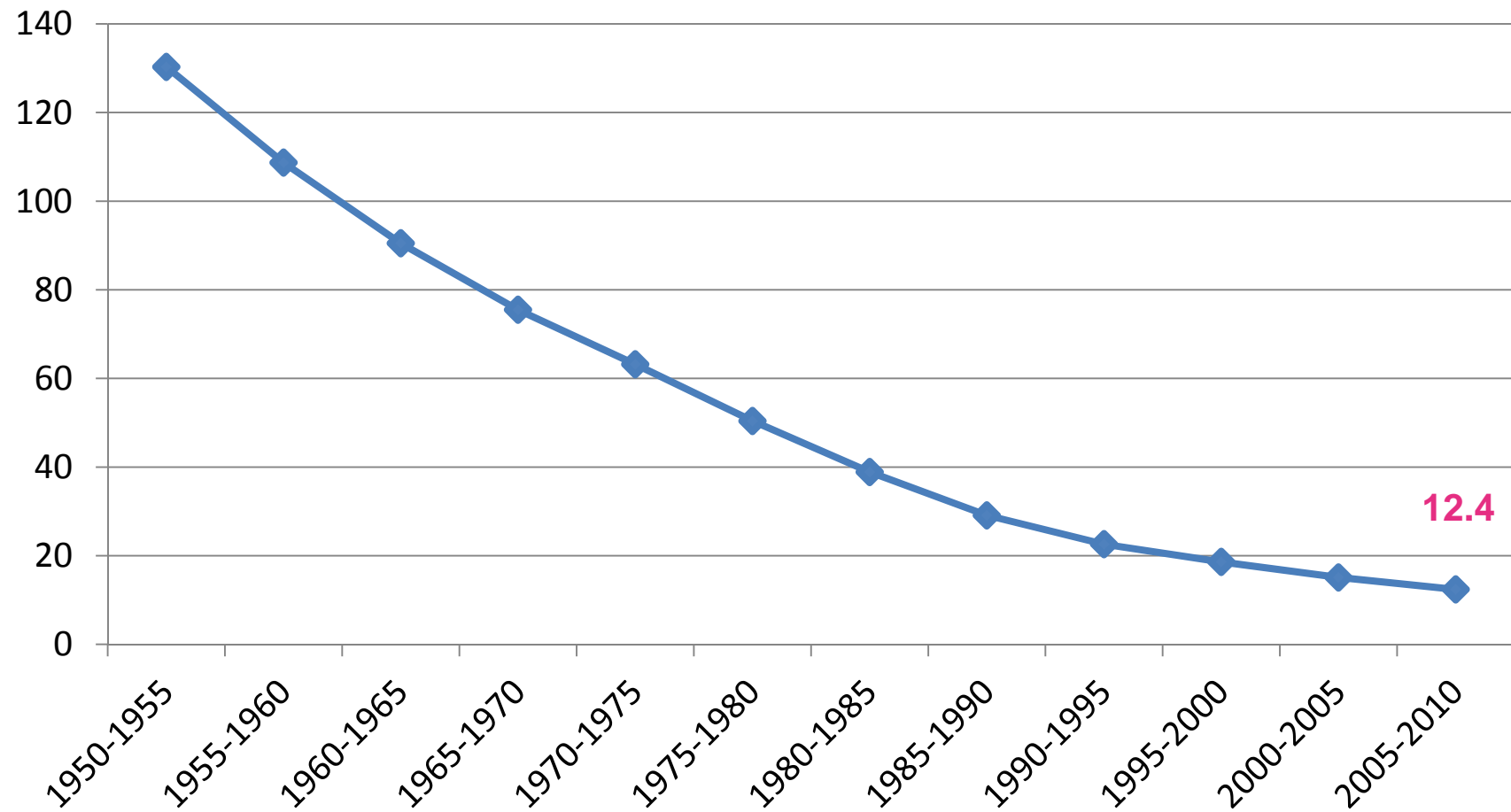
Source: United Nations, Population Division, Population estimates and projections section

Total fertility in the region (children per woman)



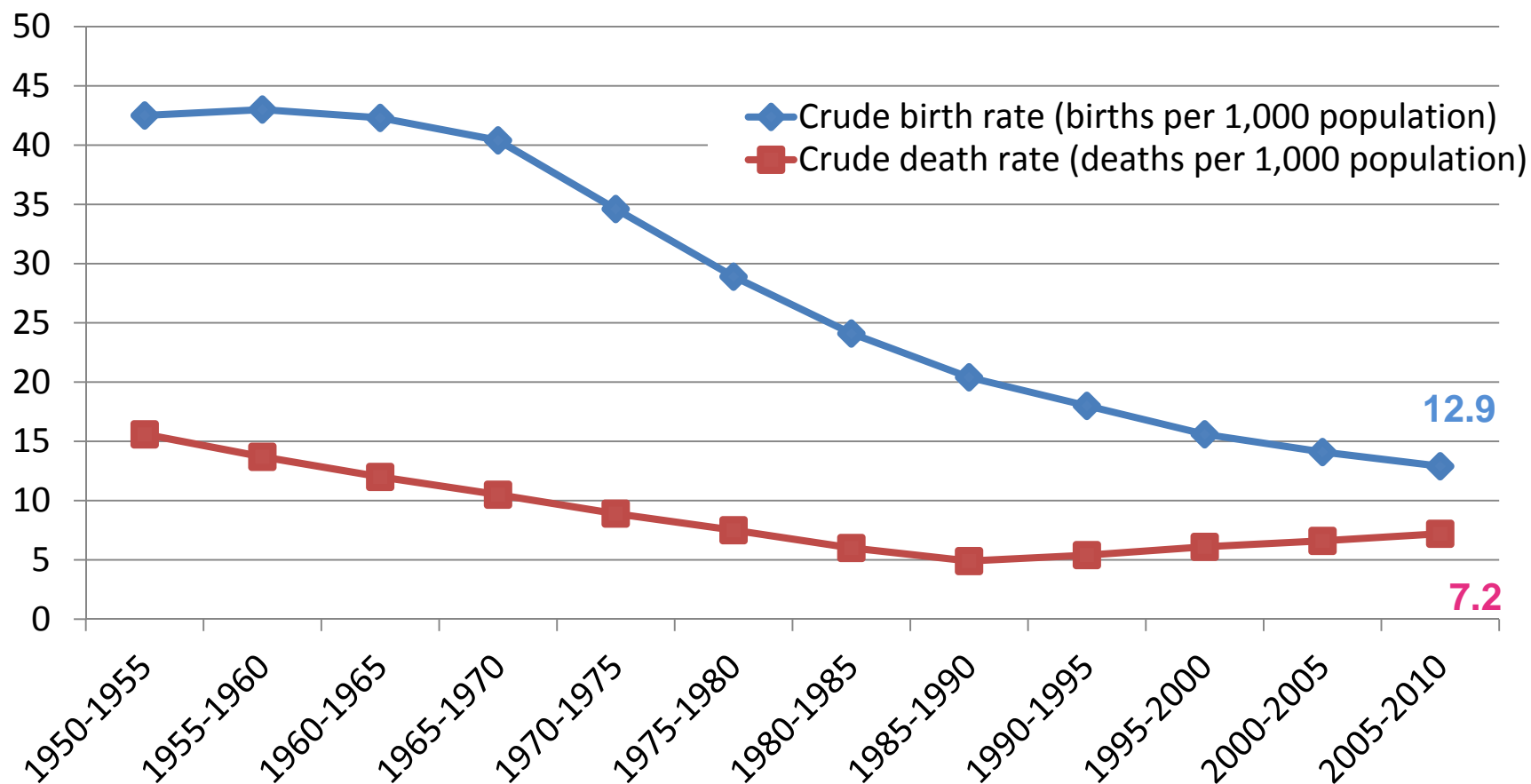
Source: United Nations, Population Division, Population estimates and projections section

Infant mortality rate (infant deaths per 1,000 live births)



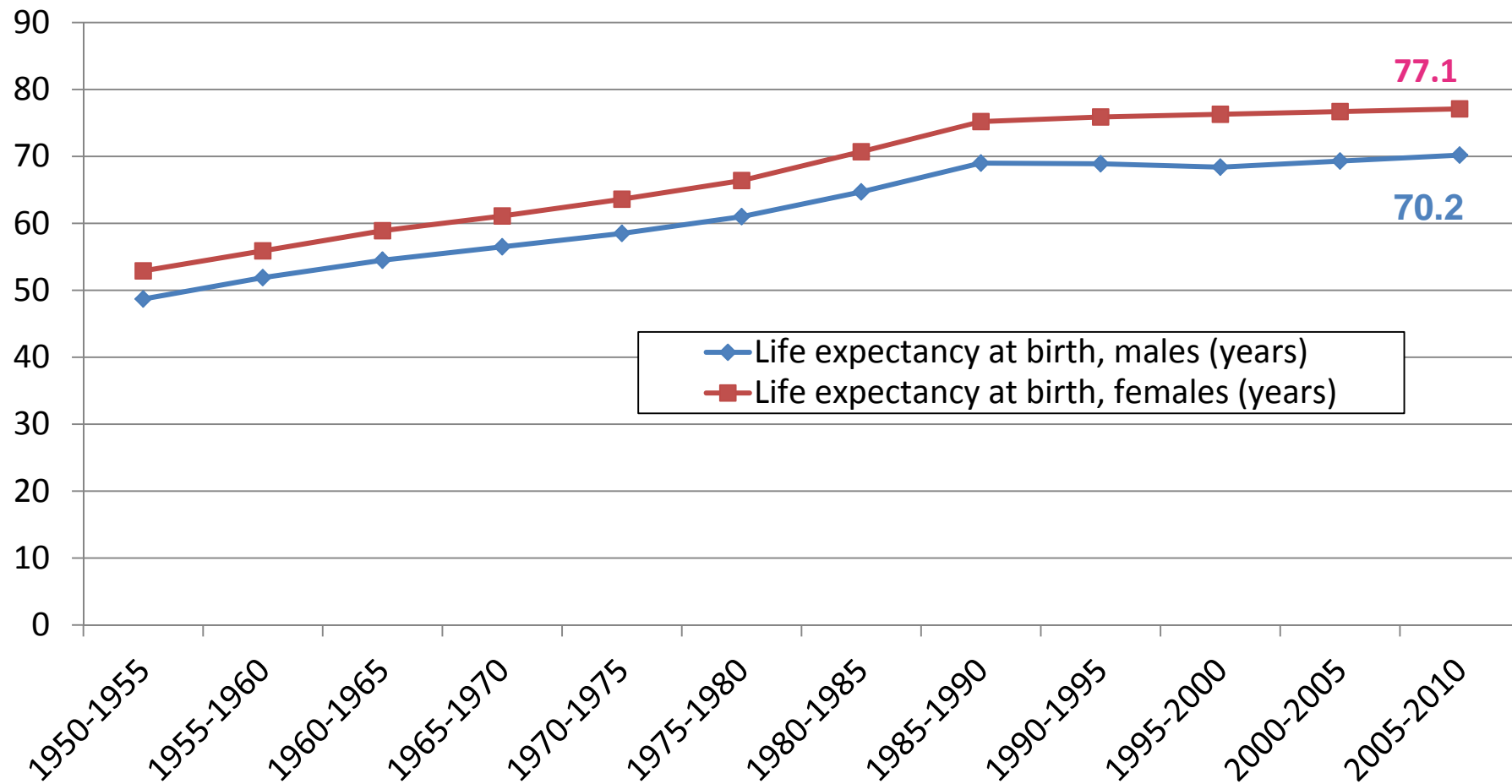
Source: United Nations, Population Division, Population estimates and projections section

Crude Birth rates and death rates (births/deaths per 1000 population)



Source: United Nations, Population Division, Population estimates and projections section

Life expectancy at birth (males and females)



Source: United Nations, Population Division, Population estimates and projections section

Health System



- Large network of public facilities: health stations, districts, provincial and university hospitals
- Private facilities
- A universal coverage system since 2001

Health Stations



- One for 4 -5 villages (covers about 6000 people)
- Headed by a public health nurse
- Age pyramid, and mapping of each households
- Provide:
 - basic health care. Referral to district or provincial hospital
 - prenatal care, family planning services
 - child immunization, growth surveillance
 - chronic diseases monitoring (Hypertension, diabetes).
- Health volunteers (1 per about 10 households):
 - Disseminate appropriate health messages, mobilize people in responding to public health needs
 - Health surveillance
 - Home care
 - Report through regular meetings, community surveys.

Family Planning campaign: 1970



- A man: Mr. Meechai Veerathaiya, head of the Pop. and Dev. Assoc.
- Strong National Information, Education and Communication Campaign
- Political Commitments:
 - subsidized contraceptives
 - wide access to contraception through
 - Health centers
 - Outreach programs
 - Mobile teams in rural areas
- No preference for boys
- High demand from the population in a context of rapid economic growth (voluntary program)

Reproductive Health Survey

National Statistical Office of Thailand, 2009



- Coverage of family planning: 79.6%
- Antenatal care coverage: 98.9%
- Skilled birth attendance coverage: 99.7%

Married Women 15-49 years old	2009
Female sterilization	29.8
Male sterilization	1.1
Pill	44.0
Emergency pill	0.4
Injectables	17.6
Implant	0.5
IUD	1.1
Condom	2.9
Safe period	2.1
Other	0.6

Equity of access to and utilization of reproductive health services in Thailand



Table 2. Coverage of reproductive health services (%)

	Family planning		Antenatal care		Skilled birth attendance	
	2006	2009	2006	2009	2006	2009
Overall	81.1	79.6	98.6	98.9	99.6	99.7
Area-region						
Bangkok	81.3	78.0	96.7	99.1	100.0	100.0
Urban central	82.2	79.0	97.1	93.7	99.5	99.2
Urban north	83.7	78.5	99.7	96.8	100.0	99.9
Urban northeast	82.8	79.1	96.0	99.4	100.0	99.7
Urban south	72.3	71.0	98.1	99.7	100.0	99.9
Rural central	85.2	80.5	98.1	98.7	100.0	99.9
Rural north	84.4	82.0	97.6	99.7	99.4	99.8
Rural northeast	81.1	82.0	99.6	99.3	99.2	100.0
Rural south	69.0	72.4	99.6	99.2	99.7	98.9
Education level						
No education	83.4	80.3	97.0	96.1	100.0	97.5
Primary education	83.0	82.6	98.4	98.3	98.8	99.5
Secondary education	79.7	78.4	98.7	99.1	99.9	99.9
Higher education	73.5	72.9	99.6	99.9	100.0	100.0
Household asset index						
Quintile 1 (poorest)	–	80.2	–	96.2	–	98.9
Quintile 2	–	82.6	–	99.6	–	100.0
Quintile 3	–	80.1	–	98.9	–	99.7
Quintile 4	–	78.6	–	99.5	–	99.9
Quintile 5 (most well-off)	–	76.0	–	99.8	–	100.0

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Source: Reproductive Health Survey, National Statistical Office of Thailand, 2009

Anti-smoking campaign in 1989

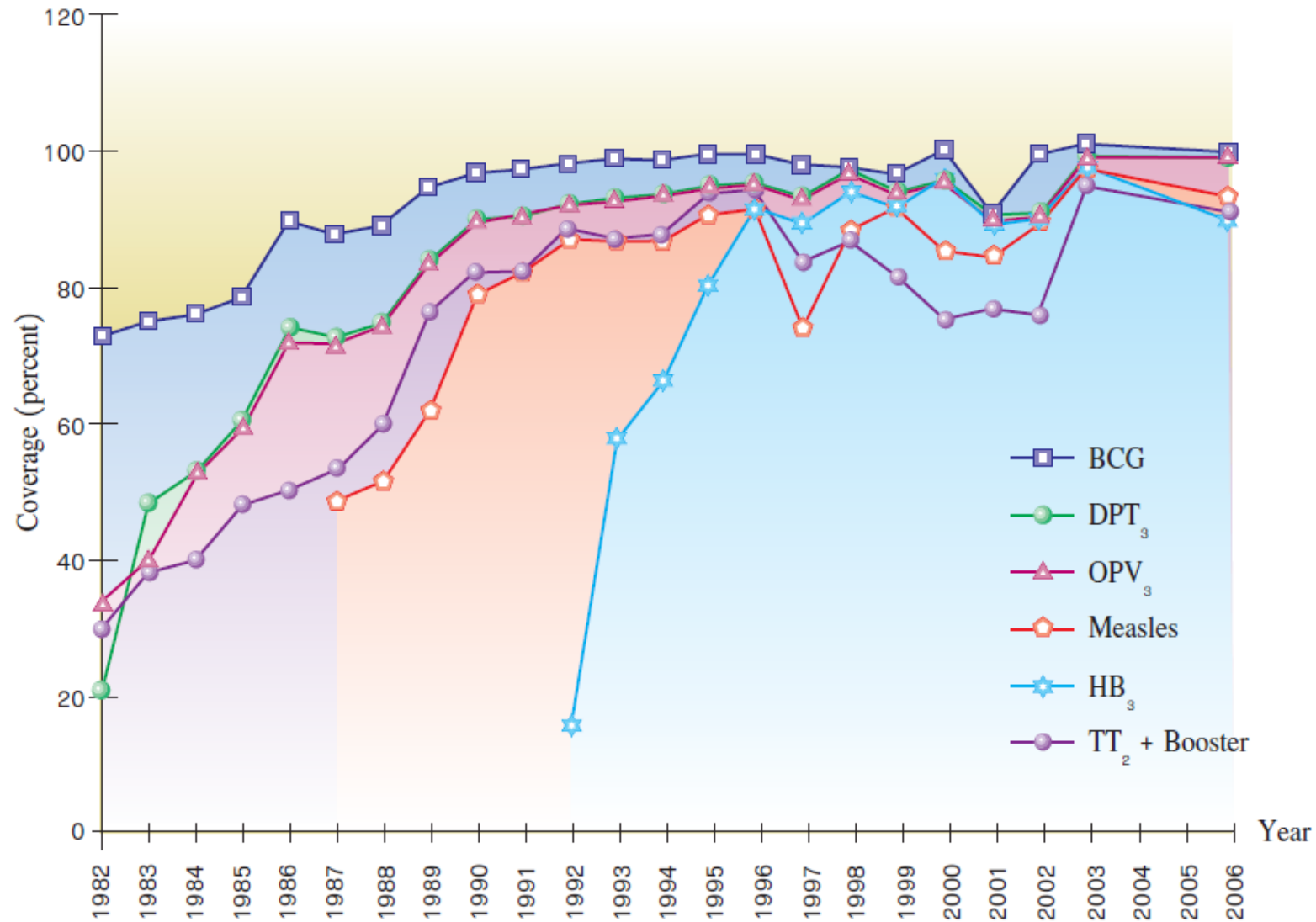
- A man: Dr. Prakrit Vateesatokit
- In 1985 , assault from 3 big cigarette compagnies (Philipp Morris, RJ Reynolds and Brown and Williamson) to gain the Thai market
- The political fight leaded by Thai health officials and doctors, invoking Thai nationalism sentiment, tobacco colonialism and health arguments
- It had a major impact on smoking habits, reducing dramatically the number of smokers and smoking consumption in Thailand

Hepatitis B vaccination in 1992



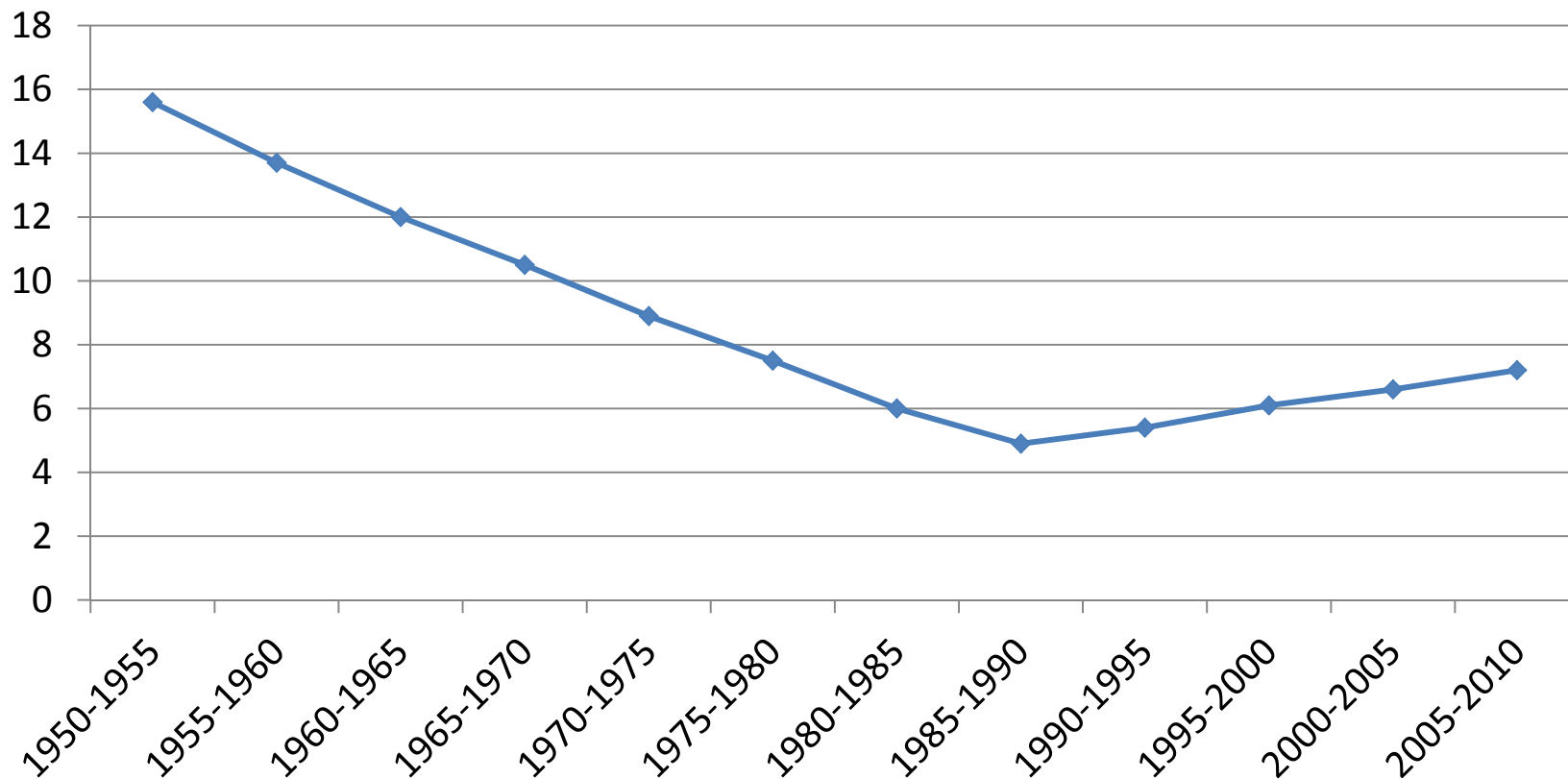
- In Thailand, 2 million people are chronically infected with the hepatitis B virus, responsible for cirrhosis and liver cancers
- This infection can be prevented through vaccination after birth.
- In 1992, the Ministry of public health launched systematic hepatitis B vaccine after birth.

Immunization coverage



Mortality rebound in the 1990s: the HIV/AIDS epidemic

Crude death rate (deaths per 1,000 population)

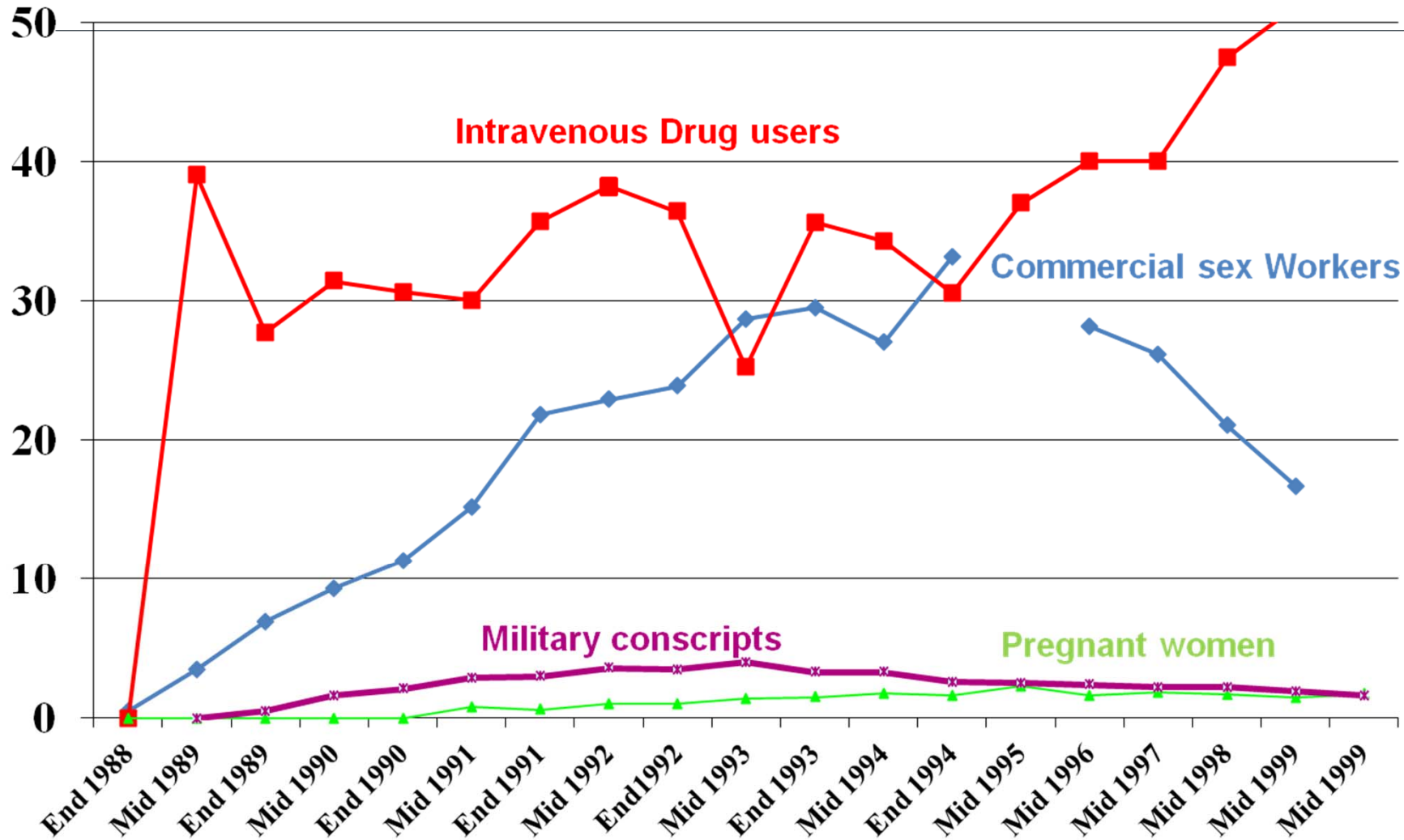


Source: United Nations, Population Division, Population estimates and projections section

HIV in Thailand: successive epidemic waves



Prevalence rates (%)



Source: Ministry of Public Health, epidemiologic surveillance

Impact of the HIV/AIDS epidemic

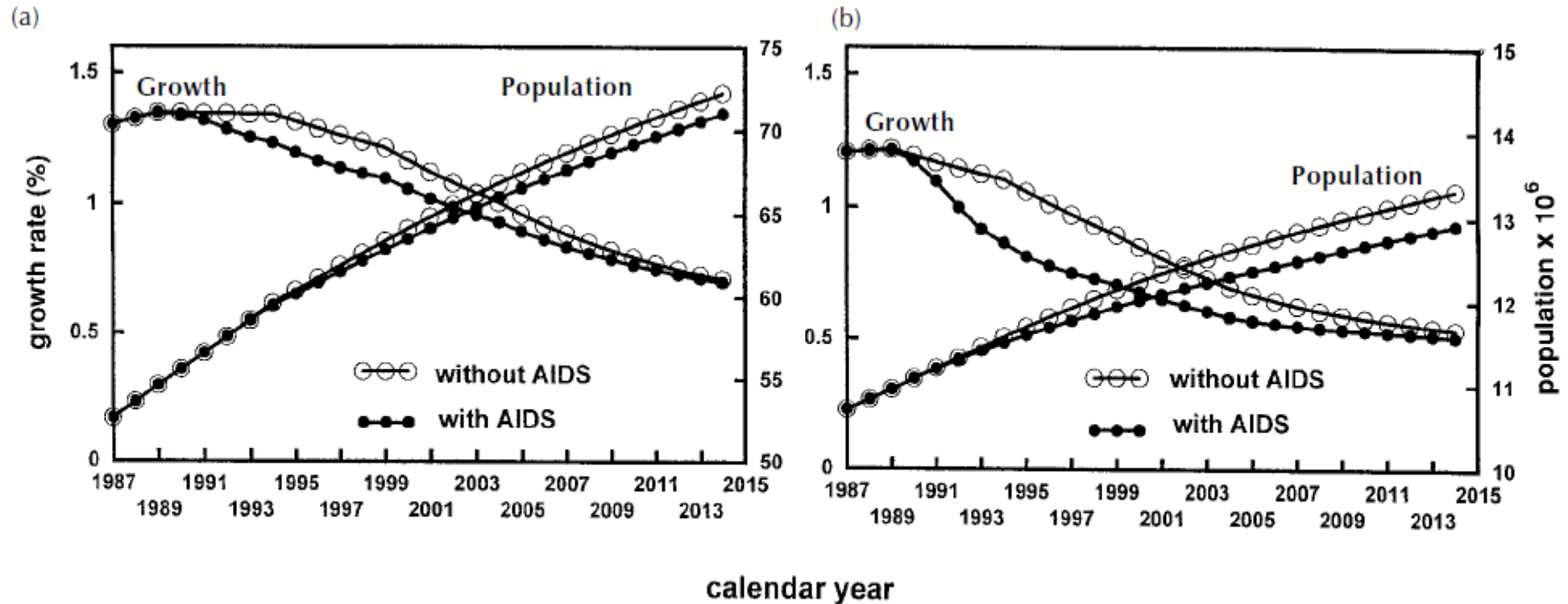


Fig. 3. Predicted population growth rate and population size for Thailand as a whole (a) and the northern region only (b) by calendar year.

National response to the epidemic

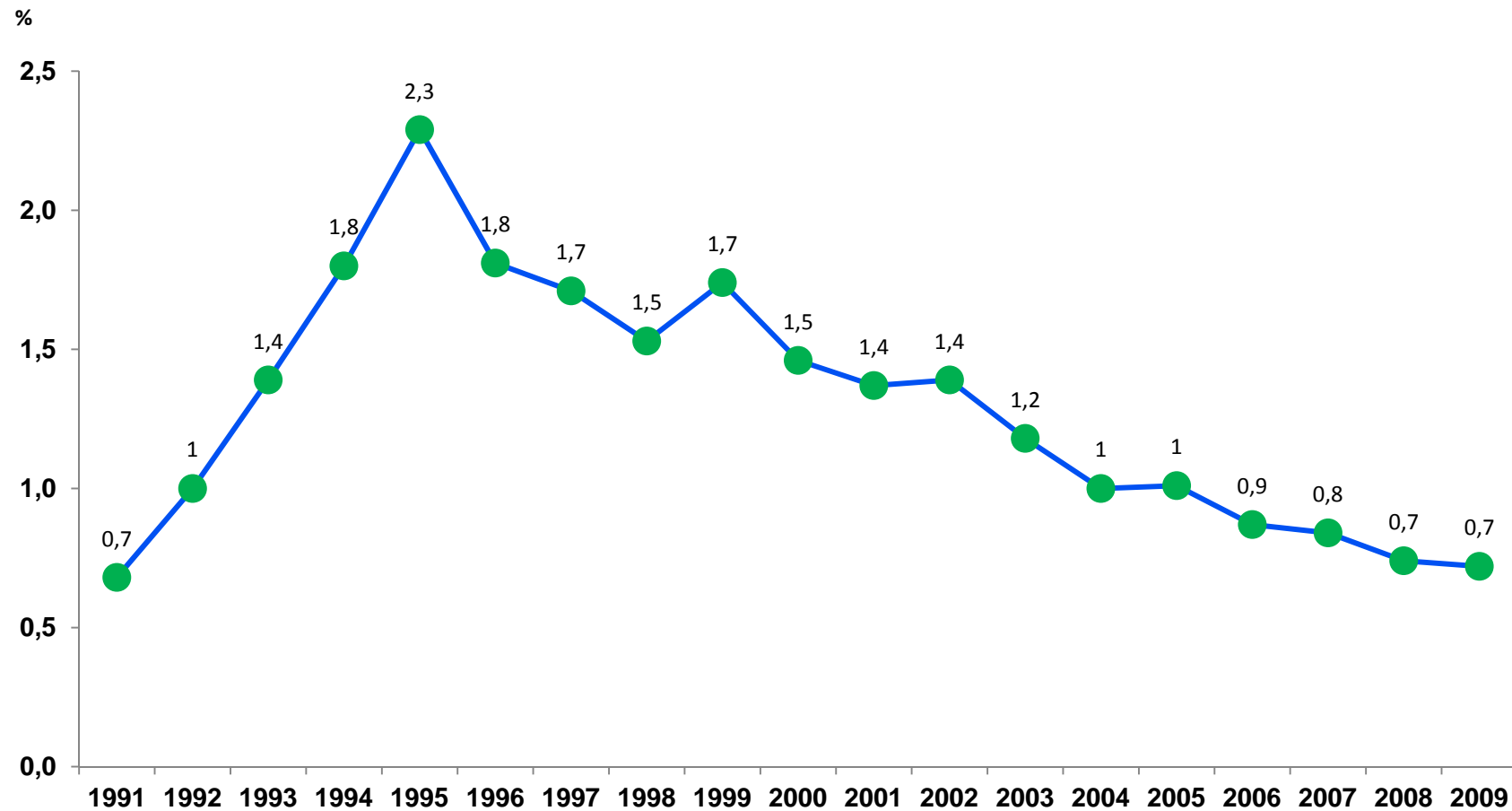


- Strong prevention campaign through:
 - Information, Education and Communication
 - Promotion of HIV counseling and testing
- Political Commitments:
 - 100% condom campaign (Mr. Meechai)
 - Protection of Human rights
 - Surveillance system
- Treatment
- Research

Trend of HIV prevalence among pregnant women, 1991 - 2009

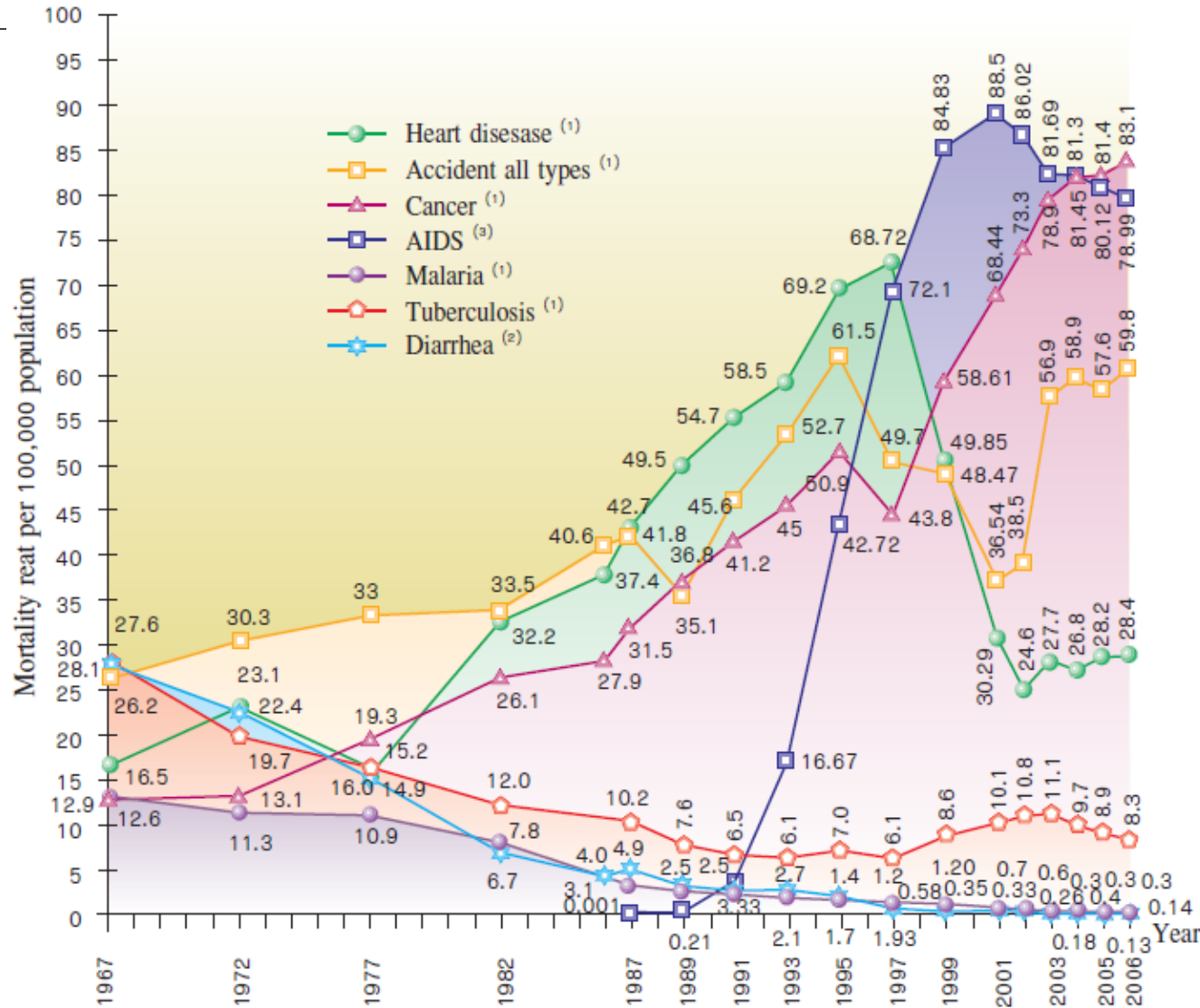


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Source: Thailand_HIV Sentinel Surveillance (HSS) of BOE, DDC, 1991 - 2009

Evolution of the causes of death (all age)



What are the new challenges

- Chronic diseases: diabetes, hypertension
- Cancers: Breast and Cervical cancers in women, hepatic
- Alcoholism linked with road accidents
- Obesity
- Ageing



A tradition of public health for the population



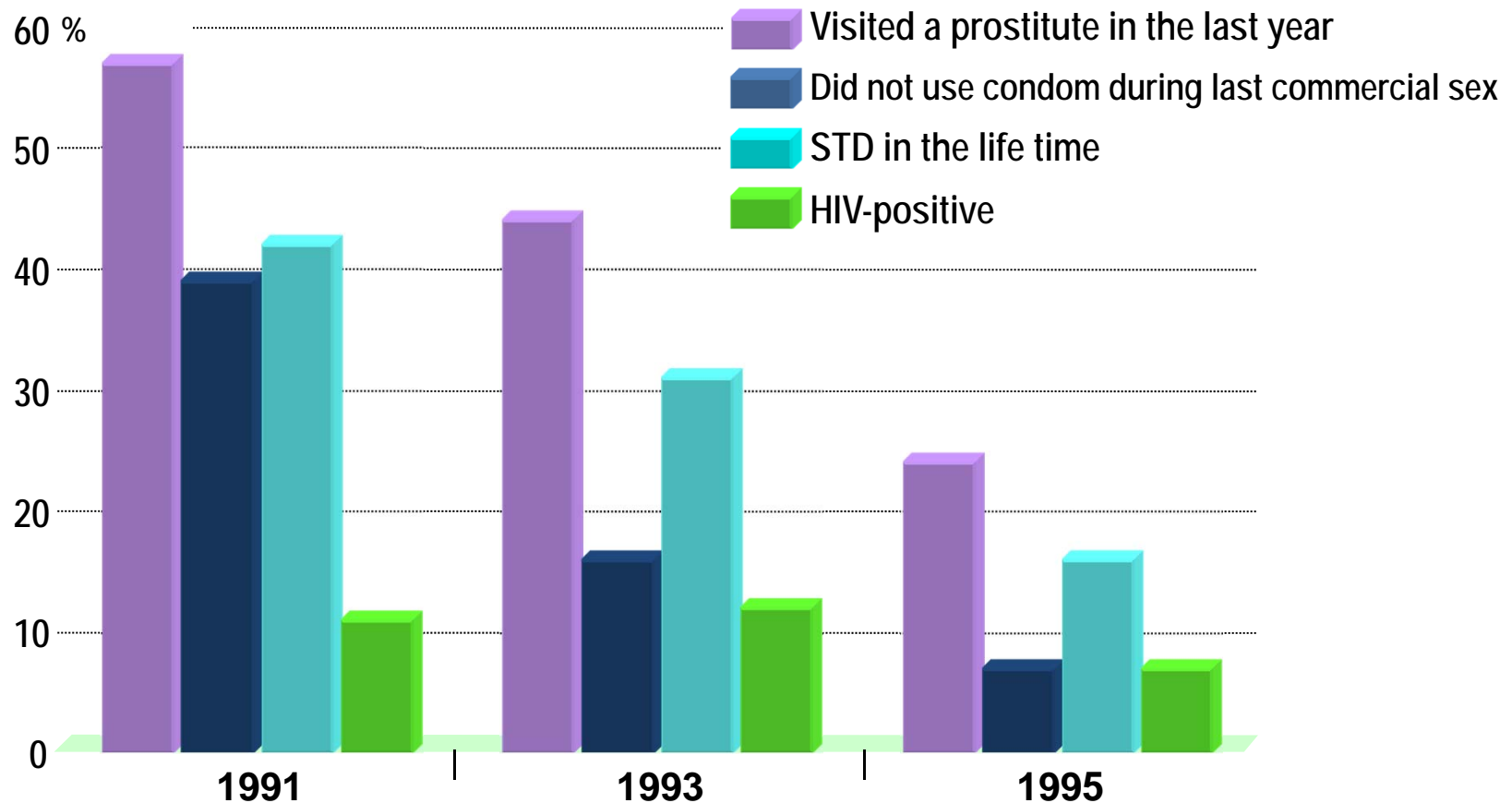
The right person at the right time.

With Prince Mahidol Adulyadej modern public health has entered Thailand by the front door.



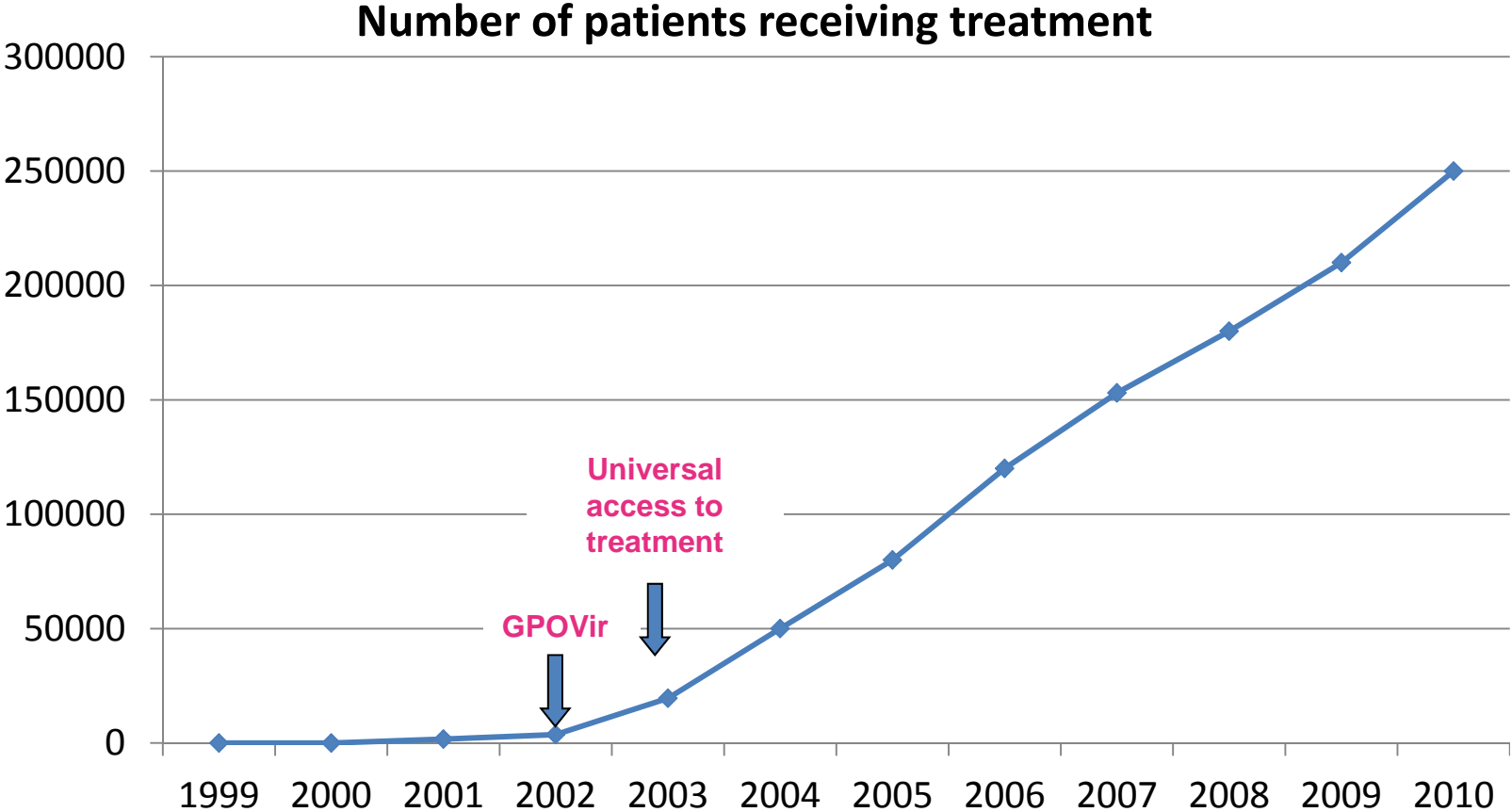
Studied public health at Harvard in 1921, then Medicine (1927)
Back in Thailand, he was a resident in McCormick Hospital

Sexual behaviors, STDs and HIV in military conscripts (21 years) in Northern Thailand



Source: Nelson et al., *New England Journal of Medicine*, 1996; 335:297-303

Antiretroviral Scaling-up in Thailand



Sanchai Chasombat MD.