



Human Resources for Health – Thailand

PHM – IPHU on Action for Equitable Health Systems:
Advancing Comprehensive Primary Health Care in Pandemic Times



9 December 2022

The Primary Care Team



- ▶ Around 12 health workers in a health promoting hospital catering to populations of 8,000-10,000 people
 - ▶ Less multitasking needed for staff members- more able to focus on patient care and welfare
- ▶ Contracting Unit for Primary Care (CUP) has resources to hire health workers
 - ▶ Not reliant on central hiring
 - ▶ CUP can easily adapt to changing needs
- ▶ Not physician-centric
 - ▶ Nurses and other health workers capable of handling patient concerns, respected by community



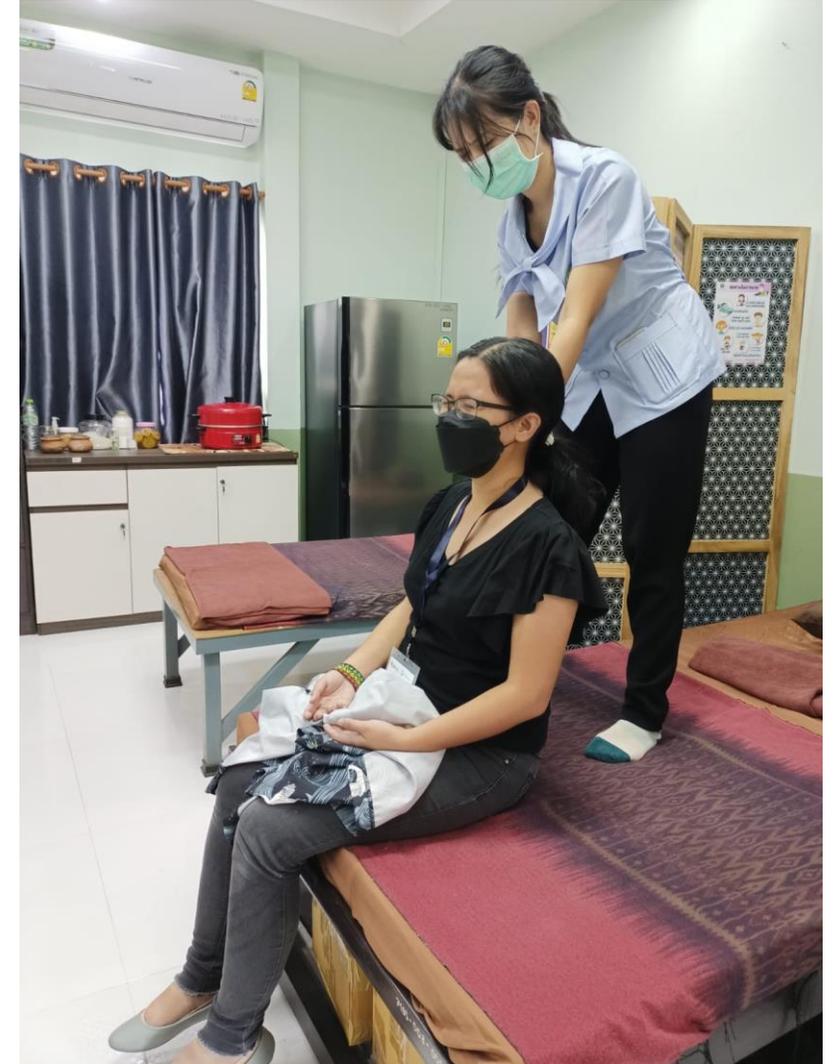
Role of the Community in CUPs

- ▶ Community ownership of and involvement in operations and concerns of health promoting hospital
 - ▶ Women's organizations, elderly associations, subdistrict and village head and government, other foundations
 - ▶ Health promotion and education
 - ▶ Social support (provision of meals, assistance in patient transfer)
 - ▶ Community-based complaint unit
- ▶ Roles of community members and organizations recognized by local government and by CUP
 - ▶ Trust built between community and health workers



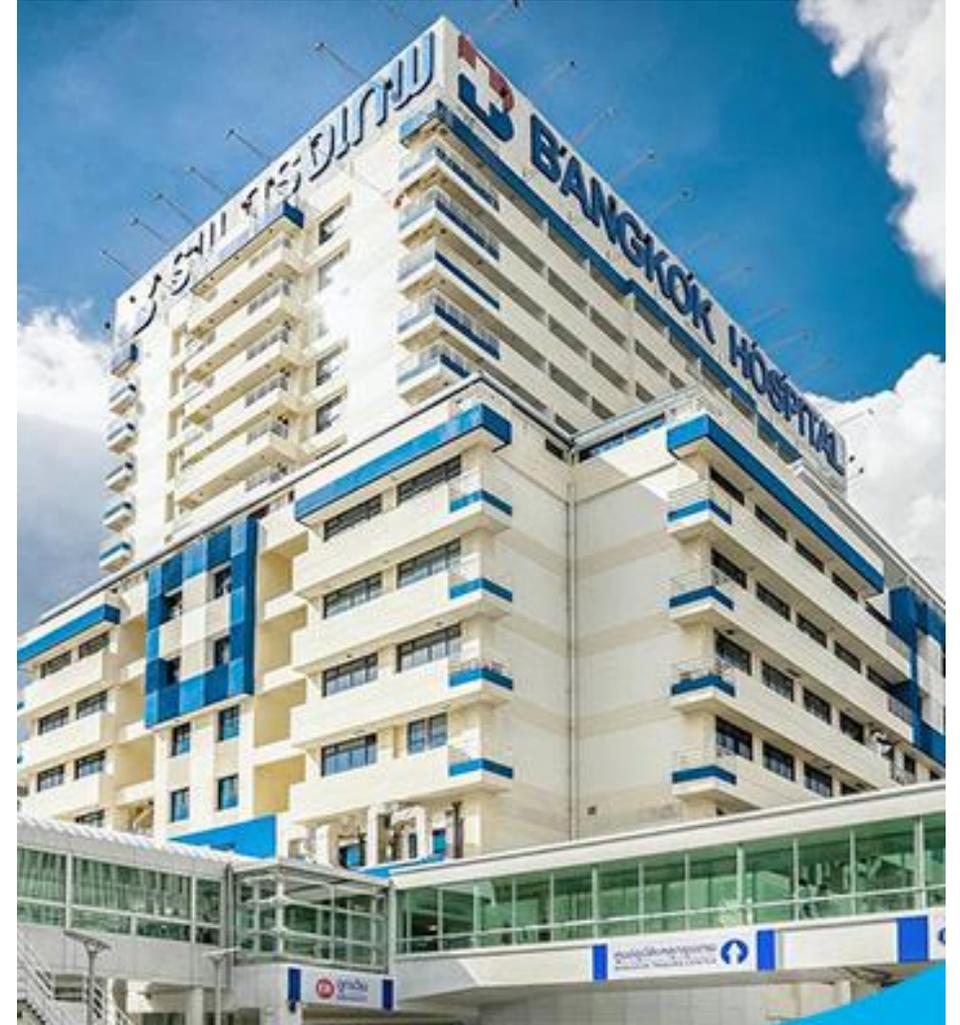
Community-Oriented Training

- ▶ Education geared towards comprehensive primary health care system
 - ▶ Mandatory 3-year government service in rural areas after graduating from government-subsidized health courses
 - ▶ Traditional medicine incorporated in medical education (4-year undergraduate course)
 - ▶ Accessible and culturally acceptable health interventions



Changing Culture of Medical Practice

- ▶ Pressure of neoliberal capitalist system
- ▶ Emergence of growing private sector
 - ▶ Health workers moving to private sector or medical tourism, which provides better compensation- internal brain drain
 - ▶ Health workers in government being offered additional benefits to make working in government more attractive



Gender Concerns



- ▶ Significant involvement of women staff members and health workers – nurses, community volunteers, women’s organization
- ▶ Impact of gender disparity on care? Male patients may not be comfortable with predominantly female staff, female staff may not be comfortable discussing some concerns with male patients (family planning etc.)
- ▶ Social context leading to having health staff and volunteers consisting mostly of women?
- ▶ Impact of mandatory rural service on pool of health workers?

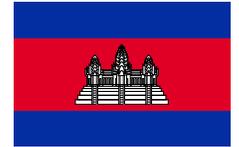
Primary Health Care Teams in Our Countries



Decentralized health systems: state/province/local governments manage primary care facilities



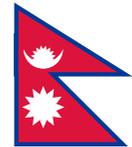
Low ratio of primary care facilities to population: 1 primary care center for every 10K-50K population
Subcenters (village centers/posts) in some countries: 1 subcenter for every 5K-10K population



Anywhere from 3 to 15 health professionals in each primary care facility
Supported by community health workers



Several permanent government positions, but bulk of jobs are on fixed-term contracts
Disparity in compensation: urban and rural, public and private, local and abroad



Many primary care facilities not equipped with medicines and equipment needed to provide essential care
Multiple other barriers to access to care: geography, finances, availability of health workers



Health worker education and training costly, focused on hospital-based care, and not community-oriented



Health workers often poorly compensated, not assured of employment and benefits, at risk of burnout, demoralized, and inclined to seek work in higher-income countries

Our Calls and Recommendations



Increased government support to public health facilities to enable health workers to do their jobs
Adequate local and national budgets
Environment that enables health workers to serve their patients to the best of their abilities



Adequate compensation, benefits, and protections
More permanent positions for government health workers
Equity in hiring health workers



Free education in the health fields
Government service in public health facilities
Priority given to disadvantaged groups
Training of other health professions centered on primary care provision- remove reliance on MDs for primary care



Support for health workers
Protection for their well-being,
Working conditions conducive to professional development in disadvantaged communities



Monitoring and evaluation by local and national government for their health human resources
Local and national government accountability for their health systems





Thank you!