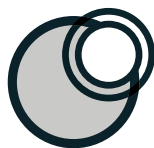


PRINCE MAHIDOL
AWARD CONFERENCE

2017



ADDRESSING THE HEALTH OF
VULNERABLE POPULATIONS
FOR AN INCLUSIVE SOCIETY

29 JANUARY – 3 FEBRUARY 2017, BANGKOK, THAILAND

ADDRESSING THE HEALTH OF VULNERABLE POPULATIONS FOR AN INCLUSIVE SOCIETY

*THE COMPANION BOOK
FOR FIELD TRIPS*



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The companion book for field trips in PMAC 2017

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In Remembrance of His Majesty
King Bhumibol Adulyadej
1927 – 2016

(The youngest son of HRH Prince Mahidol of Songkla)



HRH Prince Mahidol of Songkla and the youngest son
(Later became His Majesty King Bhumibol Adulyadej)

A Pictorial Commemoration of His Majesty King Bhumibol's work for Vulnerable Populations

26 May 2006 Secretary-General Kofi Annan presented



the United Nations first Human Development Lifetime Achievement Award to King Bhumibol Adulyadej

"Your Majesty has made an extraordinary contribution to

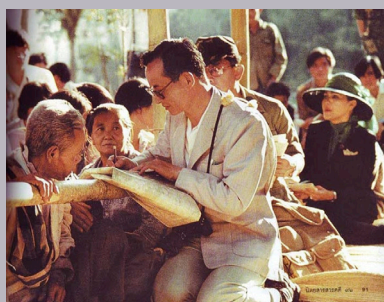
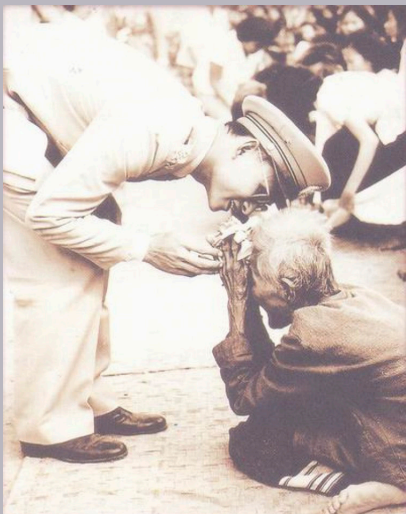
human development. As the world's 'Development King,' Your Majesty has reached out to the poorest and the most vulnerable people of Thailand – regardless of their status, ethnicity or religion – listened to their problems, and empowered them to take their lives in their own hands," Mr. Annan told the King at the award ceremony.

Source: UN News Center : <http://www.un.org/apps/news/story.asp?NewsID=18625>



Health for All Gold Medal, in recognition of His Majesty's outstanding contributions to achievement of the social goal of health for all by the year 2000, presented by

WHO Director General, Geneva on 24 November 1992.



Universal Health Coverage in Thailand: Care for All Vulnerable Population Groups.

National Health Security Office of Thailand

At the global level, despite efforts and goals to reduce or eliminate disparities in healthcare, significant disparities, including risk factors, access to healthcare, morbidity, and mortality, continue in vulnerable populations. Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) are assumed to be the solution of this trouble.

SDGs and UHC

The 17 Sustainable Development Goals (SDGs) were adopted in September 2015 at the UN Special Summit on Sustainable Development. The time horizon is the 15-year period of 2016– 2030 The goals emphasize an integrated approach to sustainable development with a focus on the most vulnerable: “leave no one behind”.

Health in the SDGs



The health goal of the SDGs – SDG3 – reflects today’s health needs, as it addresses non-communicable diseases, social and environmental determinants of health as well as the unfinished MDG agenda. It includes targets related to health systems and to universal health coverage (UHC).

UHC has a central place in the SDGs. UHC is about ensuring that all people get the care they need, without suffering financial hardship. Improvements in health will benefit from, and contribute to, many other SDGs.

These include the targets related to poverty, hunger, education, gender equality, clean water and sanitation, decent work and economic growth, sustainable cities and communities, climate action and partnerships. The SDGs are a real opportunity to accelerate progress in health. The question is how to best use this opportunity. Does it mean changing priorities, or is it more about changing how countries and development partners work together on these priorities?

Vulnerable Populations

Vulnerable populations are defined as those at greater risk for poor health status and health care access. Many efforts have been made to characterize vulnerable groups, including by diseases (e.g., HIV), age groups (e.g., the elderly), and demographics (e.g., homeless individuals). Vulnerable populations generally include racial and ethnic minorities, low socioeconomic status (SES) populations, and those without adequate potential access to care (e.g., the uninsured or those without a regular source of care).

While Social inclusion is understood as a process by which efforts are made to ensure equal opportunities for all, regardless of their background, so that they can achieve their full potential in life. It is a multi-dimensional process aimed at creating conditions which enable full and active participation of every member of the society in all aspects of life, including civic, social, economic, and political activities, as well as participation in decision-making.

Inclusion of Vulnerable Groups

A vulnerable population is a social group(s) with poor limited resources, placing them on a very high relative risk for morbidity and premature mortality. Vulnerable populations most often include women, children, the aged, displaced people, ethnic minorities, people with disabilities, or people suffering from some form of illness or disease. These populations' experience with health inequities is rooted in a lack of political, social, and economic power.

Focus on health as a human right ensures social inclusion of vulnerable populations in health system planning. It cannot, however, be achieved by merely mentioning vulnerable population groups, but policies must make explicit the principles that govern vulnerable groups' inclusion (i.e. core concepts of health-related human rights).

Therefore, health equity can only become a reality when policy is focused on ensuring the fair distribution of service-delivery that meets people's needs, rather than healthcare distributed according to social privilege. The failure by a State to identify health needs of a vulnerable population may result in breach of the *non-discrimination* tenet and consequently, in lack of essential service delivery, and this includes identification and explicit reference to the specific health needs of vulnerable groups as outlined in health policies.

The multidimensional experiences of risk and vulnerability of diverse marginalized population groups requires in-depth, context specific assessments, which identify health, economic, socio-political, and environmental sources of vulnerability, and how these correlate. These assessments necessitate ascertaining not simply heterogeneity between population groups, but also within population groups; for example, people living with congenital as opposed to sudden-onset diabetes have different risk profiles, as do people with disabilities whose injuries were acquired during conflict versus those born with disabilities.

Affording specific and detailed attention to marginalized and vulnerable populations ensures total health system coverage of all sectors of society.

Thai UHC and Vulnerable Populations

Achieving universal health coverage (UHC) with the National Health Security Act in 2002 has enabled all Thai citizens to access to necessary health services as needed. However, accessing to necessary health service has been a key challenge to achieve the goal especially in people living in remote areas or having other socio-economic and/or health conditions that prevent them from reaching their needs.

After fifteen years of UHC implementation, efforts to improve accessibility to necessary health services, quality of health care, and financial protection for families have been introduced and implemented by related stakeholders, not only government agencies but also the non-government sector, civil societies and consumers. Evidences of these efforts include financial and non-financial interventions to promote the health status of vulnerable populations such as women and children, disabled people, the elderly, chronic disease patients, people living in rural areas, and other risk groups.

High impact interventions include benefit package for HIV/AIDS and risk groups, rehabilitation services and instruments for disabled people, vaccinations and other prevention and promotion services for high risk groups, and other health services for specific groups such as palliative care, long-term care, and alternative and Thai traditional medicines. Other related interventions to enable accessibility to UHC include setting up a collaboration process and system with the Ministry of Interior to expedite the birth registration process so children will be eligible to UHC, setting up a community health fund in the local community to promote civil society participation in health care, setting up an integrated claim and reimbursement system among the three main schemes to reduce redundant processes.

The Prince Mahidol Award Conference 2017 (PMAC 2017) will be organized under the theme “Addressing the Health of Vulnerable Populations for an Inclusive Society.” The PMAC 2017 field trip will be arranged to share experience in implementing health care initiatives to reduce barriers and enhance social inclusion of vulnerable populations in different settings and groups in UHC implementation. The case study of vulnerable populations in six site visits are described in the next consecutive chapters.

1

SOCIAL AND HEALTH
SUPPORT TO FEMALE
INMATES:

AN EXAMPLE OF HOW
HER ROYAL HIGHNESS
PRINCESS

SUPPORTS THE JUSTICE IN
FEMALE INMATES

Boontuan Wattanakul
Laiad Jamjan

SOCIAL AND HEALTH SUPPORT TO FEMALE INMATES:

AN EXAMPLE OF HOW HER ROYAL HIGHNESS PRINCESS

SUPPORTS THE JUSTICE IN FEMALE INMATES

Boontuan Wattanakul
Laiad Jamjan

“While the number of female inmates has been increased continuously, they are still being neglected in the correctional institutions. Although the UN Standard Minimum Rules of 1955 apply to all prisoners without discrimination, we still have to admit that the Rules do not take adequate account of the specific needs of the female inmates...” a speech of HRH Princess Quote Bajrakitiyabha

The problem of female inmates is a growing in large-scale over the past decades, the number of women serving time in prisons has increased. The United States (183,000 inmates), the People’s Republic of China (71,280 inmates), Russia (55,400 inmates) and Thailand (28,450 inmates) have the highest number of female inmates as reported by the International Center for Prison Studies of King’s College in 2006. It is increasing at an alarming rate, and the increased proportion is higher than that of male inmates. Then, these female inmates were sent to prisons that had been built to accommodate male inmates. These prisons were not designed to accommodate



HRH Princess Bajrakitiyabha presented the ELFI project and draft of the Rules at the 18th Commission on Crime Prevention and Criminal Justice held at the UN Office in Vienna, Austria, from 16-24 April 2009

women's special needs and facilities were not adequate and appropriate. It is a challenge to provide support responding to gender sensitivity under limited resources as female inmates is increasing.

Over the past decade, existing regulations were not proper for the prison to manage female inmates. Many problems for female inmates were seen such as inability to access to public services e.g. education, rehabilitation, or vocational training by prison officials. It is a great challenge for stakeholders, both at national and international levels, to provide the aforesaid needs to these inmates.

The UN Standards of Minimum Rules for the Treatment of Prisoners (SMRs) – the existing international rules and recommendations have been adopted since 1955, as it is basic standards for prison administration and treatment of female inmates. It is not sufficient attention towards treatments to women. Therefore, it remains inappropriate treatments in a large number of female inmates; including discrimination and human rights violation both in respect of women's rights and human dignity.

Involving in the justice process, individuals might be probationers and had no opportunity to reintegrate into society and maintain their dignity. Female inmates lack of the opportunities, love, and warmth family. They are not able to live in a normal life. That will be hardship in living arrangement for female inmates when they are pregnant and getting older. They will become marginal population for reaching health care service and social support.

From Multilateral Diplomacy to Supporting Female Inmates in Thailand

Her Royal Highness Princess Bajrakitiyabha has been interested in learning new knowledge and experiences in legal and foreign affairs. As a student at Cornell Law School, Cornell University, the Princess had focused on doctoral thesis titled “Towards Equal Justice: Protection of the Rights of the Accused in the Thai Criminal Justice Process – A Comparison with France and the United States. Furthermore, the Princess had experienced in multilateral diplomacy as the First Secretary at the Permanent Mission of Thailand to the United Nations in New York City from 2005 – 2006.

After returning to Thailand, the Princess has driven the international standard issues that will affect the development of Thai domestic law through the development of judicial process relating human rights. Beyond human rights, the Princess has had enthusiasm to give support and inspiration to female inmates and children born to the inmates as well as ending violence against women.

Lives of Forgotten People, Narratives of Female Inmates

Female inmates require special attention because of gender sensitivity and specific health needs due to women’s biological needs, family responsibilities and incarceration experiences that are vastly different from those of men. Many female inmates are mothers that are more likely to have been their children’s primary caregivers and children are often displaced. Some pregnant inmates are required special care before and after the babies’ being born. Environment and health status of

the inmates have been challenges in promoting their health status to meet basic standard of life. Female inmates become vulnerable to normal life while living in jail, it is limited ways to convey their thought and keep connections with family, and to have a chance of education for their career.

Aging Female Inmate:

Ms. A, a 62-year old grandmother convicted of murder, was serving life sentence in prison since 2000. She was sent from local prison in the southern part of Thailand to federal prison in Bangkok where strict rules were applied to all of the inmates. It made her difficult to contact and keep connections with her children and family. Later, her husband got new couple while she was in the federal prison in only few years. Almost 17 years in prisons, she has demonstrated good behavior without violence history. Ray of hope to rejoin society and her family makes her happy, she wants her sentence cut short by receiving a royal pardon.

Pregnant Women Convicted of Drug-Related Offense

Many female inmates were convicted of drug-related offense and have serving life sentence to be inmates. Their right to live outside was cut. Ms. B, a 19 year-old and 6-month pregnant deserved a life sentence even though she was a first-time offender. Currently, her child of 9 months old must be sent back to her family in a few months. Although her mother can raise her kid but she is allowed by law only one year to do. She said with tears, *"I have no ideas what to do and how I would survive if the baby were sent away and don't know when we can meet again, it is invisible hope."*

Female Inmate with End Stage Malignancy

Ms. C, a 61 year-old grandmother who served 3 years for drug-related offender, was convicted at 12 years after breast cancer surgery and has become to the end stage cancer after confinement. It is her dignity to die in jail because she doesn't expect to die with family warmth.

Women in Prison, Suffering in Gender Sensitivity

Normally, there are 3 main problems of most prisons affecting to the female inmates in Thailand: unsuitable place for women offenders, lack of understanding about women's different needs, and discrimination against female inmates.

Unsuitable Place for Women Offenders

Female offenders are more often put in prisons far away from home and family than male inmates due to the fact that there are fewer prisons for women than those for men. The long distance makes it more difficult for female inmates to keep connections with their families because of the higher travelling expenses. In addition, economic constraints can cause fewer visits from families, which have an adverse effect on the women's state of mind and familial relationship, particularly on the development of young children. Moreover, female offenders are placed in prisons designed for men. Such incorrect labeling has disturbed their experience in prison in various aspects, including freedom of movement, frequency and type of visits with children and families, and opportunity for education and vocational training.

Lack of Understanding about Women's Different Needs

Not enough attention has been paid to women's different needs; then female inmates are underprivileged to receive adequate basic services, especially health, and welfare. As stated earlier, health and sanitation facilities in prisons have been manipulated for men prisoners. Therefore, gynecological treatment and basic health services for women is rarely available in prison, such as menstruation disorder, menopause, or sexual health. Women's different needs are not recognized; therefore, most health and sanitation facilities and services in prisons are not appropriate for the special needs of women. Pregnant inmates received inadequate medical services both prenatal and postnatal care. It raised problems on well baby care and maternal care because inmate mothers were detached from their babies in separate room in most prisons. In addition, in most prisons, there is no private room for

babies/children who are separated from their mothers can visit the imprisoned mothers. This situation led to mental suffering among inmate mothers and also affects the child development.

Discrimination Against Female Inmates

Discrimination against female inmates is the violation of human rights, human dignity and the rights of women. Majority of female inmates tend to fall victim to violence, abusive body searches. This discrimination includes the denial to provide education, rehabilitation, and vocational training necessary for reintegration into society. Other programs respond to mothers who are the main supporter or sole provider for the children are not designed for them.

Creating Inspiration for Female Inmates

With simply expanding the existing system has provided a turnkey ways to deal with the influx of women inmates, treatment options, job-training programs and cultures of control were designed for female inmates. In the case of Thailand, HRH Princess Bajrakitiyabha has graciously introduced the Kamlangjai Project to give assistance to inmates during imprisonment and after the release, which has received enthusiastic cooperation from the government sector since 2006. The Kamlangjai Project means as loving and care that mankind should have towards one another. The Princess had given the equivalent word in English as “Inspire” to mean that everybody can be an inspiration towards one another. In 2008, the operation of the Kamlangjai Project was to set out a roadmap for the treatment of female inmates beyond the issues of welfare and place of detention. This project had influenced the development of an international strategy. Changes in the UN Standard Minimum Rules for the Treatment of Female Inmates were initiated by the Princess under the “*Enhancing Lives of Female Inmates (ELFI)*” project, which aims at raising the standards of treatment of people who have been affected by the justice process in a systematic and sustainable manner.

Social and Health Support Through Kamlangjai Project

Thailand is implementing the second National Plan of Action on the Treatment of Women Inmates (2014-2017) and improving correctional facilities throughout the country. The Plan serves as a mechanism and guideline on implementing the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders or the 'Bangkok Rules'. The Bangkok Rules is the initiative of the Princess who has strong, personal commitment to the issue of improving the conditions and treatment of women in prisons, including through the establishment of the project on *Enhancing Lives of Female Inmates* (ELFI). The "ELFI" project put a change added on the standard minimum rules for the treatment of prisoners. The main aims of implementing Bangkok Rules are to develop healthy environment and social assistant to promote quality of life of the female inmates.

In November 2015, the cabinet had approved to revise related law about prisoners' right including their right in health care, and assigned the ministry of justice to be the main agency to improve health service setting for prisoners by collaborating with other stakeholders e.g.: the Ministry of Labour, the Budget Bureau, the Office of the Council of State, the National Health Security Office, the Ministry of Public Health, the Medical Council, and the Nursing Council.

Mr. Amnaj Pratchayaphan, Chief Warden of Ratchaburi Central Prison said that he listened to the voices of female prisoners and tried to manage to fulfill women's different needs relating social and health aspects. He recognized that inspiration and admiration are important for

*Mr. Amnaj Pratchayaphan, Chief Warden
of Ratchaburi Central Prison*



female prisoners after releasing from prison, so he encouraged his staffs to focus on these and to serve the prisoners appropriately.

Social Transformation: Social network and family relationship is allowed the women inmates keep their perception of changes in their family. Female inmates are permitted to write and send forth and back letters to their children and relatives. Besides family connections, female inmates try to expand family-like structures in which women refer another as sisters, cousins, and the like. Such a relationship, female inmates can release their tension as someone said, *"We cry together, we get mad at each other. We come back and ask for forgiveness together."*



Thai Dance

Health Service Transformation: Beside some health services for them in prisons, female inmates also have been educated about basic knowledge for health care. Nurses make extended health care services specific for HIV, TB, diabetes and hypertension. Doctor, nurse and case manager visit the patients at nursing unit in the prison once a month. The Universal Health Coverage Scheme covers the health assurance of the prisoners, they can use necessary health services from the hospital nearby the prison.



Parade

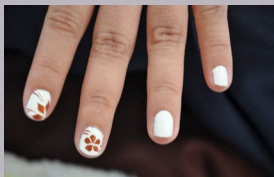
Career Transformation: Vocational training programs are available and the female inmates can select programs that fit their interests e.g. bakery baking, beauty and salon, nail painting. After training, they can do a little business such as at beauty and salon shop in the prison too.



Beauty Salon



Palm Reading



Nail painting

Mindset transformation, “Power of Mind, Power of Wisdom” is a slogan to encourage the female prisoners to be more critical thinking through religion practice and spirit. This would help release their stress and they will be able to adapt to living condition in the prison more easily.



Yoga



Yoga awards

Environment Transformation: Females inmates help out on garden, new building construction, old building restoration, etc. This makes surroundings of the prison look better and livable. Healthy environment was also created by prisoners, they can have leisure activities together in some special occasions.



Reading



Reading



Daily living environment

The Ray of Hope for Female Inmates All over the World

Having succeeded in gaining recognition for the Kamlangjai Project in Thailand, the Princess had delivered “The Problem of Violence against Women and the Assistance to be given to through the Kamlangjai Project” to the international community during the 17th meeting of the Commission on Crime Prevention and Criminal Justice (CCPCJ) held in 2008 at the UN Office in Vienna, Austria. In addition, the Princess also participated in the meeting to consider a draft decision on “Strengthening crime prevention and criminal justice responses to violence against women and girls”. Thailand received worldwide admiration for the Kamlangjai Project after its public debut on the international scene in Vienna in 2008. This was the starting point for the Princess to push Thailand into the global arena to wake the international awareness of the female inmate suffering and to improve standards for the treatment of female inmates. The Princess then started the Project “Enhancing Lives of Female Inmates” in July 2009.

The Success of ELFI

A year later, on 21 December 2010, the 65th UN General Assembly (UNGA) officially adopted the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders known as the Bangkok Rules.

Key of Success and Sustainable Development

The Project “ELFI” was the first offensive diplomatic maneuver in the history of Thai legal process where Thailand took the leading role in pushing for the adoption of the Bangkok Rules as one of the international laws. It brings pride to all Thai people to have the jurist princess who is highly capable to help female inmates by improving the law.

Nevertheless, the adoption of the Bangkok Rules was just a beginning as there are still a lot of procedures and activities that Thailand needs to play the leading role again in furthering the success of ELFI to improve standards of treatment of female inmates in a sustainable manner.

Acknowledgement

We would like to thank the Ratchaburi Central Prison and the National Health Security Office, Region 5 (Ratchaburi Branch). Special thanks to Mr. Amnaj Pratchayaphan, Chief Warden of Ratchaburi Central Prison, Ms. Daojai Hatsadecha, Ms. Ampun Rodkrajub, Ms. Anchana Khunnangjar, and all women inmates for their contributions to this article.



2

IMPROVING ACCESS TO HEALTH CARE AND SOCIAL SERVICES FOR OLDER PEOPLE IN THE COMMUNITY:

A COMMUNITY-BASED MODEL FOR SOCIAL SERVICES, *KHAO PHRA NGAM* MUNICIPALITY, LOPBURI PROVINCE

Sunanta Thongpat
Kanokwan Wetasin

IMPROVING ACCESS TO HEALTH CARE AND SOCIAL SERVICES FOR OLDER PEOPLE IN THE COMMUNITY:

A COMMUNITY-BASED MODEL FOR SOCIAL SERVICES, *KHAO PHRA NGAM* *MUNICIPALITY, LOPBURI PROVINCE*

Sunanta Thongpat
Kanokwan Wetasin

“Caring for our seniors is perhaps the greatest responsibility we have. Those who walked before us have given so much and made possible the life we all enjoy.”

Senator John Hoeven



Khao Phra Ngam community

To achieve the UN's Sustainable Development Goals (SDG), efficient-and-fair service must be available and easily accessible for older people. This is one of a country's challenges where the number of older people is increasing rapidly. The following information sets out an exemplary model which demonstrates service efficiency through the implementation of community-based long- term care. This approach illustrates the efficient and fair access to health care services for all older people in a suburban community, Khao Phra Ngam.

Dealing with evidence

Unlike other cities that have focused their spending on many programs for young people, Khao Phra Ngam Municipality has developed a policy to improve the quality of life for older residents. The Khao Phra Ngam Aging Complex Center was established in order to serve the needs of the elderly population within the Municipality.

Khao Phra Ngam Municipality is located in Lopburi Province, in the central part of Thailand. It is 160 kms distant from Bangkok. The total population is almost 28,000 with twelve percent being over 60 years of age. It has been estimated that over the next ten years the number of over sixties in Khao Phra Ngam will increase to 24 % of the population. The number of bed-ridden elderly has increased every year, from 33 people in 2012 to 45 people in 2015. The increasing number of older people is congruent with the increasing rate of older people in Thailand as a whole. As the demand for services for the elderly will increase, it is important to allocate resources to meet the demand. The determination to improve the lives of older people at Khao Phra Ngam arose from the goals of community organizations and local policy makers. The 'no-one left behind' agenda issued by the United Nations has been translated into practice through the community-based, long- term care model for older people in Khao Phra Ngam. The community-based model is preferable to the hospital-based model, where both ill people and their families suffer from being away from their home environments. There can also be a financial burden. The community-

based model is preferred for three main reasons. First, the financial viability for health promotion and disease prevention has been ensured by matching between the National Health Security Office (NHSO) and local government as local community health fund under the Universal Health Care Coverage policy of Thailand. Second, the ‘multi-stakeholder partnerships’ have been well established through the integration of health care and social services. Third, cost-effectiveness has been obtained since health promotion, disease prevention, treatment, and rehabilitation are managed in the community setting. In addition, the local Thai culture in Lopburi Province has cultivated kind, generous and compassionate relationships among people for providing care in their home.

Our Senior Citizens are to be Valued

Colonel Phiset Chanthramas, a resident of Khao Phra Ngam Municipality and a former member of Lopburi senior school said “After joining the senior school in Lopburi, I thought that older people should have activities to maintain their physical and mental health, not just to stay at home. I shared my idea in the elderly club, and then requested the Khao Phra Ngam Governor to support us.” Later in 2010, the Senior School of Khao Phra Ngam Municipality was formally established with the support of Khao Phra Ngam Municipality in partnership with the community.



*Mr. Pualsawat Tuekong,
the Governor of Khao Phra
Ngam Municipality*

Mr. Pualsawat Tuekong, the Governor of Khao Phra Ngam Municipality shared his enthusiasm and commitment to caring for the elderly in Khao Phra Ngam. “I was born and grew up

in Khao Phra Ngam. Our older people have passed on their wisdom and have contributed much to the locality in their lives as well as to nurture us; who we are today. I am grateful that we commit ourselves to providing a comprehensive health care system for the older people in our communities. This is achieved partly through the work of the Khao Phra Ngam Aging Complex Center.”

Responding to the Challenge

The Khao Phra Ngam Municipality team in partnership with the community has established a major project to support older people in the community. This project was carried out under the “holistic health principle” that endeavors to integrate the physical, psychological, social and spiritual dimensions of the individual, in order to promote the well-being of older people.



Classroom activities at Khao Pra Ngam Aging Complex Center

Primarily, an informal ‘School for Seniors’ was established to provide learning opportunities for older people as well to integrate this learning with practical home care for the frail elderly. The teams believed that ‘learning should continue throughout the whole life’. People of all ages require opportunities to fulfil their learning needs differently. For example, some older people may need to maintain skills to live independently, while those who are physically able and knowledgeable in certain areas, can engage in voluntary work to support others.

Initially, although there were local public announcements and door to door visits to advertise the proposed scheme,

it was still difficult to encourage the interest and engagement of older people. The team at Khao Phra Ngam municipality decided to try a more practical way to encourage engagement by providing lunch and transportation for people interested in the scheme. The School for Seniors at Khao Phra Ngam gradually received attention from older people in the community and more of them became members. The school program was scheduled once a week and included a number of activities to help the members to keep pace with the changing world.

Responding to the Needs of Older People

According to the project, three groups of older people at Khao Phra Ngam have been classified as follows: the well-elderly, the home-bound elderly, and the bed-bound elderly. The well-elderly members are encouraged to become volunteers to help others, with several duties depending on their knowledge and experiences. They are able to lead group activities at the senior school such as singing and dancing. The home-bound elderly who have mild physical limitations are able to



*Health care team
visited frail elderly
at his home*

assist in social activities with supervision from health staff. Transportation is also available for the older people if they need to join activities at the school.

For the bed-bound elderly, this group needs full support from their family members or caregivers. The health care team that includes allied health professions and village health volunteers cooperates with the staff of Khao Phra Ngam Municipality in supporting families, caregivers and the frail

elderly. Home health care visits are also provided, depending on need. If health needs are identified as mild, village health volunteers or trained caregiver volunteers in cooperation with a community health nurse visit the frail elderly and their families. The services include general mental health support, rehabilitation or a basic physical health assessment. However, if the health needs of a frail elderly person or of a family member are more complicated, such as fever, respiratory problems, nutritional problems or being under palliative care, the health professional team provides the appropriate package of

homecare.



A village health volunteer and a community nurse visited a bed-ridden elderly

KhaoPhraNgamMunicipality's policy for supporting older people has benefits these three groups. Particularly, the informal care services along with the formal provision of services have improved the quality of life for many older

people and given reassurance to family members and neighbours. As Mr.Paulsawat, the Governor has remarked: "When I see the smiles of people at the School for Seniors or in the community, it encourages me and my staff in the services that we provide. My team and I still continue to develop the comprehensive care system for older people at Khao Phra Ngam."

Building a Comprehensive Care System

In 2015, the project for older people was expanded to optimize the health outcomes and subsequently the quality of life for older people in Khao Phra Ngam community. Financial support was provided by the local government and Community Health Fund in the Universal Coverage Scheme under the National Health Security Office (NHSO). The project name was changed to 'The Khao Phra Ngam Aging Complex Center'. The objective of the center was to develop the competency of people at individual, family and community levels.

*The elderly performed
Saori weaving*



At the center the activities for older people are composed of three categories a) classroom for learning activities such as English class, IT programs for communication, laws for daily living; b) exhibition room for displaying handicraft and other products contributed by the members; and c) self-governing room for those older people who have a greater degree of independence, activities are for example knitting and Saori* weaving that help to stimulate them physically and emotionally. The members feel that they are in a second home where they can enjoy the company of others. They also have a chance to improve their skills and learn something new. Moreover, they learn how to cherish each other and value their new relationships. As Colonel Phiset Chanthramas and his wife have remarked:

“Every Tuesday night, we will get excited for the next morning to come, for the day of going to the Senior School that we will share a happy time. We wake up early on the Wednesday morning to pack our lunch boxes to share with our friends at the school. We truly love our Wednesday.”



*Home improvements
for frail elderly*

* SAORI is a free-style weaving, was founded in 1968 by Misao Jo, a Japanese woman. Today, it is practiced in more than 40 countries and it is the registered trademark owned by a SAORI organization in Japan.

Multidisciplinary and Community Working toward Happy Home Ward

Through the collaboration of a number of organizations including the public, private, and civil sectors, particularly Khao Phra Ngam Municipality, seamless care is provided to the frail elderly who are home-bound because of their illnesses. To improve the quality of life of this vulnerable group, the comprehensive cure-and-care services and home improvements provided are tailor-made to meet the needs of each individual.

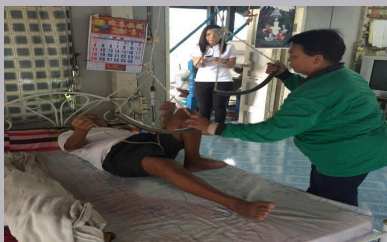


Emergency assistance cooperated by TOT

In case of emergency, an emergency phone is available with cooperation between Khao Phra Ngam Municipality and the Telephone Organization of Thailand (TOT). This arrangement facilitates faster referrals for older people and

families by the individual pressing only one button on the mobile phone to call for the assistance.

Multidisciplinary staff operate in teams to fulfil the mission for health care and social services for older people in Khao Phra Ngam. First, a well-equipped village health volunteer who is trained as a formal caregiver is responsible for providing primary care services, basic health assessment and also supporting and comforting clients and their families. Second, a qualified nurse as a care manager is responsible for managing resources and coordinating with the health care team to conduct a regular home visit. Third, a family doctor provides curative and rehabilitative care. Fourth, the allied health professions, such as pharmacist, physical therapist, nutritionist, and social worker also make their contributions based on their expertise. Last but not least, an important dimension of the whole scheme is that



Family caregiver helped frail elderly to practice physical exercise at home

the healthy older adults and school children act as volunteers to visit the frail elderly in their homes. This home visiting provides much-needed social contact and psychological support.

Caregivers and Gifts of Giving

Mrs. E is a family caregiver for her husband, Mr. F, a 71-year old with diabetes, who suffered from a stroke which left him partially incapacitated. She recalled that:



Members of The Khao Phra Ngam Aging Complex Center shared their lunch together after class

“My husband and I live our humble life as workers for many years. Looking back to the difficult times when my husband was first affected by the stroke, he was completely bed-ridden. At times, we both stumbled and fell. I felt that the burden of care was too heavy for me. Thankfully, we had the help from staff of Khao Phra Ngam Municipality, King Narai Hospital, and a village health volunteer. They came to visit us regularly and helped to strengthen my husband’s body and encouraged him in his rehabilitation. They made us realize that we were not alone. It is reassuring to know that they will always be there for us when we are in need. This is a great gift indeed.”

Lessons Learned

There are several lessons which have been learned from health care and social services for older people in Khao Phra Ngam Municipality. Firstly, community engagement along with cooperation and partnership among local organizations are

crucial ingredients for success. Social capital and community value assessment should be carried out before setting up and implementing a comprehensive project. As local communities provide an invaluable resource for such projects, it is important to recognize and respect local knowledge, experience and skills. Therefore, local people should be involved and given appropriate roles and responsibilities in any system of care. Secondly, collaboration with other organizations as well as cooperation between multidisciplinary teams are necessary elements of any scheme, in order to provide the essential services that are relevant community-wide and for individuals. Thirdly, commitment to the scheme and ongoing trust among organizations, community volunteers and families are crucial components of any scheme.

Ways Forward for the Future

The community of Khao Phra Ngam has achieved much with its vision for the care of elderly people. A great deal can be learned by considering the Khao Phra Ngam experiences in the provision of care for the elderly. This may be a collaborative project which could be tried in other Municipalities, benefiting from the experiences and learning in one locality. Learning from the past experiences, the next goal for the Khao Phra Ngam locality is “Three-Generation Immersion of Khao Phra Ngam” to prepare children, adults and older people to live harmoniously together. Children and older people will be encouraged to take part in arrangements to provide support and care for each other at home. Adults could take action as mediators and mentors in order to bridge the different perspectives between generations. This merging of three generations could be another milestone to show how the quality of life of people in the community can be improved. Perhaps the experiences at Khao Phra Ngam if repeated in other localities, could contribute much nationwide to the achievement of the UN’s Sustainable Development Goals.

Acknowledgements

Special thanks to Mr.Pualsawat Tuekong, the Governor of Khao Phra Ngam Municipality, Colonel Phiset Chanthramas, Mr.Prayat Koytem, community member, and staff of Khao Phra Ngam municipality for their valuable information in the preparation of this article. We acknowledge the fine work of many individuals and community organizations in the Khao Phra Ngam Municipality. We are also grateful to Dr. Mervyn Dobbin for his support in editing the English of this paper.

3

COLLABORATION TO DEVELOP SOCIAL WELFARE AND HEALTH CARE FOR VULNERABLE CHILDREN

Sukjai Charoensuk
Sirikul Karuncharernpanit

COLLABORATION TO DEVELOP SOCIAL WELFARE AND HEALTH CARE FOR VULNERABLE CHILDREN

Sukjai Charoensuk
Sirikul Karuncharennpanit

“Treatment of the Child in any case shall give primary importance to the best interests of the child and any discrimination of an unfair nature shall not be allowed”

Article 22: Child Protection Act of Thailand, 2003¹

“Merciless mother left her baby in a toilet...the baby was safe by miracle” the news posted on July 26, 2016 by MThai News reflects one of serious problems in Thai society...abandon child. This kind of news always hurts our feeling, but it seems to be common to the public. The children are not only abandoned, but many of them are also abused. The Ministry of Social Development and Human Security reported that child abuse and baby abandonment are ranked in top ten serious problems in Thai society. The ministry’s steering committee analyzed serious social situations from social media and statistics from One Stop Service Centers (OSCCs) of the ministry in 2015, and found that there were 13,999 cases of violence in family with 45.24% of child abused, and 54 cases of abandoned baby with 19 survivors².



*Merciless mother left
her baby in a toilet*

These vulnerable children are at risk of life, health, and welfare. Most children grow up happy, healthy and loved by their families, but these children who are at risk of maltreatment do not have adults to protect them and respond to their needs. In Thailand, the Child Protection Act has been activated since 2003 to provide safety and welfare to all Thai children. The Act calls for the National Child Protection Committee to develop systems, modules, procedures, and provide services, in connection with child welfare, safety protection and behavioral promotion, and to coordinate and cooperate with other government agencies, public and private organizations concerned, in connection with the implementation of child welfare, safety protection and behavioral promotion related work. The Act has moved the issue of child abuse and neglect from moral issues to legal issues and create a force to protect the child from anyone who will harm them.

From Lack of to Having a Family

Phayathai Babies' Home, located in Nonthaburi Province, is one of eight government shelters for orphans and children in difficult circumstances. The Phayathai Babies' Home acts as a temporary home for those children while helping them find their



Phayathai Babies' Home

family or arranging a new permanent family for them. Every year, Phayathai Babies' Home welcomes about 100-160 children ...some of them were abandoned by their mothers after giving birth in hospitals...some of them were abandoned in public area such as public toilets, forest, or garbage...and some of them were brought to the shelter by their family.

A physical examination is the first step when receiving the child since most of vulnerable children would have physical problems from starving or hurting. The children will be treated if needed. During process of finding their families, the children will be given proper care, including food, vaccine, and child

development activities. Child-centered approach will be carried out by an interdisciplinary team to provide comprehensive care for them. Child profiles will be prepared, including birth registration for them, who have no evidence of their own families. This step is done for them to possess right of access to health care and social welfare as Thai citizens.

Surely, the best family for the children is their own family. So, the first priority is to find their own family. If the family is found, they will be approached and supported to be able to have the child back. If the parents cannot take care of the child, their relatives will be approached. This often occurs in a case of psychiatric or imprisoned parents. The family related to the child and willing to provide for the child as their own offspring is called “a foster family” This will be the second priority for the child. An allowance of 2,000 baht per month for health and welfare of the child will be provided to the foster family until the child is 18 years old.

Adopted families are well-known for taking care of abandon children. If the process of finding the child’s own family or foster family is unsuccessful, the process of finding an adopted family will begin. The committee with members from all eight government shelters will have a meeting every month to consider all requests for adopted children. The consideration composes of many factors to match the child and his/her new family. The process of building a good relationship between the child and the new family is important. Phayathai Babies’ Home provides a rapport room and services to support this relationship. The child record will be terminated and discharge from Phayathai Babies’ Home after the child gets his or her new family.

In a case of psychiatric or imprisoned parents that cannot find their relatives to be a foster family, a kind person who is willing to take care of the child during their difficult time will be an option, and will be called “a support family”. The family will get an allowance of 2,000 baht per month for the child care similar to a foster family. The family will be informed about



Children and families from "back to mother land project"

their role and conditions of caring for the child. The child would be returned to his or her own family if the family is ready to take the child back.

Each year, about 100 children at Phayathai Babies' Home are identified families from one of the four kinds mentioned above. The process of getting the family is varied depending on the child's condition. However, the most concern for Phayathai Babies' Home is to find what is best for the child.

Comprehensive Care at Phayathai's Babies Home

During the process of finding family for children, Phayathai Babies' home provides holistic and comprehensive care for these orphans. They are aware of the golden period of child brain development during the first 0-5 years of life. Growth and development on physical, psychological and social aspects are a major concern here.

Factors for physical growth and development are provided to children individually, such as nourished and appropriate food and physical activities. For example, normal infant formula milk is prepared for normal babies as well as the specific formula, such as lactose free formula for children with diarrhea or extensive protein hydrolysate or soy formula for children with cow milk protein allergy. Nourished and appropriate milk is prepared in a dedicated clean room with well functioned machine. This process is important, because it can prevent diarrhea and gastrointestinal tract infection for infants. Furthermore, additional foods for children older than 6 months are prepared in other specific dedicated clean rooms nearby the milk preparation area.



Milk preparation for children

Moreover, appropriate environments stimulating the child development are provided in each home such as massage and play areas. Face and body massaging will be done to motivate children speaking and increase leg muscle strength. Additionally, a safe children play-

ground is made available for all children.

Psychological development is a concern for infants and toddlers here as well. Therefore, all children will have their specific simulated mothers, who are the caregivers of each home (about 10 children per one mother). The love, touching, holding and hugs from adults are given to these children as needed, similar to other children. Social development is another important part

Children with fun activities in Montessori's room



Children with fun activities in massaging room



Children with fun activities on playground

for children. Playing and learning activities aiming to promote an understanding of children's roles and duty in the family called Montessori based activities are introduced for toddlers. This comprehensive care for children will nurture and prepare all children to develop the physical, psychological and social skills for living with their own or new family in the future. Even these comprehensive care and activities are provided by the Phayathai Babies' Home, but it requires support from other organizations.

Collaborative Care for Health and Welfare

The Phayathai Babies' Home can be a good working model on collaborative care for children's health and welfare with collaboration from many organizations. The important partners in supporting the children's health are the Faculty of Medicine Ramathibodi Hospital, Mahidol University and Panyanantaphikkhu Chonprathan Medical Center, Srinakarinwirot University.

Health care supporting for children from the Faculty of Medicines Ramathibodi Hospital is continually proactive, not only providing care for the sick children, but also providing health education for caregivers of the Phayathai Babies' Home. Dr. Pongtong Puranitee, MD., the medical instructor from the Pediatric department, mentioned:

"At earlier stage, we found that infants and children from the Phayathai Babies' Home were admitted with Pneumonia or diarrhea frequently. So, they wanted to investigate infectious causes and found that lower head milk feeding and milk preparation process might be the causes. Soon after, health education regards arranging semi fowler position for babies during milk feeding and milk preparation process was taught for caregivers. Later, the lowered incidence rate of infectious diseases was revealed."

Health education and consultation to empower nurses and caregivers at Phayathai Babies' Home is a major role of Ramathibodi interdisciplinary pediatric care team The mobile

clinic for promoting child development has been set monthly to assess child development, and to educate caregivers about how to promote child development, including physical, psychological and social development. Basically, nurses are responsible for screening child development using Denver's test, and to provide holistic care to promote the child development. The nurses would consult pediatric doctor in Ramathibodi, if they found some problematic issues about the child development.

"Mobile clinic on child development at Phayathai Babies' Home is better than a regular clinic at Ramathibodi because the doctor can meet and discuss with the simulated mother of each child...it is easy for me to give them advice about how to promote the child development...sometimes nurses also consult me if they found a difficult case" Associate Professor Nitchara Ruangdaragonon, MD. said.



Dr. Pongtong Puranitee



Associate professor Nitchara Ruangdaragonon

Along with support of the Panyananthphikku Chonprathan Medical Center, Srinakarinwirot University, the Phayathai Babies' Home also has a mobile clinic in regard to general health issues. This mobile medical center is the primary health care provider, based on the universal health coverage concept, for all children in this home. This increasing health care accessibility results in better quality of life of the children.

For social welfare aspect, this home receives support from various organizations, such as public and private homes, and the Ministry of Public health. Examples of public and private homes are Ban Mahamek and Ban Ratchavithi, as well as

Pratthanasomboon Foundation and Lorenzo Home, they are the places for referring children older than 6 years.

Ministry of Public Health (MOPH) has two major roles. The first one is providing information related to parent's names for the neglected children from the hospital. It can speed up the family finding process for the orphan officers. Furthermore, social workers at each hospital, who are the front line workers can approach and counsel parents who are possibly neglecting their own child. It can prevent or decrease the incidence of neglected children.

Educational organizations such as common schools and nursing schools are involved in this collaborative care. For example, school student volunteers, sometimes drew and painted the colorful, creative and motivated pictures for these vulnerable children. Additionally, the Phayathai Babies' Home foundation also provides budget for staff cost and for necessary medical supply. All these collaborative care enhance and improve quality of care for children in the Phayathai Babies' Home.

Proactive Care for Preventive Cases

Besides the above mentioned, proactive abandoned prevention projects are also implemented. For instance, sex education program in schools is actively established to educate about human development, interpersonal relationship, individual values, pregnancy and infectious preventive methods. These efforts can prevent unintended pregnancy, which is the major cause of abandoned children.

Proactive care in "Stop teenage mom project"



Challenges for Moving Forward

Ms. Angkana Jaikitsuvan, a superintendent of Phayathai



Ms. Angkana Jaikitsuvan, the superintendent of Phayathai Babies' Home

Babies' Home, mentioned that there are two key success factors: continuous human resource and welfare development, and strong collaboration with partners. Especially for the first key success factor, the human resource and welfare development is a major concern because qualified staff is the most essential factor for providing comprehensive and good care for children. There are various activities for staff development especially crucial training projects.

These projects usually provide knowledge and skills on child development: massage therapy, basic children care such as tepid sponging, correct feeding, managing challenging behaviors of the children, etc. Consequently, all caregivers can apply knowledge on their practice effectively by approaching the children correctly and appropriately. Not only knowledge that is concerned, but staff welfare as a family member is also crucial. For instance, the provision of accommodation for staffs and family like relationship in the organization are suitably provided. Therefore, the staff can provide a good care for children in return. For the second key success factor, strong collaboration with partners as mentioned above can truly enhance their works at Phayathai Babies' Home.

"However, we also face to the challenges on integrating work with other organizations on proactive care. While the family and social system is weaker than the past, the Ministry of Education should take a major role on actively proactive program to prevent unintended pregnancy among teenagers. We believe that it will help reduce the incidence of abused and



Key staff and activities of Phayathai Babies home



Key staff and activities of Phayathai Babies home

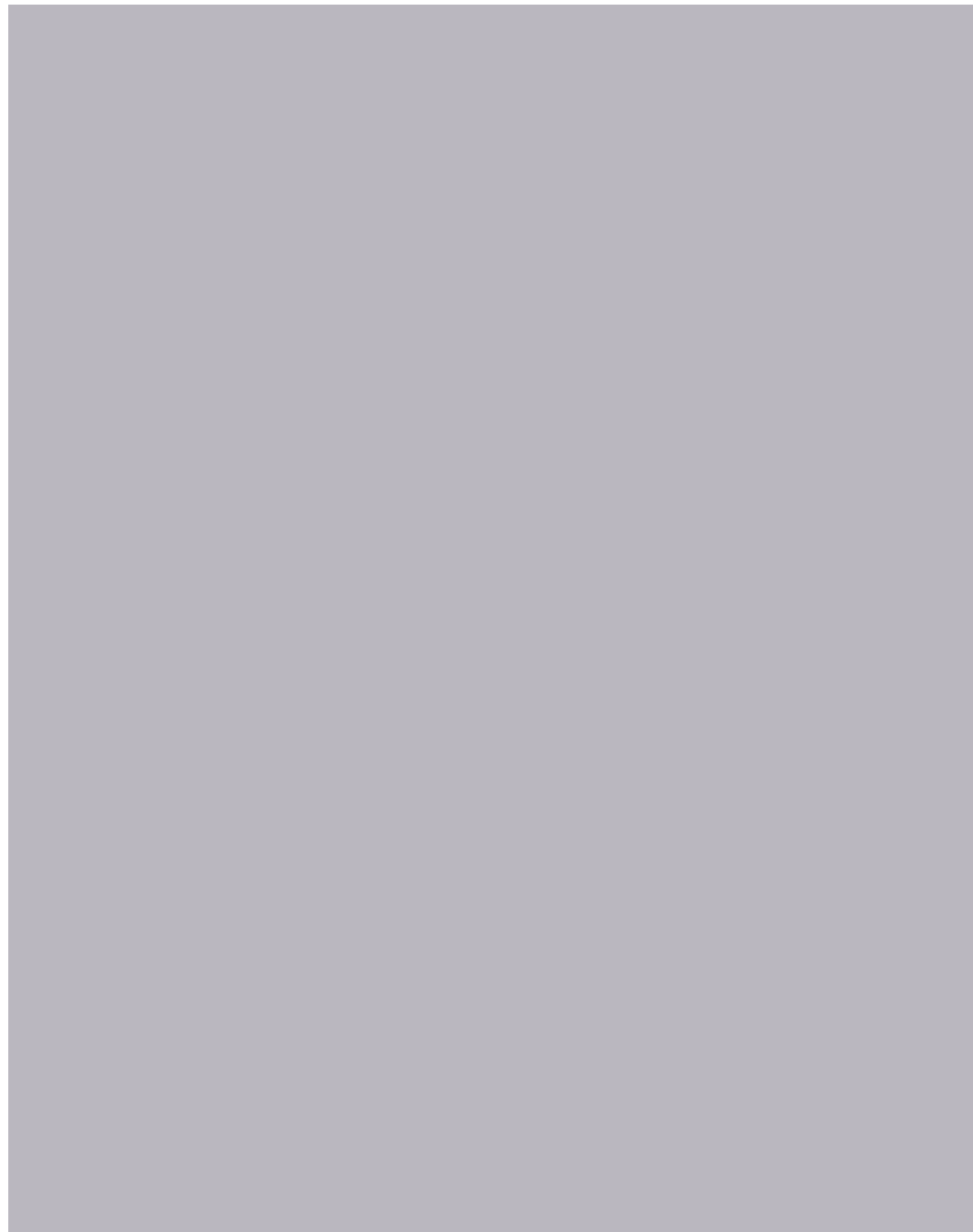
abandoned children in the future.” Mrs. Supa Kaewsongsang, a social worker mentioned.

Acknowledgement

We would like to express our deep gratitude to Ms. Angkana Jaikitsuvan, the superintendent of Phayathai Babies’ Home and her staffs for their hospitality and comprehensive information. Special thanks to Dr. Somkiat Leelasithorn M.D., Deputy Dean on Health Promotion, Associate Professor Nitchara Ruangdaraganon, MD., Dr. Pongtong Puranitee, MD. and Mrs. Wasana Srisuk from Ramathibodi Hospital for their fruitful support. Special thanks to Dr. Michael Flashner for his kind English editing.

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4

HOLISTIC AND HUMANIZED CARE FOR PEOPLE LIVING WITH HIV/AIDS (PLWHAS): BAMRASNARADURA INFECTIOUS DISEASES INSTITUTE

Panarut Wisawatapnimit
Kamolrat Turner

HOLISTIC AND HUMANIZED CARE FOR PEOPLE LIVING WITH HIV/AIDS (PLWHAS):

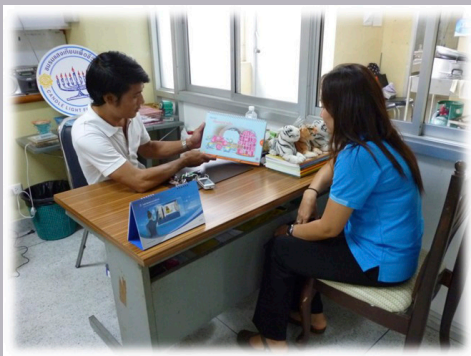
BAMRASNARADURA INFECTIOUS DISEASES INSTITUTE

Panarut Wisawatapnimit
Kamolrat Turner

Introduction

“It seemed like I was waiting for death. I was unconscious and had wounds all over my body”, said Mr. M, an HIV infected male. M is now a strong volunteer of the Candle Light for Life Club who helps support and advise new HIV infected cases. M told us that 22 years ago he almost died from AIDS. He was brought to Bamrasnaradura Infectious Diseases Institute (BIDI) to be treated for AIDS and TB. He was in a low state of consciousness, unable to walk, and covered with wounds on his skin. He thought that he would be hospitalized for at least 1 month, but with excellent care and clear advice, he was able to walk and go home after 6 days of admission. He said “Both

doctors and nurses here looked after me very well and without discrimination or repulsion. They taught me and gave me and



Counseling activity at Candle Light for Life Club

my family members very clear advice. Good understanding made my family not fearful of looking after me. The doctors and nurses here had treated me the same as other patients.” M also mentioned that the most impressive things of this institute were the service at the counseling unit where all patients always get very good support and the conduction of research of the institute to continually improve the services.

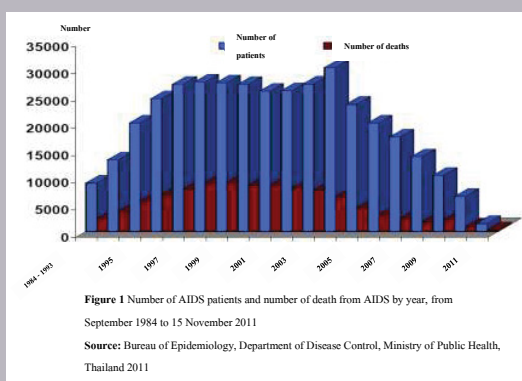
A few patients we interviewed gave similar expression about BIDI; “This hospital provides the best care with a friendly manner to all patients, including people living with HIV”.

Situation of HIV/AIDS in Thailand and Thai Health Policy Related to HIV/AIDS

Since the first HIV infected case reported in Thailand in 1984, the number of AIDS patients had increased rapidly (Figure 1), especially among intravenous drug users. During the first period of this disease epidemic, health care personnel and the general public lacked the right knowledge about this disease and there was no drug treatment available at that time. It was perceived as an infectious, incurable, and deadly disease. There were no health care facilities to treat this disease. Those infected with HIV were highly stigmatized and discriminated from public, as well as from health care personnel who cared for the patients. On the other hand, the health care personnel who worked closely with PLWHAs also got these negative social responses too. To resolve these issues, the Ministry of Public Health (MoPH) appointed BIDI to provide care for the patients due to this institute having been specialized in communicable diseases. MoPH has also put effort into combating HIV epidemic, in close collaboration with many agencies in the public, private, and civil sectors specially the non-profit organization at national and international levels. The National AIDS Strategies have been continually formulated and implemented. In the first period of the HIV epidemic, the strategies had focused on prevention and provision of supportive care for the patients only.

Introduction of antiretroviral therapy (ART) was an important turning point for AIDS treatment. Based on the 2013 publication on “The Journey of Universal Access to Antiretroviral Treatment in Thailand”, of the United Nations Development Programme, in 1992, the Department of Disease Control (DDC), MoPH, initiated the ART programme to PLWHAs. However, the number of the patients able to access ART was very low and limited until the Government Pharmaceutical Organization (GPO) started to produce a drug regimen at low cost and the National Access to Antiretroviral Program for People with HIV/AIDS (NAPHA) had been established and run during 2000 – 2005 with an aim to expand ART nationwide.

Concerning with the human right to health services, since 2006, the ART has been fully integrated into the universal health coverage (UHC) by the National Health Security Office (NHSO). The National AIDS Program (NAP) application, a software application for improving interoperability and health information exchange of ART accessibility for PLWHAs of all government health insurance schemes, has also been established and has become an excellent source of data to formulate evidence based policies, monitor ART coverage, and conduct research to improve drug regimen and essential care for the patients. Due to the commitment of the government to develop ART accessibility, the number of AIDS-related deaths has dramatically reduced and PLWHAs have increased their CD4 levels, resulted in reducing signs, symptoms and complications (Figure 1).



MoPH has continued to combat HIV epidemic and has set the goal to achieve the UN strategy 'AIDS Zero', including Zero HIV new infection, Zero AIDS death, and Zero AIDS stigma and discrimination. Consequently, in 2016, WHO validated and recognized that Thailand was the first country in Asia and Pacific region successful in eliminating mother-to-child transmission (MTCT) of HIV and syphilis. BIDI has been an important part of this success for its strong involvement and become the prototype of an excellent center for HIV/AIDS in Thailand.



WHO's certificate for Thailand elimination of MTCT of HIV and syphilis



Clin. Prof. Piyasakol Sakolsatayadorn, Minister of Public Health, Thailand and Dr. Poonam Khetrpal Singh, Regional Director of WHO SEARO (holding the certificate on left and right sides) and representatives for congratulating Thailand's success on elimination MTCT HIV and Syphilis

BIDI in Brief

Bamrasnaradura Infectious Diseases Institute was established on the 2nd November 1960, within the jurisdiction of MoPH to provide health care services to patients with general communicable, severely infectious, emerging and reemerging diseases. At present, the institute provides health services to patients with communicable diseases and other diseases. Research and development for new knowledge and better quality of care are also the missions of BIDI. Its service quality has been recognized at national and international levels as guaranteed by ISO and HA/HPH¹ standards. The success of the

¹HA/HPH = Hospital Accreditation/Health Promoting Hospital

Middle East Respiratory Syndrome (MERS) cases is an example of its service reputation. Since 1985, the institute has played an important role in the provision of services to PLWHAs as well as development of systems and standards for infectious disease prevention and control.



Bamrasnaradura Infectious Diseases Institute

Evolution of Care at BIDI: A Long Journey to Battle HIV/AIDS and Social Discrimination

First Period: Combating HIV, Social Stigma, and Discrimination (1980s or Before ART Development)

Around 30 years ago, in 1984, the first case of AIDS found in Thailand caused the country to panic. A year later, BIDI was appointed from the MoPH to be the institute responsible for



Dr. Somsit Tansupasawadikul (MD)

PLWHAs. Little about HIV/AIDS was known at that time. There was no ART. The mortality rate from HIV/AIDS was very high. No matter how scary the disease was at that time, Dr. Somsit Tansupasawadikul led the volunteer team to broker all changes in the provision of good services

to the patients. An abandoned building was renovated to accommodate a large number of PLWHAs with severe physical conditions and complications. The patients' hospital clothes were red in color while other patients wore white clothing. About five to ten patients died daily. These conditions caused patients and their family members to become depressive and lose hope.



HIV/AIDS building



HIV/AIDS ward

Mrs. N, a grandmother of O who was infected HIV from her mother, shared her fear and what helped her get through it. "In 2000, my daughter left Baby O with me without telling that she was infected with HIV. When O was about 3 to 4 months old, she had diarrhea and yellow skin. I took her to a private clinic because her condition was recurrent. Finally, I decided to take O to BIDI. When I knew that O was infected with HIV, I was shocked and worried that O would die. I was poor and illiterate. O was admitted to the pediatric ward. I saw many patients die every day. I was very scared that O would die like the others. The staff here always encouraged and supported me. Nurses hugged me to support me...that can stop my tears. For a month after, the physician discharged O. The staff educated me how to take care of O at home. At present, O is 16 years old..."

In 1991, in response to the psychological needs of the HIV/AIDS patients, a medical counseling and psychosocial care department was established in BIDI to provide HIV/AIDS counseling, psychological and social welfare services, and a drug addiction clinic. In 1993, the Candle Light for Life Club was also founded at BIDI with the support of the medical counseling and psychosocial care department, with an aim of providing

PLWHAs' self-help groups. PLWHA volunteers met with other PLWHAs to share knowledge and experiences, and provide psychological support for them to fight for their lives. The club was opened on Monday to Friday to regularly provide counseling activities for PLWHAs. This club also collaborated with other NGOs and clubs that work for improving quality of life (QoL) of PLWHAs. M shared his perspective "Psychosocial support and encouragement is more important than medicine." While working as a volunteer in this club, he helped save many new infected HIV patients' lives from suicide. The counseling department also extended their services to prevention of mother-to-child-transmission (PMTCT) counseling in 1996.

In the first period of evolution, not only the HIV/AIDS patients but the hospital staff of HIV ward were also affected by social discrimination. Puttipond Limpanadusadee, a registered nurse who volunteered to work at HIV wards, shared her experience in 1986 in the "Big Give" book, published in 2015; "to me, there is no



Medical counseling and psychosocial care department

discrimination with patients. All patients are the same, with or without HIV...". However, she and her colleagues had faced discrimination; "...I went to the laundry shop. They returned my clothes and said that I should do them by myself...," "Another time, our team went to have lunch at the main canteen...but when we placed our dishes on the table, everyone sitting there got up and left their plates full of food. They wanted to get away from us." These incidents had hurt HIV staff very much. Dr. Tansupasawadikul identified the reason of discrimination against staff that it was because of misunderstanding about HIV transmission. When people became more educated about this disease, the situation had gradually improved.

Working with a great deal of difficulties, BIDI attempted to provide holistic care to all clients, covering physical, psychological, social, and spiritual aspects. In those days not only surviving PLWHAs were discriminated against, but also after death, their bodies still faced the problem with cremation sites as many temples refused them. BIDI had to set up a temporary cremation stove to support them.

Second Period: ART Improved AIDS Condition (2006 or After ART Accessibility)

After the availability and accessibility of ART, the physical conditions of PLWHAs have improved. Dr. Tansupasawadikul stated, “ART is a miracle drug for PLWHAs and has changed the HIV situation. The number of patients with serious complications has decreased”. BIDI staff also conducted and published many studies about ART regimen resulted in becoming the guideline for HIV/AIDS treatment. With the standard of care and ART, the number of HIV/AIDS patients who need to see the physicians had decreased both in outpatient departments (OPD) and in HIV wards. Consequently, the HIV outpatient clinic of BIDI was closed. PLWHAs go to see the physicians at general OPD like other patients.

Although the ART is available in all hospitals in Thailand, the manners and understanding towards HIV/AIDS patients of the health care personnel in some hospitals are still problematic when compared with BIDI. Mrs. P, who has HIV infected from her former husband and lives in the southern part of Thailand, shared her experience that she had not received good care from the hospital nearby her house. She is willing to come to BIDI although she has to travel for 5 to 6 hours. “If I still get treatment at the hospital near my home, I would have died. ...I was afraid and I am illiterate. Staff here (BIDI) told me and my daughter about this disease and how to live with it. They told me not to be afraid of this disease because there is medicine to treat it. I just take medicine on time like other medicines that I need to take for diabetes and hypertension.” It reflected that patients do not need only medicine, but also attention,

understanding and psychosocial support, which are important to the patients and their families.

In this period, the Candle Light for Life Club still played important roles to provide PLWHAs with education about HIV/AIDS, ART and its side effects, and the necessity of drug adherence and psychological support.



Antiviral therapy (ART)



Counseling activity

Third Period: Equitable Care and Continuous Quality Improvement (From 2013 Until Present)

At present, PLWHAs have better physical conditions and quality of life. They can live and work as other non-infected persons do. The number of HIV/AIDS patients coming to see a doctor or to be admitted to the hospital has dramatically reduced. To reduce social discrimination, the HIV ward was closed. The HIV/AIDS patients are admitted to medical wards as other patients are and have been treated the same as other patients. Currently, there is no separation service for only HIV/AIDS patients in all units of BIDI.



Outpatient clinic



TB clinic



Antenatal care unit

All units and staff of BIDI have been trained and prepared to provide holistic and humanized services to all clients without discrimination. The TB clinic is set as a one-stop service that

cover all services, such as examination, laboratory, and counseling facilities. An antenatal care unit also provides services for mothers with and without HIV. HIV infected mothers begin to receive ART at the early stage of pregnancy and participate in the counseling group to gain knowledge and psychological support. Mrs. M2, infected with HIV from her husband, illustrated that “After I was pregnant for three months, I and my husband knew the bad results from the blood test. I was frightened and could not accept it. Fortunately, we had received counseling and my husband could accept it. However, we were very worried that our baby might be infected too. The staff here took good care of us just like their relatives. They hugged me and held our hands. They made us feel comfortable and recognized us as human beings. We felt more confident that our baby would be safe.” Currently, their child is 6 years old and without HIV infection. This family still continues to follow up at BIDI.

BIDI still continues to strive for ending AIDS with some active strategies, such as “Reach and Recruit, Test, Treat, and Retain.” Social campaigns and friendly services are used for increasing patient recruitment. Same day blood results have been enabled. The patients with HIV/AIDS have access to treatment and care by a multidisciplinary team. Follow-up care and drug adherence are also monitored. A teenager clinic has been piloted to provide information for teenagers about sex education and pregnancy counseling. This clinic will also help BIDI staff better understand teenager issues.

According to advances in information and communications technology, M reflected that there is no longer need for regular activities of the club. The face to face communication has changed to other forms such as mobile phone usage and online club (LINE etc.). The specific groups of LINE, such as teenagers or mothers have been set to better fit with the problems and contexts of each age group. However, the contents of communication still focus on physical support, psychological support, and drug regimen.

Lesson Learned: Key Successes and Challenges

Key successes of BIDI: well renowned in HIV/AIDS care are staff, teamwork, and research for evidence based practice and service improvement.

BIDI staff strongly contribute to their works. It is clear that HIV/AIDS patients and their families are impressed and confident in BIDI staff because of the holistic and humanized care they provide for the patients and their families. Dr. Chariya Sangsajja (MD), Director of BIDI, stated that “Holistic and humanized care is a focus of BIDI administrators, since BIDI had admitted the first HIV/AIDS case. It is cultivated in the spirit of all BIDI staff. It turns to be a benefit not only for HIV/AIDS patients but also for other patients. It becomes sustainable for staff to provide good treatment and psychosocial support without discriminating against anyone.” BIDI staff also strive for service improvement and ending the scourge of AIDS.



Humanized care

*Dr. Chariya Sangsajja (MD),
Director of BIDI*

Good multidisciplinary teamwork is also one of the key factors for success. BIDI provides comprehensive care services and HIV prevention and control. Dr. Puchit Meeprasertsukul (MD), Head of Obstetrics and Gynecological Department, identified, “BIDI does not work in one dimension to provide care for HIV/AIDS. All departments



*Dr. Puchit Meeprasertsukul (MD),
Head of Obstetrics and Gynecological Department, BIDI*

of BIDI share contribution to the success of BIDI. Quality of the population is the core of the BIDI mission. We focus on more than just caring for vulnerable groups and those with HIV/AIDS, but we strive for empowering them to be able to return to their society. We did not provide them with medicine only, but we treat their problems that they have... Teamwork that works toward the same goal and organizational culture are the key success factors of our humanized care.”

Research is also important to produce evidence for developing drug regimen, clinical guidelines, standard of cares, and quality of life of HIV/AIDS patients. The findings of these studies also help formulate evidence based policies related to HIV/AIDS in Thailand.

Although health care personnel and people have been educated about HIV/AIDS for many years, stigma and social discrimination still remain challenges. Many HIV/AIDS patients confirmed that they could not tell anyone about their disease because it would affect their lives, study and work. Mrs. N stated, “I would like to request society to sympathize with PLWHAs. I would like to request the government to help them to work, so they can earn money for their living expenses and treatment.”

ART adherence is also a challenge of PLWHAs. The hospital staff, especially nurses and staff of the medical counseling and psychosocial care department, play vital roles to raise awareness of the patients.

Way Forward

BIDI as a prototype of excellence care for AIDS and other communicable diseases, WHO Collaborating Centre for Training and Research on HIV/AIDS Clinical Management and Counseling has planned to transmit its body of knowledge and experience of services to other health care facilities both in Thailand and other countries so that ‘there will be no one left behind’.



Multidisciplinary team of BIDI

Acknowledgement

We would like to extend our deepest gratitude to the staff of BIDI especially Dr. Chariya Sangsajja, MD, Director; Dr. Wisit Prasithhsirikul, MD, Deputy Director for Academic Development; Dr. Krisda Hanbunjerd, MD, Deputy Director for Medical Services; Dr. Weerawat Manosuthi, MD, Deputy Director for Hospital Infection Control; Mrs. Suthiporn Teruya, RN, Deputy Director for Nursing; Dr. Napat Chitwarakorn, MD, Assistant Director for Study Visit and Foreign Affairs; Dr. Somsit Tansupasawadikul, MD, Senior Medicine Specialist; Mrs. Puttipond Limpanadusadee, RN; Mrs. Chanokphan Dilokkomon; and all personnel who provided fruitful information. Special thanks also go to all PLWHAs and their family members who gave us useful information. Finally, we would like to thank Dr. Paul Turner for English editing.

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EMPOWERMENT TO IMPROVE QUALITY OF LIFE OF PEOPLE WITH DISABILITIES

Orarat Wangpradit
Pornruedee Nitirat

EMPOWERMENT TO IMPROVE QUALITY OF LIFE OF PEOPLE WITH DISABILITIES

Orarat Wangpradit
Pornruedee Nitirat

Ideally, all people should be equal. However, destiny leaves some behind. Mr. Meanchai Kaewna and Mr. Chatchai Thongsri are examples of those who were born with inequality. Born with no arms, Mr. Kaewna is a middle child of a poor peasant family in Tak, a province in the northern part of Thailand. Among his three siblings, he is the only one with a disability. It's not all bad for him; he was born into a warm, embracing family. His mom nurtured him as best as she could to make him grow up like other children and be independent. His family gave maximum support to him within their limited means. Mr. Kaewna was taught to replace his arms with his legs. He can skillfully use his toes as we use our fingers. His childhood life went on like other children. He could even play football with his friends in the village. Sometimes, he was teased by his friends; but, it did not seem to hurt him because he perceived that he was not different from others. The teasing melted away with the passage of time. A big difficulty came to him and his family when it was time for school. There was no school close to home opening the doors for a student with a disability like him. With a strong effort by his parents, Mr. Kaewna started kindergarten at the age of nine in a private school, 9 kilometers away from his house. His primary school was around two times as far. Fortunately, after first grade he got into a school near his house with the support of the provincial governor. After finishing junior high-school he realized that he did not want to be a burden to his family, so he decided to study Electronics Technology in a vocational school for one year and became an electronic device repairman.

The first eight months of working in this job went quite well. Yet, he still kept searching for a chance to broaden

his knowledge and Mahatai School (The Redemptorist Vocational School for People with Disabilities) was his destination. Luckily, in that same year, Mahatai School was proactively recruiting students in remote areas. Mr. Kaewna was one of the applicants who got into the program. While he was in the Electronics Science program, he also pursued a high school education served by the school under a non-formal education system. He could complete both in two years. After his school completion, Mahatai School offered him a teacher assistant job. Currently he is a fulltime teacher and working towards his bachelor degree at Burapha University. Mr. Kaewna realizes that his life is secure due to the contribution of his family and Mahatai School.

“Thankfully, my parents didn’t treat me differently from my sister or brother, otherwise I might not be able to get dressed by myself. My mom raised me to be self-dependent because she couldn’t stay with me forever. She also reminded me that we were poor and an education was the only property she could give us. Mahatai School gave me a new life. I got many good things from here—knowledge, a career, friends, and my wife. I even became famous from being on TV as an inspiration for those who were facing difficulties”, said Mr. Kaewna.



Mr. Meanchai Kaewna and his students in electronics class at Mahatai School

Mr. Chatchai Thongsri was born with a body weight of only 1,600 grams (3.52 pounds). Because of this, he got sick very often. Regrettably, when he was one year old, a misfortune came to his life—a sudden body spasm, following by muscular weakness, and loss of movement. His future instantly seemed to go dark. Because of his physical impairment, he became whiny and self-centered. However, his parents never surrendered to fate. They used a stroller to take their disabled son everywhere with other children and then changed to a wheelchair as he grew up. Mr. Thongsri started his school at Srisangwan School, a boarding school for children with disabilities. It was hard for a six-year-old boy to leave his family. He felt scared, lonely, and insecure. However, the school was well set up to serve children like him, so thankfully he could learn to survive with his disability and adapt to the new world. After finishing a junior high school, he wanted to continue his high school education in a typical school but only few schools could accommodate him. Finally, with insecure feeling to choose those schools, he decided to attend Mahatai School.

“I’m studying Information System Development. I think it is the right choice for me. Studying here, I have to do everything by myself and have learned to be independent. The first time I had to do my laundry it took me two hours to finish! I still have muscle spasms throughout the day which makes me hard to control my body. I’m trying to walk with crutches. It is very tiring, but I must do it”, said Mr. Thongsri.



Mr.Thongsri is the pride of Mahatai School. He is the school’s representative at national IT contests and always brings positive attention to school.

Mr. Chatchai Thongsri, a student of Mahatai School

"I love playing computer games and I want to create them on my own. My dream is to own a computer game company one day. To me, Mahatai School is a big book. It gives me knowledge to earn life, life skills to survive with my physical disability, and wonderful friends I'd never met before", said Mr. Thongsri.

Although Mr. Meanchai Kaewna and Mr. Chatchai Thongsri are disabled, they were not left behind because of family and official care from Thai society. Both governmental and private sectors in Thailand have collaborated to improve the quality of life of people with disabilities for decades. The rights of people with disabilities are clearly stated in the Promotion and Development of Quality of Life for People with Disabilities Act, B.E.2550 (2007).

According to the act, the Thai government provides a monthly payment of THB 800 for each registered Thai person with a disability. Moreover, registered people with disabilities can access free medical rehabilitation services. Public and private organizations are required by a law to employ one person with a disability per 100 employees. There are also tax benefits for employers who hire people with disabilities to work in their company.

Education is another concern. Legally, all people with disabilities are entitled to free education up to a Bachelor degree. However, only few schools in Thailand cater to disabled children. Most disabled children need to attend a special school for students with disabilities. Mahatai School is one of the most renowned schools and always comes to mind for people with disabilities and their families who are looking for the best options.

Mahatai School in Pattaya was founded by Father Raymond A. Brennan C.Ss.R., an American Redemptorist priest, in 1984. Not only the Mahatai School, but Father Ray also founded the Center for Children with Special Needs, Mahatai Job Placement Center, the Redemptorist Foundation for People with Disabilities, and the Redemptorist School for the Blind under royal patronage of Her Royal Highness Princess Maha Chakri Sirindhorn.

It was during his trips to perform Redemptorist missions in Thailand that Father Ray met people with disabilities begging for money from generous people in order to afford their meals.

“People do not understand the people with disabilities. Giving them some money does not help. There are hundred thousands of people with disabilities who were not educated, thus having no job to live their lives”, said Father Ray.



Father Raymond A. Brennan C.Ss.R., the founder of Redemptorist Vocational School for People with Disabilities (Mahatai School)

This thought enlightened Father Ray to found Mahatai School, a vocational school for people with disabilities, at no charge. Originally, this school provided only a short training course for computers and could serve 3 groups of 10 students each year due to limited budget.

However, a few years later, Mahatai School offered more varieties of computer training courses and electronics. It was also accredited from the Ministry of Education as a charity school of vocational education in 1988. All graduates were employed and some became teachers and trainers at this school.

Currently, there are more than two hundred students and six courses offered; computer and business administration, computer programmer, information technology development, electronics, informal education, mold and die technology, and quality of life development for person with disabilities. After graduation, jobs for the graduates are provided by the Redemptorist Job Placement for People with Disabilities.



Computer class at Mahatai School



Business administration class at Mahatai School

To enter the Mahatai School, students must apply and undergo a fundamental examination. The applicants are subsequently interviewed to know their attitudes and aptitudes. The tentative students are also asked for their interests that fit to their abilities. Although the school is open for all people with disabilities, indigent applicants who are capable to learn and develop are prioritized to ensure that a disability does not impede a student's ability to learn. For those with severe conditions, the foundation will offer other proper support.

In addition to education, rehabilitation of disabled students is also important. Physical examination and rehabilitation for students at the Mahatai School have been regularly provided by the medical team from nearby hospitals such as Banglamung Hospital and Pattaya City Hospital. Recreation and sports are also encouraged for people with disabilities. Students at the Mahatai School are required to exercise in their leisure time as well as help themselves as much as possible in order to promote rehabilitation and prepare them for independent living with better quality of life.



Music session for special needs students at Mahatai School



Sport session for students with disabilities at Mahatai School

The Redemptorist Foundation for People with Disabilities has also been established to promote quality of life for people with disabilities by enabling them to earn income from knowledge and skills they learn from the school. Disability law compliance has also been monitored by the foundation in an effort to protect the rights of persons with disabilities.

“In Thailand many disabled people do not know about their rights so we need to inform and help protect their rights” said Mr. Samrit Chapirom, Manager of the Redemptorist Foundation for People with Disabilities.

“The measure of our success is the ability to resolve the problems and address the needs of all persons living with a disability within the community. To achieve this goal, we work with steadfast commitment and require cooperation from the public and private sectors to be sustainable.” said Mr. Suporntrum Mongkolsawadi, Secretary General of the Redemptorist Foundation for People with Disabilities.

“We have collaborated with both governmental and non-governmental agencies as well as volunteers to promote quality of life for people with disabilities”, said Father Michael Picharn Jaiseri, C.Ss.R., President of the Redemptorist Foundation for People with Disabilities.



Mr. Samrit Chapirom, Manager of the Redemptorist Foundation for People with Disabilities



Mr. Suporntrum Mongkolsawadi, Secretary General of the Redemptorist Foundation for People with Disabilities.



*Father Michael Picharn Jaiseri,
C.Ss.R., President of the
Redemptorist Foundation for People
with Disabilities*

For instance, regarding rights and welfare, a disability allowance is given by the Department of Empowerment of Persons with Disabilities, Ministry of Social Development and Human Security. Local governments such as Pattaya City and Chonburi Municipalities, as well as many NGOs, support the general budget of the foundation.

In terms of health promotion and curative services, people with disabilities have

privilege to any health facility at their convenience under the Universal Health Coverage (UHC) Scheme. The benefit packages on rehabilitation and aid-instruments for people with disabilities are provided by the National Health Security Office as well. Aid-instruments are supported by the Motor Vehicle Accident Compensation Fund as well as international organizations like the National Ability Center, the Mobility Center, and the Wheelchair Foundation.

The key success factors of the Redemptorist Vocational School and Foundation are setting the needs of people with disabilities as the first priority and the desire to fulfill those needs, as well as to solve their problems, with faith and intention. Additionally, a vigorous cooperation among all stakeholders, both governmental and private agencies, is important to keep this place sustainable and successful.

A friendly physical and mental environment is another powerful factor for this success. Many people with disabilities need encouragement to live with others. The Redemptorist Foundation for People with Disabilities is an intermediary in preparing them for general society. School alumni and volunteers also promote empowerment and sustainable activities for the disabled students and other people with disabilities.

Many general requirements of people with disabilities are fulfilled; however, certain disabilities may require additional indispensable needs. For example, an immobilized person may

Friendly environment and activities among volunteers, and students of Mahatai School



require more advanced equipment, electric aid-instruments, or special rehabilitation which is not covered by UHC. Hence, in-depth research and development for the quality of life of people with disabilities at different stages, as well as essential resources and financial support from the government, are still in need.

Adequate access to information, technology, and aid-instruments is another crucial factor to provide people with disabilities the tools they need for independent living. Expansion of these resources and increased access for people with disabilities to education and career development are undoubtedly required for future development.

Since education is an important asset for people with disabilities to survive and secure their future, Thailand needs to keep moving forward improving the education for people with disabilities. This is one of the government missions to ensure that Thailand will leave no one behind.

Acknowledgement

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MOVING BEYOND HEALTH SERVICES FOR VULNERABLE PEOPLE AT SIRIRAJ HOSPITAL

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MOVING BEYOND HEALTH SERVICES FOR VULNERABLE PEOPLE AT SIRIRAJ HOSPITAL

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Overview

Social exclusion consists of multiple paradigms resulting from initial inequalities, where certain groups of the population are directly/indirectly denied the access to vital resources/services that profoundly affect their well-being. Besides people with disability, incurable and end-of-life patients are other vulnerable groups often excluded from care. They often seek support based on their beliefs, cultures, and available resources. Holistic and humanistic care with compassion, meeting the physical, emotional, psychological, and spiritual needs of each patient and their families is therefore a great challenge to achieve. Sustainable Development Goals (SDGs) and “No One is left Behind”.

At the Faculty of Medicine, Siriraj Hospital, attempt has been made to resolve this particular context of social exclusion since it was established following the intention of the King Rama V in 1888 until ‘no one is left behind’. A number of implemented policies within this faculty demonstrate an upheaval in terms of physical accessibilities and healthcare services that enhance social inclusion.

The first policy is known as the “disability-friendly university” policy, where campus buildings are required to meet the regulated standards of universal accessibility. The second policy achieves the universal health coverage with financial protection including comprehensive levels of health care delivery from highly specialized tertiary care to primary care. The third policy rectifies that patients with disability will be attended with assistive services that functions according to specifically designed-protocol. Various sectors of Siriraj Hospital have provided services in response to these policies. This article outlines some of the aspects in Siriraj Hospital that demonstrate care for people with physical disability through **holistic intensive rehabilitation**, assisting patients to have more capability than expected by **moving beyond the limit**. For incurable diseases or end of life, patients will be cared to live **with quality, die with dignity**. Finally, for people with visual and audible impairment, learning outside their special

classrooms was nearly impossible in the past due to lack of adequate facilities. However, Siriraj Museum has placed emphasis to create approachable learning facilities like **bright for the blind & sign for the deaf**. The details are as follows:

1. Holistic intensive rehabilitation

Disabilities and sicknesses may happen to everybody and inhibit people from reaching their full potential. Responding to patient's needs in addition to medical care, the Department of Rehabilitation Medicine by Assist. Prof. Witsanu Kumthornthip (M.D.), Dean of the department and his team provide holistic intensive programs aiming for individuals to reach and maintain their optimal function as well as provide assistance they need to be independent in their communities. The program is interdisciplinary base integrating various activities to improve patients' potential at various stages of life.



Activities to improve the patients' function

For children, the department provides multidisciplinary assessment and management for various health problems such as developmental delay, cerebral palsy, motor neuron disease, orthopedic problems, preterm and congenital anomalies. Several special units offer services for children with complicated problems. The Oromotor unit provides services for children experiencing feeding difficulties and nutrition problems. The toy library lends toys for children with special needs. Hydrotherapy consists of two types of equipment: swimming pool and Hubbard tank treating patients with certain medical conditions. The high risk baby clinic implemented various services for preterm baby to prevent additional complica-

tions. Health care services provided holistic approaches to the patients and encourage participation of families and other caregivers to improve child's health and well-being.



Activities to improve the patients' function



Holistic intensive rehabilitation enables patients to reach their optimum potential

For adults, customized activities are offered on a daily basis. Recreational therapy including music, cooking and art are provided to improve motor, cognitive, and social skill development. Training in communication skill and occupational competence are also available. Several cares such as personal, household, health and emotional care are prepared for the transition from hospital to home helping individuals to improve function and live independently. Home visits by health care professionals are provided to assist patients in various aspects of care. Vocational training courses are also offered on a monthly basis for people living with disability to improve technical skills and knowledge that are required upon their profession of choice. These training courses are provided free of charge.

In response to implementation of SDG 3.8 and 3c for ensuring eye health, the Department of Ophthalmology promotes sustained and inclusive psycho-socioeconomic development and environmental protection to the benefit of visually impaired people without distinction of any kind. In addition to health services, the low vision education and training programs enable visually impaired people to gain more effective communication, social competence, employability, and independence in a regular setting or least restrictive environment. That way disabled people are able to develop necessary skills to attain reading, writing, acquiring information using

appropriate devices, orientation and mobility instruction, social and interaction, career education. Additionally, the department is a training centre on context-based and evidence-based rehabilitation program to enhance capacity of eye health personnel to serve people across the country.

The vision rehabilitation clinic provides holistic rehabilitation programs to meet the needs of visually impaired people. The rehabilitation counseling service is provided to assist individuals to cope with their conditions, gain understanding about their obstacles and provide support to help them reaching their potential. The adaptive independent living skills are taught by visual rehabilitation therapists to help individuals to accomplish a range of daily activities and live with greater independence.

In addition, the 80-hour orientation and mobility training program created by the National Health Security Office are provided for visually impaired individuals to improve their ability to independently travel through their least restrictive environment without the assistance from others. Beside training program, visual aids such as magnifiers with different magnification depending on each individual are available. The assistive technologies are offered for visually impaired individuals to accomplish daily living tasks, enhance independence and quality of life.

The vision rehabilitation clinic also links patients to education and occupational training network in order to allow them receiving education and occupation they are interested in. As the visual rehabilitation clinic cooperates with various organizations to address occupational issues, the opportunity of entering to labor market and socio-economic inclusion for visually impaired people increases.

For children, the absence or impairment of visual development dramatically limits their understanding of the world. The clinic provides early intervention services to children aged less than five years with visual impairment in order to stimulate their further development.

The clinic also strives to improve quality of life and increase social inclusion for visually impaired people by developing innovation technology and conducting research for program improvement.

2. Moving beyond the limit

Sirindhorn School of Prosthetics and Orthotics (SSPO) under HRH Princess Sirindhorn's gracious support developed national and hybrid international courses in Bachelor of Prosthetics and Orthotics (B.PO.) in South East Asia to serve disabled people in various countries. The school combines an integrative curriculum of patient-centered and technological-based approaches, creating an unorthodox model of transformative learning and social contribution. The school is well financed by the Mahidol University and the Nippon Foundation which provide funding to support international students.

As a service sector, the SSPO provides access to assistance and support to enhance participation in life activities for people with amputations or disabling neuromuscular and musculoskeletal conditions; the aim is to enhance their self-respect and self-sufficiency. Under the Universal



Sirindhorn School of Prosthetics and Orthotics (SSPO)

Coverage Scheme, patients receive services, such as the rehabilitation, prosthetic and orthotic devices. "One patient used to be a tour guide, when losing his leg he lost his job. Receiving a prosthesis, his quality of life has improved socially and economically. Without this kind of support patients have to deal with a lot of problems", said Assoc. Prof. Nisarath Oparattikul, M.D. the SSPO director. In addition, under a project of Sirindhorn National Medical Rehabilitation Institute, the SSPO also allocate high cost devices to some patients who meet criteria.



Walking practice to move beyond the limit

As technology has progressed, orthotic and prosthetic devices have been improved. Responding to the needs of people with disabilities, the SSPO expanded the service in the

second floor of the building to provide better access to high quality of care for people who are willing to pay for advanced technology, which are devices that are lighter, more responsive, and more comfortable. In addition, being a member of the Alliance of Prosthetic Orthotic Schools (APOS), ASEAN University Network (AUN), and Health Promotion Network (HPN), the SSPO launches the 'Beyond Limits' project to foster inclusion of mental and physical well-being for people with disability. This project aims to promote physical activities for people with disability of this region and conduct research to provide scientific information on disability issues relating to physical movement. As a consequence disabilities don't have to be a restraint for physical activities and sports anymore.

As a result of outstanding educational quality, SSPO is one of 16 prosthetic orthotic schools globally receiving Category 1 recognition from the International Society for Prosthetics and Orthotics (ISPO). The school has produced qualified Prosthetists and Orthotists on Bachelor degree level coming from 18 counties worldwide. The program is operated in both distance learning



Plaster modification

and traditional campus college. The school combines an integrative curriculum of patient-cantered and technological-based approaches to enhance professional skills and stimulate additional growth and development for students from various countries.

The SSPO not only develops professional skills for students but also creates new attitude towards people with disabilities. Mr. Dayan Anushka Karunadewa, a Sri Lankan student, said “Studying here is a golden opportunity for me. I gain modern skills and knowledge from here to apply them in my country to increase quality of life for the patients”. Miss Wareerat Petchmunee, a Thai student, added “Studying at the SSPO, I have developed my view towards disabled people. The social’s perception of people with disabilities needs to be changed. We need to recognize various skills of disabled people. They have the same right to achieve their ambition. We just need to assist them to use their potential to reach their goal”.

3. Live with quality, Die with dignity

Not all diseases can be cured; many patients have to deal with incurable diseases for the rest of their life. What can doctors do to relieve the suffering of these patients? As the biggest university hospital in Thailand, most patients expect for the best treatment from Siriraj hospital. To maintain hope while telling the truth is therefore a critical task. Most doctors are emotionally attached to their clients; that makes it hard to deliver bad news. Prof. Sumalee Nimmannit, M.D. therefore set up a palliative care team to train doctors and nurses to be able to deal with the critical period of one’s life. Their counselling style later becomes advocacy and then supportive rather than informative counselling as it used to be. “The core of palliative care is tuning bio-psycho-social-spiritual aspects between health care providers and their patients. The health care providers must relieve the suffering of the patients and their family by making them understand and accept the truth as it is”, said Prof. Gavivann Veerakul, M.D.

A multi-disciplinary team comprise doctors, nurses, social workers, caregivers, and volunteers devoted to provide high quality care, necessary services and support to meet the individual needs. Western Medicine has been integrated with Wisdom of the East, such as the Buddhist path towards freedom from suffering, the Thai Traditional Medicine, complementary art and music therapy.



The Buddhist path towards freedom from suffering



Western Medicine has been integrated with Wisdom of the East



Art and music therapy for paediatric patients

The palliative care team must know how to give appropriate treatment for the individual patient. For paediatric patients, most families prefer the patient to be near to their doctor. For elderly patients, most of them prefer to be at home near their beloved ones. Therefore, the team has to coordinate with relevant departments, wards or communities. Effective referring system is also crucial for continuity of care. Effort has been made to lift the burden from the family's shoulders. Some medical equipment such as oxygen tank, suction, or special bed is provided. That way, patients can be treated at home towards their end of life, while maintaining their dignity and autonomy.

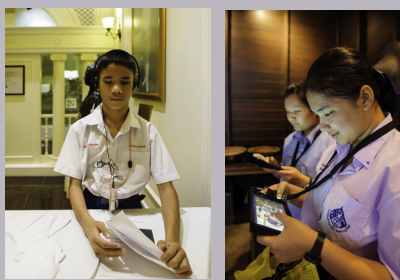
4. Bright for the blind & sign for the deaf

Creating a museum that can attract attention of normal people is already a challenge, to do so for people with visual and hearing disability is even more challenging. Siriraj Museum provides knowledge in medicine and healthcare as well as history of Bangkok Noi area. In order to celebrate Her Majesty the Queen's 80th birthday in August 2012, Professor Emeritus Yongyudh Vajaradul, M.D. initiated the idea to help people with visual disability to enjoy the new way of learning than just touching the figures.



Siriraj Bimuksthan Museum

Undersupervision of Assoc. Prof. Tumtip Sangruchi, M.D., Miss Kesaree Yodkansri and the team of the museum cooperated with specialists from the Department of Ophthalmology, Ratchasuda College, and Schools for the Blinds and Deaf. In order to gain the 'applicable'



Students enjoy learning activities provided by the museum

script, it took the writer team more than 6 months to revise the script using knowledge learned through several interviews

and classes in the school for the blinds to understand and distinguish the impact of different sounds on the perception of the blinds. Apart from the script, several research and testing procedures were used to create informative, interesting, and safe environment within the museum, such as the lift, the table, and the walkway.

Following the success of exhibition for the blind, another group of experts created an exhibition for people suffering from deafness. The script was designed in cooperation with specialists from Dhurakij Pundit University that has its own television program and sign presenters that are well known for the deaf. A tablet with video clips demonstrating sign language relevant to the content at each station creates fun and enthusiasm in learning among deaf children.



Museum for all, including the blind and the deaf

This museum is the first of its kind in Asia having proper design for people with disability. At present, there are 24 stations exhibited for blinds and 17 stations for those with hearing loss. The audience can enjoy the valuable history of the area at the mouth of Bangkok Noi canal – Wang Lang since the Thonburi period to the present, and the lifestyle of Bangkok Noi community using modern presentation techniques. The feedback is great. The content of each station has been changed every year. The contents from previous years have been delivered to exhibit in schools to increase access for those in remote areas who cannot come to Siriraj.

The key to success

These preceded responses are the products of year-long culmination in routine and research practices. While most of them have been progressing with a high turn-over rate of satisfaction, the goal here at Siriraj Hospital is to bridge the gap of social inequalities by making such innovations publically available and affordable for all members of the society. All these successes would not be achieved without full support and cooperation from all administration levels of Siriraj Hospital.

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*“I don’t want you to be only a doctor,
but I also want you to be a man.”*

HRH PRINCE MAHIDOL OF SONGKLA



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