5-Year National NCDs Prevention and Control Plan (2017-2021)

Title:	5-Year National NCDs Prevention and Control Strategic and Action Plan (2017-
	2021)
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Preface

Currently, non-communicable diseases or NCDs are the No.1 health issue around the world, including Thailand, both in terms of number casualties and burden of disease. The burden of disease of Thailand derives from major NCDs i.e. cardiovascular disease, diabetes, cancer, and chronic obstructive pulmonary disease (COPD). Risk-prone demographics have increased rapidly and continuously. In addition, social changes such as urban expansion, marketing strategies, and technological and communications advances have impact toward the way of life and cause more people to suffer from NCDs. In this regard, the current standards, criteria, and surveillance approaches are neither sufficient to handle such issues nor decrease the effect from NCDs in a comprehensive and efficient manner.

The Ministry of Public Health develops key policies to ensure review and preparation of 5-Year National NCDs Prevention and Control Strategic and Action Plan (2017-2021) in alignment with the 20-year national strategy of Thailand in the area of human potential development while ensuring the balance and development of the public management system and the 20-year national strategy (with regards to public health) through collaboration with various alliance networks to determine the direction to decrease NCDs with the vision of "Healthy Citizens, Free from the burden of disease of NCDs."

Ministry of Public Health

Part 1:

Situation and Background

NCDs situation

In the past decade, NCDs have been the cause of death of over 75 percent of all Thai mortalities or around 320,000 persons per year. Half of such number or around 55 percent was the death of people at the age of less than 70 years, which is considered by the World Health Organization (WHO) as premature death. Upon consideration of severity of the 4 major NCDs, which are the cause of premature death i.e. cerebrovascular disease, lschemic heart disease, diabetes, and chronic obstructive pulmonary disease (COPD) between 2012 and 2015 with reference on the death register of the Bureau of Registration Administration, Ministry of Interior which contained the cause of death given based on the medical standard, it was found that the deaths of people between 30 and 69 years of age caused by these 4 diseases are trending up. The highest increase was from the premature death from cerebrovascular disease i.e. from 33.4 to 40.9 per 100,000 population. Second in rank was Ischemic heart disease which rose from 22.4 to 27.8 per 100,000 population, followed by the premature death from diabetes which rose from 13.2 to 17.8 per 100,000 population. Lastly, the premature death from COPD increased from 3.8 to 4.5 per 100,000 population. Based on consideration of variance between deaths of each gender, it was found that deaths from cerebrovascular disease, lschemic heart disease, and COPD in male were 2-3 times higher than female counterparts. However, deaths in female at the age between 30 and 69 years of age were higher than male counterparts as seen in the table 1.

4 Major NCDs		2012			2015		
		Male	Female	Total	Male	Female	
1. Cerebrovascular disease (I60-I69)	33.4	46.3	21.3	40.9	56.8	25.9	
2. Diabetes (E10-E15)	13.2	11.8	14.5	17.8	17.0	18.5	
3. Ischemic heart disease (I20-I25)	22.4	32.5	12.9	27.8	40.5	15.8	
4. Chronic obstructive pulmonary disease	3.8	6.0	1.7	4.5	7.4	1.7	

Table 1: Deaths at the age between 30 and 69 years of age during 2012 and 2015 caused by 4major NCDs

Source: Bureau of Non-Communicable Diseases processed the data from death register retrieved from the Bureau of Policy and Strategy, Office of the Permanent Secretary: Ministry of Public Health

NCDs resulted in the burden of disease due to the loss of DALYs of Thai population. Based on the 2013 data, it was found that the major cause of loss in male was alcohol addiction, followed by road accidents and cerebrovascular disease at 8.8%, 8.0%, and 6.9%, respectively. Female deaths were caused by cerebrovascular disease, followed by diabetes and depression at 8.2%, 7.9%, and 5.4%, respectively. The report on the 5th survey of the health of Thai population through physical check-up in 2014 indicated the increase of NCDs. One-third of Thai population through physical check-up in 2014 indicated the increase of NCDs. One-third of Thai popule at the 15 years of age and above suffered from NCDs. Prevalence of diabetes rose from 6.9 percent in 2009 to 8.9 percent or 4.8 million people in the past 5 years, or an increase of around 300,000 people per year. Prevalence of hypertension increased from 21.4 percent in 2009 to 24.7 percent or 13 million people in the past 5 years, or an increase of approximately 600,000 persons. Moreover, prevalence of overweight condition (BMI≥25kg/m²) increased from 34.7 percent in 2009 to 37.5 percent, respectively. In addition, social changes such as urban expansion, marketing strategies, and technological and communications advances all impacted the way of life and caused more people to suffer from NCDs.

The latest Behavioral Risk Factor Surveillance System (BRFSS) in 2015 indicated that prevalence of overweight condition was 30.5 percent, obesity was 7.5 percent, current smoking rate was 21.3 percent, alcohol consumption rate was 36.2 percent, heavy drinking in the last 30 days was 7.3 percent, alcohol binge drinking in the last 30 days was 13.6 percent, and consumption of fruit and vegetable of more than 5 standard units in the past 7 days was 24.3 percent as per table 2.

Overall prevalence (%)	2005	2007	2010	2015
Targeted group	15-74 years	15-74 years	15-74 years	15-79 years
Subjects (persons)	130,301	65,542	130,849	22,502
1. Overweight (BMI>25.0 kg/m ²)	16.1	19.1	21.3	30.5
2. Obesity (BMI>30.0 kg/m ²)	3.0	3.7	4.4	7.5
3. Current smoking	22.3	21.5	18.7	21.3

Table 2: Prevalence and NCDS behavioral risk factors for 2005, 2007, 2010, and 2015

4. Current alcohol consumption	37.4	36.1	29.5	36.2
5. Heavy alcohol drinking in the past 30	3.6	3.6	4.3	7.3
days				
6. Alcohol binge drinking in the past 30	14.0	13.7	9.2	13.6
days				
7. Consumption of fruit and vegetable of	17.4	22.5	21.7	24.3
more than 5 standard units in the past 7				
days			\sim	
8. Global Physical Activity Questionnaire	91.5	92.5	82.2	36.1
(GPAQ)		//X	\mathcal{L}	(CDC)*

Source: Behavioral Risk Factor Surveillance System (BRFSS)

*Remarks: 1. In 2015, Bangkok was excluded.

2. In 2005, 2007, 2010 and 2015, data weight and height was given by particular person // In 2015, both weight and height were actually measured.

3. GPAQ: Global Physical Activity Questionnaire, CDC, BRFSS Physical Activity Question 2008

Summary of current situation and issues which should be further developed in the next phase

The summary of NCDs evaluation during 2010 and 2014¹ consists of the following summary and recommendations.

Mechanisms, roles of related agencies, action plans, and implementation measures

- On national overview, there was a lack of clear and ongoing mechanism to monitor and determine direction for implementation of national policies. The existing mechanism focused more on health services than risk factors and increase of people's awareness.
- Activities and implementation of the Ministry of Public Health was project-based, resulting in the lack of continuity. These projects were specific campaigns which run for a periodical basis while the strategic thinking and strategies were neither clear nor specific as they were expected.
- 3. Implementation lacked evaluation of result and impact, leading to the lack of lessons learned and clear direction for further development.
- 4. Operations were carried out in a project-based nature where each topic was assigned under responsibility of each agency. Integration of goals and measures were achieved

only in some parts. Albeit integration of the age groups in the Ministry of Public Health, internal activities were assigned separately and the operations approaches were not clearly integrated, both between intra or inter-agencies. Most of these agencies encountered limitations in terms of budget management, management, determination of goals and cascading thereof, and communication from the central management unit were mostly made in a form of minor activity rather than the main measure implemented collaboratively with related agencies such as schools, local agencies and businesses. Furthermore, there is neither clear action plan nor agreement on coordination with organizations such as Thai Health Promotion Foundation (ThaiHealth), National Health Security Office (NHSO), and professional networks.

- 5. There lacked a clear system for determination of strategies and measures which are effective for each target and align with the Thai context, including sound support system to allow flexibility for adjustment in line with the main goals.
- 6. It was found that the lessons learned of ThaiHealth, which worked with the alliance agencies, as well as those of NHSO supported management agencies and health service units to enhance the potential of the service system and expand the coverage of specific health services in various areas. However, these lessons were not synchronized with the operations of the operations under responsibility of the Ministry of Public Health, resulting in limited coverage in different areas and hindering optimal efficiency.

Report on evaluation of NCDS action plan for Thailand for the fiscal year 2010-2014.

Recommendations for development of NCDS control operations

Based on the situation, risk, and service systems discovered during the evaluation, the Researching party would like to propose the following recommendations.

- The focus group for implementation in the current and following periods are youth and working ages, whose risks increased in all aspects, including smoking, alcohol consumption, fruit and vegetable intake, insufficient exercise, and inactive lifestyle as well as the rising trend of deaths of people between 30 and 39 years of age.
- 2. The male group which is of working age and those with less access to the health service and less use such service for medical screening should be considered a risk-prone group. Therefore, improvement should be made to the service approaches and communication should be enhanced for this group.
- A risk which should be focused to ensure proper movement is obesity, which should be monitored; and at the same time, awareness should be raised and surveillance should be made in a more systematic manner.
- Regarding measure and implementation, communication should be focused more while awareness and recognition should be continually raised on risk conditions of NCDSs, especially in respect of food.
- 5. More intensive measures to ensure coordination on a policy level to prevent and control diseases in other sectors, namely educational institutions, businesses, advertisement and food production. A specific agency should be assigned to ensure clear and continuous implementation as well as to launch a variety of activities and measures to achieve the goals.
- 6. It is critical to continue deploying measures to promote basic self-care for disease prevention among different demographics while more effective measures should be further developed.
- 7. Measures relating to medical treatment services should target each group of patients and they should be designed to provide inclusive treatment to each group, with a focus on social behavior hand in hand with the medical treatment to enhance efficiency and effectiveness of management (with a review of treatment result and the improved service of the new format of NCDs clinic).

Recommendations for implementation mechanisms and system management

- 1. NCDS management data system Currently, there are interests and investments in electronics database. However, confusion still looms over the current result and there are issues about correctness and completeness of the information, discrepancy of data from different sources. Moreover, the data for reference in forecasting, planning, and service evaluation was rather limited as the database management was for reporting to top management rather than case management. As such, the Researching party would like to provide the following proposals in respect of data system.
 - 1.1.Options should be developed for database management i.e. sentinel surveillance data system management, which can manage correctness and completeness of the data in certain areas for evaluation of different situations in various contexts.
 - 1.2. Surveillance may be arranged for certain demographics which indicate significant changes such as groups of people at 40-59 years of age, working age, and youth as their changes relating to illness and risk are faster than those of other groups.
 - 1.3. The data analytic system and data use of involved parties should be developed to enhance the potential of data use for optimal results on an area level. In addition, data should be utilized to determine proper implementation targets as well as the right area of development, both on central and regional levels.
 - 1.4.An agency should be established and developed to coordinate for data management from various databases for the purpose of surveillance and monitoring of disease evaluation as well as overall NCDs risks on a national level and regional level with enhanced clarity and quality.
- 2. Management and implementation relating to medical screening and service provision Based on the evaluation, it was found that the most medical service stations were experiencing higher workloads regarding continuous treatment and the medical screening services and various medical treatments based on different diseases were provided. This could probably result from the increase of NCDs prevalence by 50 percent while population has more access to the health service. Although the death rate was higher but less than the increase of prevalence rate. As a result, there are more accumulated patients, but at a

slower rate than that of prevalence. Also, it was found that the service quality for the past 5 years did not improve if no new management format was introduced. Thus, the following recommendations for development of the NCDs health service system are proposed.

- 2.1. In the area where risk and medical screening has been provided on an ongoing basis for a long period of time, the existing health screening procedures should be improved by officials so as to enhance the potential of self-screening by citizens. Furthermore, importance should be placed to groups of people lacking access to the medical services such as migrants and working age by modifying the screening approaches to be more fit to them.
- 2.2. Coordination and connection of data and check-up results should be made with related agencies of businesses in areas where there are migrated labors working at factories, businesses or outside residence zone.
- 2.3. The NCDs clinical services should emphasize on services provided at primary service networks by means of enhancing potential of the network and increasing collaborative efforts with them.
- 2.4.A review and analysis of targeted service recipients should be made so as to identify which groups need an improved service and which approaches would be more effective. General or one-approach-fits-all mechanism should not be adopted.
- 2.5. Personnel or agencies should be assigned to provide consultancy regarding the change of behavior, socio-psychological behavior to complement medical treatment at clinics in a clear and complete manner.

3. Prevention and reduction of NCDs risk, which are primary prevention

The study revealed that works in this area which were carried out by agencies under the Ministry of Public Health were neither intensive nor continuous due to policy and budget limitation. In this regard, the works of ThaiHealth are carried out by capturing specific patterns of certain groups in certain areas. However, no systematic coordination was made with agencies of the Ministry of Public Health. Hence, we would like to propose the following recommendations.

3.1.Regarding the risk reduction policies and measures, the Ministry of Public Health should coordinate with primary agencies, namely ThaiHealth, local administrative

organizations, business-related agencies, and educational institutions, to develop a continuous, long-term risk reduction plan.

- 3.2.An agency of the Ministry of Public Health for central and provincial zones, namely the Health Promotion Department and the Consumer Protection Section should be assigned to act as coordinators for NCDs prevention and risk reduction.
- 3.3.Management should be ensured to reduce NCDs in certain settings in a more systematic manner i.e. to coordinate for management of NCDs and risk reduction in businesses, workplaces, and different levels of educational institutes. The Ministry of Public Health should adjust its role in terms of policy and laws to enhance efficiency.
- 3.4.Regarding communication and creating common understanding of the public relating to NCDs, rebranding should be conducted and social marketing should be deployed to develop the current communications.
- 3.5.Services should be improved; in other word, measures should be developed to provide knowledge, understanding, and consultancy to enhance effectiveness of risk reduction, both to general population and risk-prone groups.
- 3.6. Coordination should be made for budgetary resources related to social security and public official welfare, which should invest more in promotion, prevention, and control of NCDs.
- 4. Overall management and budget management

The following recommendations are proposed in order to ensure the efficiency and alignment of the operations for prevention and control of risk factors.

- 4.1.A central agency should be established in the Ministry of Public Health to act as coordinator for agreement about direction and guideline for integrated operations of all involved agencies as well as coordination with external agencies.
- 4.2. Integration could begin with determination of targeted population and mutual goals. Then, roles and responsibilities of each agency will be assigned so as to jointly achieve goals.
- 4.3. The situation data of disease and systems, experience, lessons learned, and 360degree operations should be referred to in determination of the national implementation guideline.

- 4.4. To determine the direction and action plan, consideration should be made on difference of areas in the context of social and physical aspects of population as well as potential and concepts of involved parties, both in managerial and servicing levels.
- 4.5.Budget allocation of each area should be flexible so that each area is allowed to make adjustment in line with its context.
- 4.6. Management should be put in place to enable monitoring and evaluation of projects implemented each year in a continuous and systematic manner to serve as a lesson learned in the development for enhanced effectiveness and efficiency.

5. Study and research

In the past, there was no overall knowledge management for NCDs in respect of research as well as long-term planning. Consequently, there is a lack for decision-making data for planning and development of prevention, control and treatment system. As such, the following recommendations are made for study and research.

- 5.1.Research plan should be developed to progress NCDs operations both in short and long term in a clear and continuous manner, since these problems are complicated and time-consuming in terms of obtaining understanding and finding solutions.
- 5.2.Research on economics and impact from NCDs management should be further conducted by means of clinical research. For example;
 - 5.2.1. Study for estimated figures of total risk of population having NCDs
 - 5.2.2. Study of budget for operations relating to secondary and tertiary services when compared to expenses for prevention and control of disease and study of cost and expense for care and treatment of each NCDs.

Part II:

5-Year National NCDs Prevention and Control Strategic and Action Plan (2017-2021)

5-Year National NCDs Prevention and Control Strategic and Action Plan (2017-2021)

Preparation of the 5-Year National NCDs Prevention and Control Strategic and Action Plan (2017-2021) are the continuous development of the Thailand Healthy Lifestyle Strategic Plan 2011-2020, with certain adjustments for clearer goals and strategies and implementation strategies that align with the Global Action Plan for the Prevention and Control of NCDs 2013-2020 by WHO. The gap of the National NCDs Strategic Plan was the lack of main focal point and clear implementation. As such, the Bureau of Non-Communicable Diseases and the Office of Healthy Lifestyle Management were assigned to be the main responsible parties.

Development of this plan aims to respond to the disease prevention and control to achieve 9 global goals, which are adjusted to align with the situation of Thailand and the No. 12 National Economic and Social Development Plan and the 20-year National Strategic Plan (in relation to public health). The content of the Plan focuses on creating participation of population, communities, local administrations, and various sectors, improving the operating efficiency with the use of data, and enhancing potential of people to enable self-care of their health. Moreover, it will emphasize on integration with other strategic plans and avoid redundancy with other related national strategic plans as well as NCDs situation analysis and the situation of NCDs implementation system in the past 5 years.

Vision

"A country free of the avoidable burden of non-communicable diseases"

Objective

To reduce the avoidable burden of illness, death, and disability results from NCDs by means of cooperation between various alliance networks and collaboration on a national, regional, and global level to ensure population are of good health, to optimize the productivity of all age groups, and to ensure that these NCDs do not hinder the quality of life and economic development by 2021.

KPIs (by 2021)

- 1. Reduction of premature mortality from NCDs when compared to 2010
- 2. Volume of harmful use of alcohol decrease to not more than 6.7 liters per capita per year
- 3. Prevalence of physical inactivity decreases to 8 percent when compared to 2010
- 4. Average salt/sodium intake of population decreases by 24 percent when compared to 2010
- Prevalence of tobacco use in population of not more than 15 years of age decreases to not more than 15.7 percent
- 6. Prevalence of raised blood pressure decreases by 20 percent
- 7. Prevalence of diabetes and obesity does not increase when compared to 2010
- 8. Population at 40 years of age and above who are prone to cardiovascular diseases are provided with consultancy to ensure their proper behavior; and to be provided with drug therapy to prevent heart attack and stroke if their cardiovascular disease indicators are not less than 50 percent
- Necessary drugs and basic medical treatment technology are put in place to treat/serve NCDs patients are available at public and private medical station at 80 percent.

Chart 1: The 9 goals for NCD prevention and control within 2025 and the goals within 2021

Decrease	Decrease	Decrease	CVD prone	
harmful use of	tobacco use	Raised blood	population	
alcohol	30%	pressure	receives drugs	
10%	(15.7%)	25%	and consultancy	Reduce
(6.7 liters /		(20%)	50%	premature death
person/year)				from NCDs
Decrease	Decrease	Diabetes and	Extensive	25%
physical	salt/sodium	obesity at same	necessary drug	(20%)
inactivity	intake	rate	and technology	
10%	30%		80%	
(8%)	(24%)			

Objectives

- To enhance the priority of NCDs prevention and control in the national development agenda by strengthening international collaboration and alignment of policy making
- 2. To strengthen the national potential, governance leadership, and joint operations between various alliance networks and expedite response to NCDs prevention and control
- 3. To reduce the risk factors and social factors impacting the NCDs risks
- 4. To strengthen and improve the health services in a form that such practice takes into account and responds to the NCDs prevention and control, including related basic social factors with reference to the basic public health principles through primary service, which are people-centric as well as to ensure that such services are accessible by all
- To promote and support the capability in terms of high-quality research and development of NCDs prevention and control; and
- To monitor the trend and factors impacting NCDs prevention and control as well as evaluate the prevention progress.

The objectives consist of the following 6 strategies

- Strategy 1: Development of public policies and laws that support NCD prevention and control
- Strategy 2: Expedition of social drivers to communicate about risks on an ongoing basis
- Strategy 3: Potential development for community / local administrations, and alliance networks
- Strategy 4: Development of monitoring and data management systems
- Strategy 5: Management reform to reduce risk and control the diseases in line with their situation and local context

Strategy 6: Development of system to support and drive integrated implementation

Details of strategies and strategic plan under each strategy

Strategy 1: Development of public policies and laws that support NCDs prevention and control

Strategic plan

- 1.1 Expedite the national public policy which focuses on NCDs management
- 1.2 Develop measures relating to finance, treasury, tax, production, marketing, and consumption relating to reduction of NCDs risks

- 1.3 Promote public policies on institutional and organizational level to create an environment that promote behavioral changes of targeted groups in a sufficient manner
- 1.4 Develop laws and strengthen the enforcement thereof for NCDs prevention and control purposes
- 1.5 Promote consent and obedience of laws by all

Strategy 2: Expedition of Social drivers to communicate about risks on an ongoing basis

Strategic plan

- 2.1 Develop management of communication to the public regarding health promotion and reduction of NCD risks on a continuous basis
- 2.2 Develop the networks to transfer knowledge on communication of risks for the purpose of promoting health care and reduction of NCD risks
- 2.3 Develop content of communication and increase communications channels which matches the targeted groups
- 2.4 Monitor and respond to information which causes harm to NCDs

Strategy 3: Potential development for community / local administrations, and alliance networks Strategic plan

- 3.1 Develop mechanism for people, local organizations, and alliance networks to participate in surveillance and promotion of health as well as disease control and prevention
- 3.2 Develop potential of health leader of the community in respect of health promotion as well as NCDs prevention and control

Strategy 4: Development of monitoring and data management systems

Strategic plan

- 4.1 Develop connection of information on district, provincial, regional, and national levels
- 4.2 Develop potential of data management and analysis to monitor NCDs on a national, provincial and district levels

- 4.3 Develop the NCDs and risk factor surveillance system on an organizational level and for targeted group
- Strategy 5: Management reform to reduce risk and control the diseases in line with their situation and local context

Strategic plan

- 5.1 Service reform for the purpose of screening and risk reduction in general population and various risk-prone groups in alignment with the specific nature of each riskprone group
- 5.2 Reform of health service for chronic patients (with or without complications) at medical service stations to ensure efficiency and support patients' self-management

Strategy 6: Development of system to support and drive integrated implementation

Strategic plan

- 6.1 Develop mechanism to drive implementation of strategies engaged by various alliances in an efficient manner
- 6.2 Develop the monitoring system for evaluation of NCDs prevention and control result on a national, regional, and provincial levels
- 6.3 Develop personnel of all related alliances to be able to deploy the strategies
- 6.4 Integrate research, knowledge management, and innovations to support the NCDs prevention and control system

Strategic objectives, productivity, and KPIs

Strategy 1: Development of public policies and laws that support NCDs prevention and control

Objectives/KPIs	Strategies/Productivity	KPIs
Strategic objective	Strategy 1.1 Expedite the	KPIs of strategy 1.1
Decrease of NCDs risky	national public policy which	1. Percentage of policies
behavior among population	focuses on NCDs	undergoing evaluation of
due to policies and law and	management	impact toward risk
enforcement thereof which	Productivity 1.1.1	factors of NCDs
facilitates NCDs risk	Appointment of National	2. Percentage of policies
reduction	NCDs Public Policy	and recommended
	Management Committee	measures out of
KPIs	Productivity 1.1.2 Availability	implemented
Percentage of population	of public policy focusing on	management of
with reduced 4-NCDs risks	NCDs management	environment which
(food, exercise, tobacco, and	Productivity 1.1.3 Framework	facilitates reduction of
alcohol)	for international collaboration	risk factors
c. C	of trade and health in relation	
	to NCDs	
	Strategy 1.2 Develop	KPI for strategy 1.2
()	measures relating to finance,	1. Percentage of
	treasury, tax, production,	financial and treasury
	marketing, and consumption	measures which are
	relating to reduction of NCDs	developed as
	risks	determined
	Productivity 1.2.1 Financial or	
	fiscal measures are put in	
	place to provide more	
	support to health	
	organizations to focus more	
	on promotion of disease	

	prevention and control.	
	Productivity 1.2.2 There are	
	measures relating to tax and	
	others to promote access to	
	healthy goods and to control	
	products having health risk.	
		<u>,</u>
	Productivity 1.2.3 There are	\cdot
	guidelines to promote	$\times (\mathcal{O})$
	alternative, healthy food	$\mathcal{O}(\mathcal{V})$
	choices.	
	Strategy 1.3 Promote public	KPI of strategy 1.3
	policies on institutional and	1. Percentage of
	organizational level to create	organizations putting in
	an environment that promote	place the policies and
	behavioral changes of	measures on an
).5.	targeted groups in a	organizational level
	sufficient manner	where they are
()		implemented to adjust
$\langle n \rangle$	Productivity 1.3.1 Local	the behavior of the
	administrative organizations,	targeted group in a
	educational institutes,	sufficient manner on an
	businesses, workplaces, and	institutional as well as
	religious institutions have	organizational levels
	determined policies to create	
	the environment to reduce	
	risks.	
	Productivity 1.3.2 There are	

	recommended guidelines /	
	standards for development of	
	public policy on an	
	organizational level.	
	Strategy 1.4 Develop laws	KPI for Strategy 1.4
	and strengthen the	1. Seventy percent of laws
	enforcement thereof for	and requirements related
	NCDs prevention and control	to risk factors are
	purposes	reviewed, developed,
		and considered by the
	Productivity 1.4.1 New laws	parliament (new laws
	are put in place for NCDs	about risk factor such as
	prevention and control.	ingredients of food, food
		labels, and food tax)
	Productivity 1.4.2 There are	
	review of related laws.	
	Strategy 1.5 Promote	KPI for Strategy 1.5
	consent and obedience of	1. Percentage of result
	laws by all	for law enforcement
(\mathcal{O})		per risk reduction (the
	Productivity 1.5.1 There are	laws are enforced in
	manuals and media to ensure	a comprehensive and
	that the laws are promoted to	efficient manner)
	all audience.	2. Percentage of
		complaints relating to
	Productivity 1.5.2 Population	negligence of law
	are aware of laws.	enforcement, which
		are resolved and
	Productivity 1.5.3 Personnel	settled

of related agencies	
understand the laws and	
enforcement thereof.	
Productivity 1.5.4 There are	
reports on monitoring and	
evaluation of law	
enforcement.	

Strategy 2: Expedition of social drivers must be expedited to communicate about risks on an ongoing basis

Objectives/KPIs	Strategies/Productivity	KPIs
Strategic objective	Strategy 2.1 Develop	KPIs of strategy 2.1
Population obtains health	management of	1. Percentage of proactive
knowledge.	communication to the public	communications plan
× .	regarding health promotion	which is implemented on
KPIs	and reduction of NCDs risks	an ongoing basis
An increase of 30 percent of	on a continuous basis	
population obtaining health	Productivity 2.1.1	
knowledge when compared	Appointment of NCDs Risk	
to 2017.	Communication Working	
	Group to minimize NCDs and	
	risks thereof	
	Productivity 2.1.2	
	Proactive communication	
	plan is put in place to reduce	
	the risk factors.	

	Strategy 2.2 Develop the	KPI for strategy 2.2
	networks to transfer	Percentage of alliance
	knowledge on	networks (public sector,
	communication of risks for	private sector, and civil
	the purpose of promoting	society) can transfer
	health care and reduction of	knowledge to minimize NCDs
	NCDs risks	risks in a correct manner
	Productivity 2.2.1	
	There is an additional	
	network of organizations	(10)
	working on communication	<u>V</u> X
	about NCDs.	\sim
	C	0
	Productivity 2.2.2	
	Personnel and networks on	
	public health obtain proper	
	knowledge to promote health	
	and reduce the NCDs risk	
	factors	
	Productivity 2.2.3 There are	
\sim	guidelines to promote	
$\mathcal{O}_{\mathcalO}_{\mathcal$	alternative, healthy food	
	choices.	
	Strategy 2.3 Develop content of communication and	KPI of strategy 2.3
	increase communication and	Percentage of targeted
	channels which matches the	groups which are aware of
	targeted groups	how to minimize NCDs risk-
	Serea 3.04bo	prone behavior.
	Productivity 2.3.1	

	Series of knowledge and		
	information for risk		
	communication to minimize		
	NCDs risks for targeted		
	groups are available.		
	Productivity 2.3.2		
	NCDs communications		
	channel for various targeted		
	groups	X	
	Strategy 2.4 Monitor and	KPI for	Strategy 2.4
	respond to information which	1.	Percentage of
	causes harm to NCDs		response to public
	occurrence		media which incurs
			negative impact
	Productivity 2.4.1		toward health
	There is intra and inter-	2.	One hundred percent
2.5	connection for surveillance		of implementation as
	information of the internal and		per the advertisement
	external agencies whose		consideration and
$(\mathcal{O}_{\mathcal{O}}}}}}}}}}$	roles involve surveillance and		approval system
	response of information		
$\left(\right)$			
	Productivity 2.4.2		
	There is a system to consider		
	and approve advertisement		
	(which places significance on		
	channels, content, and		
	possible negative impact		
	without any conflict of		

interest)	

Strategy 3: Potential development for community / local administrations, and alliance networks

Objectives/KPIs	Strategies/Productivity	KPIs
Strategic objective	Strategy 3.1 Develop	KPIs of strategy 3.1
Communities can engage in	mechanism for people, local	1. Percentage of sub-
management and promotion	organizations, and alliance	districts engaging in
of health as well as NCDs	networks to participate in	integrated health
prevention and control.	surveillance and promotion of	management (70 percent
	health as well as disease	by 2017, 100 percent by
KPIs	control and prevention	5 years)
Percentage of communities	Productivity 3.1.1	2. At least 1 community in
which can engage in	Agendas of various levels of	the urban area per
management of health	committees, which are	municipality/special
promotion as well as NCDs	engaged by the people	municipality engage in
prevention and control (50	alliance network, include	integrated health
percent)	health promotion as well as	management
	NCDs prevention and control	
(n)	Productivity 3.1.2	
	There are health	
	management communities	
	conducting health promotion	
	as well as NCDs prevention	
	and control	
	Productivity 3.1.3	
	There are alliance networks	
	to promote and support	

	operations of communities	
	Strategy 3.2 Develop	KPI for strategy 3.2
	potential of health leader of	1. There are at least 30
	the community in respect of	health management
	health promotion as well as	volunteers/sub-district in
	NCDs prevention and control	2021.
		2. There are at least 4
	Productivity 3.2.1	million family health
	There are health	volunteers by 2021.
	management volunteers	0
	Productivity 3.2.2	
	There are more health	
	leaders undergoing potential	
	development for surveillance,	
	health promotion as well as	
2.5	NCDs prevention and control	
	Productivity 3.2.3 There are	
$\langle \mathcal{O} \rangle$	guidelines to promote	
	alternative, healthy food	
	choices.	

Strategy 4: Development of monitoring and data management systems

Objectives/KPIs	Strategies/Productivity	KPIs
Strategic objective	Strategy 4.1 Develop	KPIs of strategy 4.1
Related agencies can identify	connection of information on	Percentage of related
the risk-prone demographics,	district, provincial, regional,	agencies on national,
patient groups, risk area, and	and national levels	regional, provincial, and
environments which are	Productivity 4.1.1	district level whose
considered risk factors in a	There are mechanisms for	operations meet the NCDs
correct, accurate, and timely	development and monitoring	surveillance standard.
manner, leading to necessary	of NCDs surveillance for data	
support for the launch of	integration.	· V
measures and	C.	
implementation of NCDs	Productivity 4.1.2	
prevention and control and	There is surveillance	
NCDs risk minimization in an	information on illness and	
efficient manner.	risk-prone behavior on a	
	service unit level, which	
KPIs	extends from the existing	
Percentage of related	data system and reports in a	
agencies which can identify	complete, correct, and timely	
the risk issues so as to	manner.	
determine measures for		
NCDs prevention and control	Productivity 4.1.3	
in correct, accurate, and	There is a sentinel	
timely manner	surveillance system for	
	treatment profiles of patients	
	suffering from type 2	
	diabetes and hypertension of	
	hospitals under the umbrella	
	of Ministry of Public Health	

	and medical institutes in	
	Bangkok.	
	Productivity 4.1.4	
	There is an information	
	system with correct and	
	complete data on death	
	related to NCDs.	
	Productivity 4.1.5	$(X \cup Y)$
	There is data integration for	
	NCDs, risk-prone behavior,	0
	and health-smartness in the	
	population survey database	
	to enable monitoring of	
	situation on a provincial level	
	Productivity 4.1.6	
1.2	There is connection between	
	related data (environment,	
()	risk-prone behaviors, illness,	
$\langle n \rangle$	deaths, and abnormalities (5	
	dimensions)) to ensure an	
	integrated, systematic	
	surveillance for NCDs and	
	related risk factor on district	
	and national levels.	
	Productivity 4.1.7	
	There is evaluation of data	
	system for NCDs service	

provision of public medial	
institutes to monitor the	
quality of reporting and to	
enable systematic	
development.	
Productivity 4.1.8	
There is a correct and	
complete registration of	
population with cancer on a	$\mathcal{L}(\mathcal{O})$
national level.	
Strategy 4.2 Develop	KPI for strategy 4.2
potential of data	1. Percentage of
management and analysis to	personnel in related
monitor NCDs on a national,	agencies who can
provincial and district level	manage data and
	analyze NCDs
Productivity 4.2.1	information
Personnel in medical	
statistics and NCDs-related	
information undergoing	
NCDs data management	
training	
Productivity 4.2.2	
Personnel who are disease	
managers or regional /	
provincial / district NCDs	
system managers	
undergoing training for NCDs	

data management, analysis, and result processing in alignment with the 5- dimension surveillance framework Strategy 4.3 Develop the NCDs and risk factor	KPIs for Strategy 4.3 1. Percentage of
surveillance system on an organizational level and for targeted group Productivity 4.3.1 There is a system to observe NCDs risk factors at educational institutions Productivity 4.3.2 There is a system to observe NCDs risk factors at businesses	 Percentage of educational institutions which can conduct NCDs-risk surveillance on student and undergrads on a timely manner Percentage of businesses which can conduct NCDs-risk surveillance on employees on a timely manner

Strategy 5: Management reform to reduce risk and control the diseases in line with their situation and local context

Objectives/KPIs	Strategies/Productivity	KPIs
Strategic objective	Strategy 5.1 Service reform	KPIs of strategy 5.1
Overall risk-prone	for the purpose of screening	1. Percentage of service
demographics and NCDs	and risk reduction in general	organizations and units
patients can minimize risk	population and various risk-	which can conduct
conditions and have sound	prone groups in alignment	screening and minimize

control over their illness which can deter complications.

KPIs

- Decreasing percentage of population with riskprone conditions (obesity, hypertension, hyperlipidemia, diabetes, smoking, excessive alcohol consumption)
- Percentage of NCDs
 patients (cardiovascular
 disease,
 cerebrovascular
 disease, diabetes,
 cancer, and
 emphysema) who can
 access to standard

health care

with the specific nature of each risk-prone group

Productivity 5.1.1

There are options for integration of screenings of NCD risks in health service and improved connection to the risk and disease minimization system.

Productivity 5.1.2

There are guidelines for arrangement of service and media for integrated risk minimization in the community, schools, workplace, businesses, and medical institutions.

Productivity 5.1.3 There is a health service unit / provider giving consultancy to minimize NCDs risks on an individual and organizational levels

Productivity 5.1.4 There is an information There is an efficient risk minimizing service formats. NCDs risks of targeted groups in a manner that meets the standard

Strategy 5.2 Reform of health service for chronic patients (with or without complications) at medical service stations to ensure efficiency and support patients' self-management Productivity 5.2.1 Development of chronic disease clinic, clinic for change of behavior/ risk minimization at hospitals to enable management of disease, risk minimization, and complications in a manner that meets the standard Productivity 5.2.2 The interdisciplinary team with knowledge and skills to provide service on prevention of chronic disease and complications, which	KPI for strategy 5.2 1. Percentage of service units which have developed an efficient management formats for chronic diseases and support self-care of patients with complication with quality that meets standard
complications, which	
supports self-care and	
promotes risk minimization to	
promotes risk minimization to	

Productivity 5.2.3	
There is a system to provide	
continuous care for patients	
and it is linked to service	
provision units.	
Productivity 5.2.4	
The services for chronic	
diseases at primary health	(U)
stations are comprehensive	
and efficient.	

Strategy 6: Development of system to support and drive integrated implementation

Objectives/KPIs	Strategies/Productivity	KPIs	
Strategic objective	Strategy 6.1 Develop	KPIs of strategy 6.1	
Implementation is driven and	mechanism to drive	1. Percentage of projects	
efficient support is given to	implementation of strategies	which were integrated	
NCDs prevention and control	engaged by various alliances	as planned which lead	
	in an efficient manner	to implementation	
KPIs Percentage of success as per the strategy	Productivity 6.1.1 There are mechanisms for continuous management and administration of strategic implementation on national, regional, provincial, and district levels with the engagement of alliance networks		

Γ		
	Productivity 6.1.2	
	Integration of action plans	
	from all sectors and	
	implementation as planned.	
	Strategy 6.2 Develop the	KPI for strategy 6.2
	monitoring system for	1. Percentage of NCDs
	evaluation of NCDs	prevention projects
	prevention and control result	which are monitored
	on a national, regional, and	and evaluated on
	provincial level	each level
	Productivity 6.2.1	
	Monitoring and evaluation	
	plan and mechanism for	
	strategic plans and action	
	plans	
	$\langle O \rangle$	
	Productivity 6.2.2	
	The system to manage series	
	of information which covers	
	and connects to all sectors	
	as per the strategy	
	Strategy 6.3 Develop	KPI for Strategy 6.3
	personnel of all related	1. Percentage of key
	alliances to be able to deploy	personnel on each
	the strategies	level whose
		implementation meets
	Productivity 6.3.1	the standard
	The efficient chronic disease	
	system manager on national,	1

Γ	
regional, provincial, district,	
and sub-district levels	
Productivity 6.3.2	
Teams of public health and	
interdisciplinary personnel	
with knowledge and skills to	
provide consultancy, change	
behaviors, and care for	
chronic patients in an	(\mathcal{O})
inclusive manner	$\Delta / $
	0
Productivity 6.3.3	
Personnel of organizations	
and networks such as	
educational institutions,	
businesses, local	
administrative organizations,	
and civil society have	
knowledge and skills for	
NCDs surveillance,	
prevention, and control	
Strategy 6.4 Integrate	KPIs for Strategy 6.4
research, knowledge	
management, and	1. Percentage of NCDs
innovations to support the	research and knowledge
NCDs prevention and control	management, which are
system	implemented as planned
	2. Percentage of research,
Productivity 6.4.1	series of knowledge and
There are networks and	

research plans, knowledge	innovations which are
management, and innovation	distributed and applied
development for appropriate	
applications	
Productivity 6.4.2	
There is a long-term plan for	
development of NCDs	
management system.	
	(\mathcal{L})
Productivity 6.4.3	
There are extension of	10
research and innovations for	
the purpose of policy making	
or commercial application	

Part III: Action Plan under 5-Year National NCDs Prevention and Control Strategy (2017-2021) Strategy 1: Development of public policies and laws that support NCDs prevention and control

Objectives: Decrease of NCDs risky behavior among population due to policies and law and enforcement thereof which facilitates NCDs risk reduction

KPIs: Percentage of population with reduced 4-NCDs risks (food, exercise, tobacco, and alcohol)

		2017		2018		2019 – 2021 –		Respons	sible units	
Productivity		2017		2018		2019 – 2021 –		Primary	Secondar	у
Strategy 1.1 Expedite	e the na	ational public policy which	focuses	s on NCD managemer	ıt					
KPIs: 1. Percent	tage of	policies undergoing evalu	ation of	impact toward risk fac	tors of N	NCDs				
2. Percen	ntage of	policies and recommend	ed meas	sures out of implement	ed man	agement of environment v	which fa	acilitates reduc	tion of risk factor	rs
1.1.1 Appointment	1. A	Appointment of Public	1.	Two meetings of	1.	Two meetings of	- Bu	reau of Policy	- The Nationa	1
of National NCDs	P	Policy and Law		National NCDs		National NCDs Public	an	d Strategy,	Health	
Public Policy	C	Development Committee		Public Policy		Policy Development	Of	fice of	Commission	۱
Management	W	vhich focuses on		Development		Committee	Pe	rmanent	Office	
Committee	n	ational NCDs		Committee	2.	Four meetings of	Se	cretary,	- ThaiHealth	
	n	nanagement	2.	Four meetings of		Public Policy and Law	Mi	nistry of	- NHSO	
	2. A	Appointment of Public		Public Policy and		Development Sub-	Pu	blic Health	- Office of the	;
	P	Policy and Law		Law Development		Committee and	- Th	ailand	National	

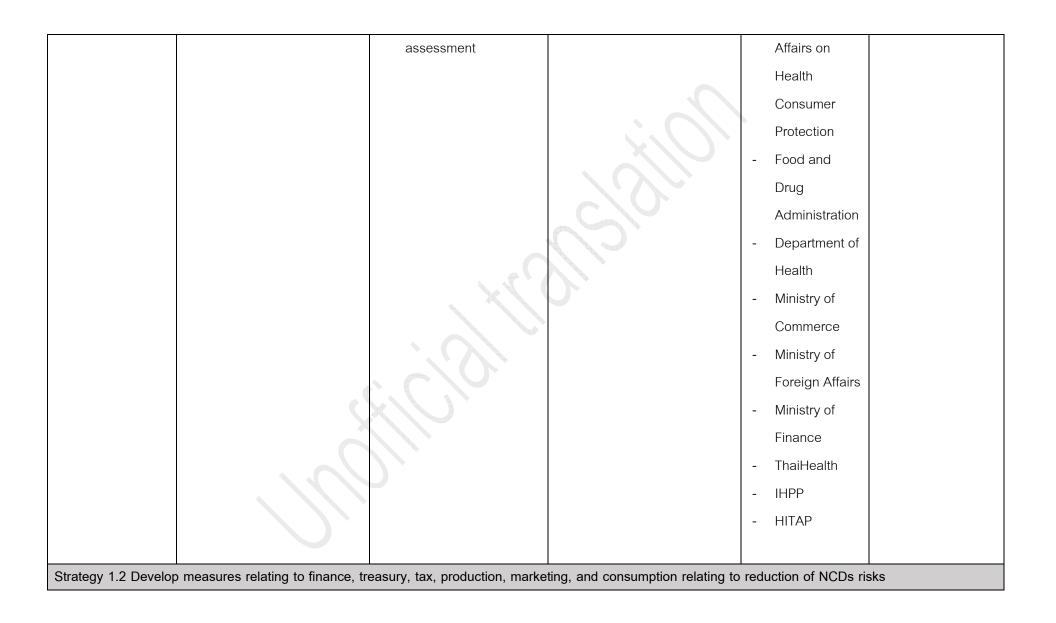
Development Sub-	Sub-Committee and	Working Groups,	Healthy	Economic and
		_		
Committee and Working	Working Groups,	which focus on the	Strategic	Social
Groups, which focus on	which focus on the	various aspects	Management	Development
the following aspects	various aspects.	$\langle f \rangle \rangle$	Office	Board
1. National NCDs				- Ministry of
management		$\langle V \rangle$.		Commerce
2. Food management		CN		- Ministry of
3. Body and mind				Foreign Affairs
activity management				- Customs
4. Alcohol beverage		5		Department
management				- Ministry of
5. Tobacco management				Finance
6. Service system	(C)			- Fiscal Policy
management	XV)			Office
3. Meeting of National				- Ministry of
NCDs Public Policy				Education
Development Committee				- Department of
				Local
				Administration,
				Ministry of

					Interior
					- Department of
					Labor Protection
					and Welfare
					- Legal Center,
					Department of
					Disease Control
					- Bureau of Non-
		- C			Communicable
					Disease
					- Bureau of
					Tobacco Control
		\cdot			Bureau,
					Department of
					Disease Control
1.1.2 Availability of	Support for study, review,	1. Support for study,	1. Support for study,	- Ministry of	All related agencies.
public policy	synthesis of related	review, synthesis of	review, synthesis of	Public Health	
focusing on NCDs	information together with	related information	related information	(Department of	
management	relating agencies and alliance	together with relating	together with relating	Disease	
	networks in an integrated	agencies and alliance	agencies and alliance	Control, Health	

	r		
manner to prepare the	networks in an	networks in an integrated	System
proposal on development and	integrated manner to	manner to prepare the	Research
improvement of public	prepare the proposal	proposal on	Institute, IHPP,
policies and laws	on development and	development and	HITAP)
	improvement of public	improvement of public	- NHCO
	policies and laws,	policies and laws,	- ThaiHealth
	including law	including law	- External
	enforcement and	enforcement and overall	agencies of
	overall communication	communication to the	related
	to the public.	public.	agencies
	2. Driving and moving	2. Driving and moving	
	forward the public	forward the public policy,	
	policy, including the	including the measures	
C	measures to enforce	to enforce the laws in	
~	the laws in actual	actual practice of all	
	practice of all sectors	sectors	
	- By means of	- By means of meetings	
	meetings to	to provide	
	provide	clarification via	
	clarification via	channels and	

	1	Г	
	channels and	mechanisms of	
	mechanisms of	agencies,	
	agencies,	organizations, and	
	organizations, and	related sectors to	
	related sectors to	drive and move	
	drive and move	forward the public	
	forward the public	policies as well as	
	policies as well as	law enforcement in	
	law enforcement in	actual practices of	
	actual practices of	all sectors.	
	all sectors.	3. Creating engagement	
	3. Creating engagement	mechanism for private	
	mechanism for private	sectors and civil society	
C C	sectors and civil	in respect of	
	society in respect of	development of public	
	development of public	policy for NCDs	
	policy for NCDs	management	
	management	- Support for the	
	- Support for the	provincial health	
	provincial health	conference	

		conference			
1.1.3 Framework	Appointment of Working	1. Four meetings of	1. Four meetings of	- Ministry of	All related agencies
for international	Group for preparation of	Working Group	Working Group each	Public Health,	
collaboration of	framework for collaboration of	2. Preparation of	year	Department of	
trade and health in	trade and health between	framework for	2. Preparation of framework	Disease	
relation to NCDs	countries related to NCDs	collaboration of trade	for collaboration of trade	Control	
		and health between	and health between	- IHPP	
		countries related to	countries related to	- FDA	
		NCDs for a specific	NCDs for a specific	- Department of	
		aspect each year	aspect each year	Health	
		3. Preparation of report	3. Preparation of report on	- Ministry of	
		on study of impact	study of impact	Commerce	
		assessment from	assessment from	- Ministry of	
	S S	entering into the	entering into the	Foreign Affairs	
	Ő	international trade	international trade	- Ministry of	
		agreement with the	agreement with the focus	Finance	
		focus on 5 health	on 5 health impacts		
		impacts	4. Promotion of report on	- ThaiHealth	
		4. Promotion of report on	study of impact	- The Office of	
		study of impact	assessment	International	



KPI: Percentage of fi	nancial and treasury measures w	hich are implemented as plan	ned	
1.2.1 Financial or	Development of measures	1. Development of	1. Development of	- Ministry of
treasury measures	relating to finance and	measures relating to	measures relating to	Public Health
are put in place to	treasury to support and	finance and treasury to	finance and treasury	(Department
provide more	promote healthy food and	support and promote	to support and	of Disease
support to health	agricultural products	healthy food and	promote healthy food	Control, Food
organizations to		agricultural products	and agricultural	and Drug
focus more on promotion of		2. Development of	products	Administration
disease prevention		measures relating to	2. Development of	, Department
and control.		finance and treasury to	measures relating to	of Health,
		prevent access to	finance and treasury	IHPP)
		products with negative	to prevent access to	- Ministry of
		impact toward health	products with	Commerce
	C C		negative impact	- Ministry of
			toward health	Finance
				- NHCO
				- ThaiHealth
				- NHSO

1.2.2 There are	Development of	1. Development of	1. Revision of one law and	- Ministry of	
measures relating	measures/guidelines to	measures/guidelines to	enforcement thereof for	Public Health	
to tax and others	control products with negative	control products with	advertisement of	(Department of	
to promote access	impact toward health	negative impact	products with no health	Disease	
to healthy goods	- Appointment of Working	toward health	benefit for each year	Control, Food	
and to control	Group on Development	2. Revision of one law	2. Limiting advertisement of	and Drug	
products having	of Measures to focus on	and enforcement	products with no health	Administration,	
health risk.	measure development	thereof for	benefit (Preparing 1	Department of	
		advertisement of	criteria for food	Health, IHPP)	
		products with no	advertisement)		
		health benefit for each		- Ministry of	
		year		Commerce	
		yca		- Ministry of	
				Finance	
				- NHCO	
	(- NBTC	
	$\langle \rangle$	J			
1.2.3 There are	1. Support study and	1. Support study and	1. Support study and	- Ministry of	All related agencies
guidelines to	innovation for production	innovation for	innovation for production	Science and	
promote	of healthy food products	production of healthy	of healthy food products	Technology	
alternative, healthy					

food choices.		as alternative choices		food products as		as alternative choices	-	Ministry of	
	2.	Promotion of prototype		alternative choices		- Provide support in a		Commerce	
		organizations relating to		- Provide support in a		form of research	-	Ministry of	
		control of food shops to		form of research		grant		Public Health	
		sell healthy food such as		grant	2.	Promotion of prototype	-	Ministry of	
		food which reduced	2.	Promotion of prototype		businesses relating to		Industry	
		sweet or salty flavor and		businesses relating to		production of healthy	-	Thailand	
		fat; and promotion of use		production of healthy	$\left(\right)$	food as alternative		Research	
		of seasonings made of		food as alternative		choices		Fund (TRF)	
		natural ingredients		choices	\mathcal{O}	- Provision of training		National	
				- Provision of training		for 250 businesses		Research	
				for 250 businesses	3.	Promotion of prototype		Council of	
			3.	Promotion of prototype		organizations relating to		Thailand	
			X	organizations relating		control of food shops to		(NRCT)	
			\sum	to control of food		sell healthy food such as			
			\sum	shops to sell healthy		food which reduced			
				food such as food		sweet or salty flavor and			
				which reduced sweet		fat; and promotion of use			
				or salty flavor and fat;		of seasonings made of			
				and promotion of use		natural ingredients			

		of seasonings made of	- Promotion for		
		natural ingredients	organizations to		
		- Promotion for	participate as prototype		
		organizations to	organizations		
		participate as			
		prototype	$\langle O \rangle$		
		organizations	$C \setminus O$		
			$(\mathcal{C}\mathcal{A})$		
Strategy 1 3 Promote	e public policies on institutional a	nd organizational level to creat	e an environment that promote be	ehavioral changes of	targeted groups in a
onalegy 1.5 Fromotion					
sufficient manner		0	·	-	0 0 .
sufficient manner		-	brganizational level where they are	e implemented to adj	
sufficient manner KPI: Percentage of c		policies and measures on an o	organizational level where they are	e implemented to adju	
sufficient manner KPI: Percentage of c	organizations putting in place the	policies and measures on an o	organizational level where they are	e implemented to adju	
sufficient manner KPI: Percentage of c targeted group in a s	organizations putting in place the sufficient manner on an institution	policies and measures on an o al as well as organizational lev	organizational level where they are		ust the behavior of the
sufficient manner KPI: Percentage of c targeted group in a s 1.3.1 Local	organizations putting in place the sufficient manner on an institution 1. Development of guideline	policies and measures on an o al as well as organizational lev 1. Development of	organizational level where they are els 1. Development of guideline	- Ministry of	ust the behavior of the
sufficient manner KPI: Percentage of c targeted group in a s 1.3.1 Local administrative	organizations putting in place the sufficient manner on an institution 1. Development of guideline for the launch of public	policies and measures on an o al as well as organizational lev 1. Development of guideline for the launch	organizational level where they are els 1. Development of guideline for the launch of public	- Ministry of Interior	ust the behavior of the
sufficient manner KPI: Percentage of o targeted group in a s 1.3.1 Local administrative organizations,	organizations putting in place the sufficient manner on an institution 1. Development of guideline for the launch of public policy on an	policies and measures on an or al as well as organizational lev 1. Development of guideline for the launch of public policy on an	organizational level where they are els 1. Development of guideline for the launch of public policy on an organizational	 Ministry of Interior Ministry of 	ust the behavior of the
sufficient manner KPI: Percentage of o targeted group in a s 1.3.1 Local administrative organizations, educational	organizations putting in place the sufficient manner on an institution 1. Development of guideline for the launch of public policy on an organizational level in a	policies and measures on an or al as well as organizational lev 1. Development of guideline for the launch of public policy on an organizational level in a	organizational level where they are els 1. Development of guideline for the launch of public policy on an organizational level in a manner that	 Ministry of Interior Ministry of Public Health 	ust the behavior of the
sufficient manner KPI : Percentage of o targeted group in a s 1.3.1 Local administrative organizations, educational institutes,	 brganizations putting in place the sufficient manner on an institution 1. Development of guideline for the launch of public policy on an organizational level in a manner that encourage 	policies and measures on an or al as well as organizational lev 1. Development of guideline for the launch of public policy on an organizational level in a manner that encourage	 prganizational level where they are els 1. Development of guideline for the launch of public policy on an organizational level in a manner that encourage engagement 	 Ministry of Interior Ministry of Public Health (Department of 	ust the behavior of the

have determined	organizations, educational	administrative	organizations, educational	Control, HSSD)
policies to create	institutions, and religious	organizations,	institutions, and religious	- Ministry of
the environment to	institutions so as to adjust	educational institutions,	institutions so as to adjust	Education
reduce risks.	the behavior pattern to	and religious	the behavior pattern to	- Ministry of
	benefit the NCDs	institutions so as to	benefit the NCDs	Industry
	prevention and control	adjust the behavior	prevention and control	- ThaiHealth
	- By means of providing	pattern to benefit the	- By means of providing -	- Department of
	training and	NCDs prevention and	training and	Religious Affairs
	knowledge to leaders	control	knowledge to leaders	
	of local administrative	- By means of	of local administrative	
	organizations,	providing training	organizations,	
	educational	and knowledge to	educational	
	institutions, and	leaders of local	institutions, and	
	religious organizations	administrative	religious organizations	
	- By means of providing	organizations,	- By means of providing	
	support for building	educational	support for building	
	prototype	institutions, and	prototype	
	organizations for	religious	organizations for	
	behavioral adjustment	organizations	behavioral adjustment	
	to enable NCDs	- By means of	to enable NCDs	

control and prevention	providing support	control and prevention	
and to arrange for	for building	and to arrange for	
memorandum of	prototype	memorandum of	
understanding for	organizations for	understanding for	
prototype	behavioral	prototype	
organizations for	adjustment to	organizations for	
behavioral adjustment	enable NCDs	behavioral adjustment	
to enable NCDs	control and	to enable NCDs	
control and prevention	prevention and to	control and prevention	
2. Management of	arrange for	2. Management of	
knowledge for building of	memorandum of	knowledge for building of	
the environment for the	understanding for	the environment for the	
purpose of behavioral	prototype	purpose of behavioral	
changes to enable NCDs	organizations for	changes to enable NCDs	
prevention and control	behavioral	prevention and control	
and knowledge sharing	adjustment to	and knowledge sharing	
- By means of providing	enable NCD control	- By means of	
support for	and prevention	providing support for	
knowledge	2. Management of	knowledge	
management on	knowledge for building	management on	

building the	of the environment for	building the
environment for the	the purpose of	environment for the
purpose of	behavioral changes to	purpose of behavioral
behavioral changes	enable NCDs	changes to enable
to enable NCDs	prevention and control	NCDs prevention and
prevention and	and knowledge sharing	control
control	- By means of	3. Driving the public policy for
3. Driving the public policy	providing support	the local administrative
for the local administrative	for knowledge	organizations, educational
organizations, educational	management on	institutions, businesses,
institutions, businesses,	building the	workplaces, and religious
workplaces, and religious	environment for the	institutions to build an
institutions to build an	purpose of	environment that facilitates
environment that	behavioral changes	NCDs reduction
facilitates NCDs reduction	to enable NCDs	- By means of meeting
- By means of meeting	prevention and	to drive the public
to drive the public	control	policy
policy	3. Driving the public policy	
	for the local	
	administrative	

1.3.2 There are recommended guidelines / standards for development of public policy on an organizational	 Appointment of a committee to prepare guideline / standard for development of public policies in organizations By means of a meeting every 3 months 	 organizations, educational institutions, businesses, workplaces, and religious institutions to build an environment that facilitates NCDs reduction By means of meeting to drive the public policy 1. Arrange for a meeting every 3 months 2. Preparation of proposals for guidelines / standards for public policy development of each 	 Arrange for a meeting every 3 months Preparation of proposals for guidelines / standards for public policy development of each organizations i.e. 	 Ministry of Interior Ministry of Public Health (Department of Health, 	All related agencies
public policy on an	- By means of a meeting	for public policy	development of each	(Department of Health,	
level.	every 3 months2. Preparation of proposalsfor guidelines / standards for	organizations i.e. - Local administrative	 organizations i.e. Local administrative organizations 	Department of Disease Control,	
	public policy development of	organizations	- Educational institutions	Department of	

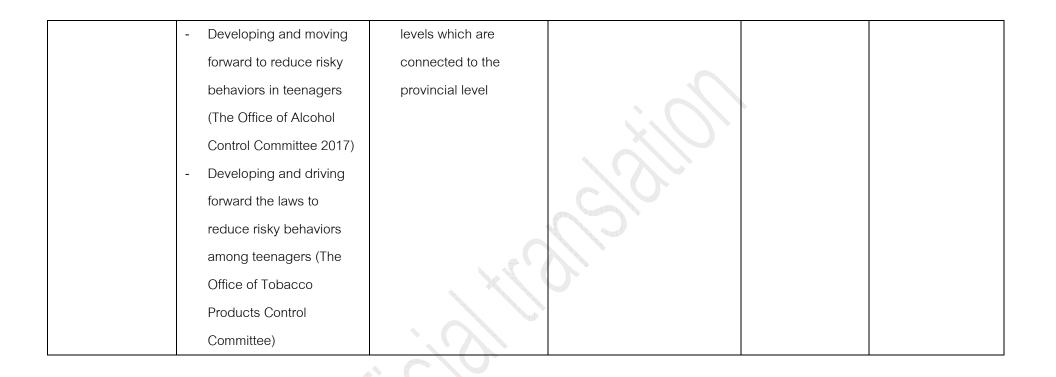
	each organizations i.e.	- Educational	- Businesses	Health Service	
	- Local administrative	institutions	- Workplaces	Support)	
	organizations	- Businesses	- Religious organizations	- Ministry of	
	- Educational institutions	- Workplaces	10.1	Education	
	- Businesses	- Religious		- Ministry of	
	- Workplaces	organizations		Industry	
	- Religious organizations		C.V.	- ThaiHealth	
			\sim	- Department of	
		2.1		Religious Affairs	
Strategy 1.4 Develop	a laws and strengthen the enforc	ement thereof for NCDs preve	ntion and control purposes		
KPI: Seventy percen	t of laws and requirements relate	d to risk factors are reviewed,	developed, and considered by th	ne parliament (new lav	vs about risk factor
such as ingredients	of food, food labels, and food tax	:)			
1.4.1 New laws are	Review of related laws and	Review of related laws and	Review of related laws and	- Ministry of	- Ministry of Interior
put in place for	proposal of new laws which \smallsetminus	proposal of new laws which	proposal of new laws which	Public Health	- Ministry of
NCDs prevention	correspond to the current	correspond to the current	correspond to the current	(Department of	Finance
and control.	situation	situation	situation	Health,	- Ministry of
	- Appointment of the			Department of	Foreign Affairs
	working group whose			Disease	
	meetings will be held to			Control, Thai	
	review the related laws				

	and propose the new			FDA)	
	laws			- Ministry of	
				Commerce	
			()	- Ministry of	
				Agriculture and	
				Cooperatives	
1.4.2 There are	Review of related laws and	Review of related laws	Review of related laws	- Ministry of	All related agencies
review of related	proposal of new laws which			Public Health	
laws.	correspond to the current		0.	(Department of	
	situation			Health,	
	Appointment of the working			Department of	
	group whose meetings will be			Disease	
	held to review the related laws			Control, Thai	
	for the purpose of amendment			FDA)	
)`		- Ministry of	
				Education	
				- ThaiHealth	
				- Ministry of	

				Interior	
Strategy 1.5 Promote	e consent and obedience of laws	by all			
			rced in a comprehensive and effi	cient manner)	
	complaints relating to negligenc				
1.5.1 There are	1. Preparation of manual and	1. Preparation of manual	1. Preparation of manual and		
manuals and	communication for law	and communication for law	communication for law		
media to ensure	enforcement relating to NCDs	enforcement relating to 1	enforcement relating to 1		
that the laws are	prevention and control for the	aspect of NCDs prevention	aspect of NCDs prevention		
promoted to all	civil sector	and control for the civil	and control for the civil sector		
audience.	- Appointment of working	sector	2. Building mechanism or civil		
	group whose meetings will be	2. Building mechanism or	networks for communication		
	held for preparation of the	civil networks for	as well as public relation to		
	manual	communication as well as	ensure common		
		public relation to ensure	understanding among		
		common understanding	population and enable		
		among population and	connection with related public		
		enable connection with	agencies		
		related public agencies	- By means of financial		
		- By means of financial	support for communications of		

		support for communications	civil network		
		of civil network			
1.5.2 Population	Distribution and public	Distribution and public	Distribution and public	- Ministry of	All related agencies
are aware of laws.	relations about laws relating to	relations about laws relating	relations about laws relating to	Public Health	
	NCDs prevention and control	to NCDs prevention and	NCDs prevention and control	(Department of	
	by creating knowledge	control by creating	by creating knowledge	Health,	
	corner, boards or public	knowledge corner, boards	corner, boards or public	Department of	
	relations via media such as	or public relations via	relations via media such as	Disease	
	television broadcast, local	media such as television	television broadcast, local	Control, Thai	
	radio stations, Internet, Line,	broadcast, local radio	radio stations, Internet, Line,	FDA)	
	and SMS to increase easy	stations, Internet, Line, and	and SMS to increase easy	- Ministry of	
	accesses and channels for	SMS to increase easy	accesses and channels for	Interior	
	personnel to obtain	accesses and channels for	personnel to obtain		
	knowledge	personnel to obtain	knowledge		
		knowledge	- By means of financial		
		- By means of financial	support for public relations on		
		support for public relations	laws relating NCDs prevention		
		on laws relating NCDs	and control		
		prevention and control			
1.5.3 Personnel of	Development of potential of	Development of potential of	Development of potential of	- Ministry of	All related agencies

related agencies	personnel involving in	personnel involving in	personnel involving in	Public Health
understand the	enforcement of related laws	enforcement of related laws	enforcement of related laws	(Department of
laws and		- By means of	- By means of supporting	Health,
enforcement		supporting training	training arrangement	Department of
thereof.		arrangement		Disease
			/	Control, Thai
			C V	FDA
1.5.4 There are	Building mechanism for	Building mechanism for	Building mechanism for	- Ministry of
reports on	monitoring of evaluation on	monitoring of evaluation on	monitoring of evaluation on	Public Health
monitoring and	law enforcement on	law enforcement on	law enforcement on	(Department of
evaluation of law	community level which is	community level which is	community level which is	Health,
enforcement.	connected to the provincial	connected to the provincial	connected to the provincial	Department of
	level	level	level	Disease
	- Determining mechanism	- Determining	- Determining mechanism	Control, Thai
	and providing support for	mechanism and	and providing support for	FDA)
	monitoring and evaluation	providing support for	monitoring and evaluation	
	of law enforcement on	monitoring and	of law enforcement on	
	community and civil levels	evaluation of law	community and civil levels	
	which are connected to	enforcement on	which are connected to	
	the provincial level	community and civil	the provincial level	



Strategy 2: Expedition of social drivers to communicate about risks on an ongoing basis Objective: Population obtains health knowledge.

KPIs: An increase of 30 percent of population obtaining health knowledge when compared to 2017

Droductivity	2017	2018	2019 - 2021	Responsible units					
Productivity	2011	2018	2019 - 2021	Primary	Secondary				
Strategy 2.1 Develop	Strategy 2.1 Develop management of communication to the public regarding health promotion and reduction of NCDs risks on a continuous basis								
KPIs: Percentage c	f proactive communications pla	n which is implemented on an	ongoing basis						
2.1.1 Appointment	1. Appointment of a NCDs	Meeting of the NCDs Risk	Meeting of the NCDs Risk	- Department of	- Bureau of				
of NCDs Risk	Risk Communication	Communication Working	Communication Working	Risk	Information,				
Communication	Working Group to	Group to reduce NCDs risk	Group to reduce NCDs risk	Communication	Office of				
Working Group to	minimize NCDs and	factors in order to	factors in order to determine	and Health	Permanent				
minimize NCDs	risks thereof	determine the strategic	the strategic plan and	Behavior	Secretary,				
and risks thereof	2. Meeting of the NCDs	plan and guideline to drive	guideline to drive the action	Development,	Ministry of				
	Risk Communication	the action plan. A meeting	plan. A meeting is to be held	Department of	Public Health				
	Working Group to	is to be held every 3	every 3 months (for each	Disease Control	- Department of				
	reduce NCDs risk	months and progress	year) and progress	- Center for	Mental Health				
	factors in order to	monitoring is to be put in	monitoring is to be put in	Public	- Department of				

determine the strategic	place.	place.	Communication	Medical
plan and guideline to			- , Department of	Services
drive the action plan. A			Health	- Health
meeting is to be held		10.5		Education
every 3 months and				Division,
progress monitoring is				Department of
to be put in place.		CV.		Health Service
				Support
				- Thai FDA
		0		- Department of
				Thai Traditional
				and Alternative
	N C V			Medicine
	XV) i			- Ministry of
				Social
				Development
				and Human
				Security
				- Department of
				Public Relations

		- Ministry of
		Digital Economy
		and Society
	(Ω)	- Thai NCD
		Alliance Network
		- Raipoong
	CV.	Network
	$\langle n \rangle$	- Major Risk
		Factor Control
	5	Section,
		ThaiHealth
		- Office of The
		National
		Broadcasting
Č		and
		Telecommunicat
		ions
		Commission
		(NBTC)
		- BAOT Network

							 Bureau of Public Relations for Society, NHSO 	
2.1.2 Proactive communication plan is put in place to reduce the risk factors.	1. 2. 3.	Preparation for proactive risk reduction communication plan in collaboration with related agencies Arrangement for workshop to review the proactive risk communication plan (every 6 months) Arrangement for a meeting to monitor progress		Preparation for proactive risk reduction communication plan in collaboration with related agencies Arrangement for workshop to review the proactive risk communication plan (every 6 months) Arrangement for a meeting to monitor	Arrangement for a meeting to monitor progress		All related agencies.	
	progress progress Strategy 2.2 Develop the networks to transfer knowledge on communication of risks for the purpose of promoting health care and reduction of NCDs risks							
	allianc	ce networks (public sector,	privat	e sector, and civil society	y) can transfer knowledge to min	imize NCDs risks in a c	correct manner	
2.2.1	1.	Arrangement for training	1.	Arrangement for	1. Arrangement for training	- Ministry of	- Ministry of	

There is an		on development of		training on		on development of	Publi	ic Health		Education
additional network		potential of network for		development of		potential of network for			-	Ministry of
of organizations		communicating about		potential of network for		communicating about				Interior
working on communication		risks, health promotion, and NCDs risks for		communicating about risks, health promotion,		risks, health promotion, and NCDs risks for			-	Ministry of
about NCDs.		central agencies of the		and NCDs risks for		provincial agencies				Social Development
		Ministry of Public Health		regional agencies	2.	Arrangement for				
		and other agencies on	2.	Arrangement for	×	meetings in collaboration				and Human
		ministerial level		meetings in	\geq	with other agencies to				Security
	2.	Arrangement for meetings		collaboration with other		expand engagement of			-	Department of
		in collaboration with other		agencies to expand		network for public				Public
		agencies to expand		engagement of		relations and to build full-				Relations
		engagement of network		network for public		scale data management			_	Ministry of
		for public relations and to build full-scale data	X	relations and to build full-scale data		system on a provincial level				Digital
		management system on a		management system	3.	Arrangement of annual				Economy and
		ministerial level	P	on a regional level		meeting/seminar for				Society
			3.	Arrangement of annual		networks and				
				meeting/seminar for		organizations responsible				
				networks and		for risk reduction				

2.2.2	organizations responsible for risk reduction communication	communication	
2.2.2 Personnel and networks on public health obtain proper knowledge to promote health and reduce the NCDs risk factors	 Arrangement for 2 workshops on health promotion and NCDs risk reduction to provide knowledge to health personnel and networks on a ministerial level Arrangement for training pre-test and post-test Arrangement for refresher course those personnel who do not pass the first training session 	 1. Arrangement for 2 workshops on health promotion and NCDs risk reduction to provide knowledge to health personnel and networks on a ministerial level 2. Arrangement for training pre-test and post-test 3. Arrangement for refresher course those personnel who do not pass the first training session 	

Strategy 2.3: Develo	Strategy 2.3: Develop content of communication and increase communications channels which matches the targeted groups							
KPI: Percentage of t	(PI : Percentage of targeted groups which are aware of how to minimize NCDs risk-prone behavior.							
2.3.1	Development of series of	1.	Preparation of series of	Arrangement for workshop to	- Ministry of	-	Ministry of	
Series of	knowledge which address the		knowledge for	provide correct health	Public Health		Education	
knowledge and	3 main targeted groups		communicating about	knowledge, including support		-	Ministry of	
information for risk	having NCDs risks i.e.		risks as well as	and coordination with other			Interior	
communication to	teenagers, working age, and		reduction of risks and	agencies to expand the		-	Ministry of	
minimize NCDs	older adult and aging groups		NCDs	network for pubic relation and			Social	
risks for targeted	in a manner that corresponds	2.	Testing of the series of	broadcasting of news update			Development	
groups are available.	to each area		knowledge for	and information in a			and Human	
			communicating about	comprehensive manner that			Security	
			risks as well as	match the targeted groups.		_	Department of	
			reduction of risks and	maton the targeted grouper			Public	
		0	NCDs in 2 actual areas				Relations	
			to where they will be					
	C					-	Ministry of	
			applied				Digital	
		3.	Creation of health				Economy and	
			messages for 3 main				Society	
			targeted groups					
			having NCDs risks i.e.					

-		
		teenagers, working
		age, and older adult
		and aging groups
		4. Arrangement for
		selection process to
		ensure standardized
		series of information
		5. Arrangement for
		meeting to certify the
		series of information
		and trying out the
		health message for
		each targeted group
2.3.2 NCD	1. Arrangement of 5	Development of
communications	meetings to select	diversification of
channel for various	communication channels	communication channels
targeted groups	for NCD prevention and	for targeted groups,
	control for the 3 targeted	especially digital platforms
	groups i.e. teenagers,	which offer quick access to
	working age, and older	population.

	 adult and aging groups Five monitoring and evaluation of try-out result of communication channel for each targeted group 								
Strategy 2.4 Monitor	and respond to information which	ch ca	auses harm to NCDs occu	ırren	се				
KPIs: - Percentage c	f response to public media whic	h inc	curs negative impact towa	rd h	ealth				
- One hundred	l percent of implementation as p	er th	e advertisement considera	ation	and approval system				
2.4.1	1. Arrangement for meeting	-	Monitoring and	1.	Monitoring and	-	Ministry of	-	Ministry of
There is intra and	to establish standard and		evaluation of method of		evaluation of method of		Public Health		Education
inter-connection for	guideline for monitoring of		surveillance and		surveillance and	-	Office of The	-	Ministry of
surveillance	news, which have		response to news		response to news which		National		Interior
information of the	negative impact toward	X	which have negative		have negative impact on		Broadcasting	-	Ministry of
internal and	NCDs occurrence and to	$\left[\right]$	impact on NCDs		NCDs occurrence		and		Social
external agencies whose roles	provide correct health	\mathbf{N}	occurrence	2.	Arrangement for a		Telecommunicat		Development
involve	news	2	Coordination with		meeting on an annual		ions		and Human
surveillance and	2. Arrangement for training		alliance network for		basis to review the		Commission		Security
response of	on surveillance method		monitoring and		method of surveillance		(NBTC)	-	Department of
information	and how to respond to		inspection of channels		and response to news		. ,		Public Relations

	negative news for NCDs	and content for	having negative impact		- Ministry of
	occurrence for	information, news, and	on NCDs occurrence and		Digital Economy
	community networks	advertisement which	to develop the system		and Society
	3. Arrangement for	may have negative	connecting surveillance		
	integrated meeting and	impact	information between		
	the system connecting		networks of internal and		
	surveillance information		external agencies whose		
	between networks of		role is to conduct		
	internal and external	e C	surveillance and		
	agencies whose role is to		response of news		
	conduct surveillance and				
	response of news				
	4. Monitoring and evaluation	r C V			
	of surveillance and				
	response of news which				
	have negative impact on				
	NCDs occurrence				
2.4.2 There is a	1. Amendment / review of	1. Amendment / review of	Monitoring and evaluation of	- Ministry of	- Ministry of
system to consider	laws and announcements	laws and	the system for advertisement	Public Health	Education
and approve	relating to advertisement	announcements	consideration and approval	- Office of The	- Ministry of

advertisement	approval	relating to	on an annual basis	National	Interior
(which places	2. Preparation of	advertisement		Broadcasting	- Ministry of
significance on	manual/guideline for	approval	\sim	and	Social
channels, content,	consideration and	2. Monitoring and		Telecommunicat	Development
and possible	approval of advertisement	_	XV).	ions	and Human
negative impact	3. Arrangement for meeting	system for		Commission	Security
without any conflict		-	\sim		
of interest)	to clarify the method for	advertisement		(NBTC)	- Department of
	consideration and	consideration and			Public Relations
	approval of advertisement	approval			- Ministry of
	to prevent any negative				Digital Economy
	impact and measures for		•		and Society
	implementation in case of				
	conflict of interest	$\sim C V$			
	S				

Strategy 3: Potential development for community / local administrations, and alliance networks

Objective: Communities can engage in management and promotion of health as well as NCDs prevention and control.

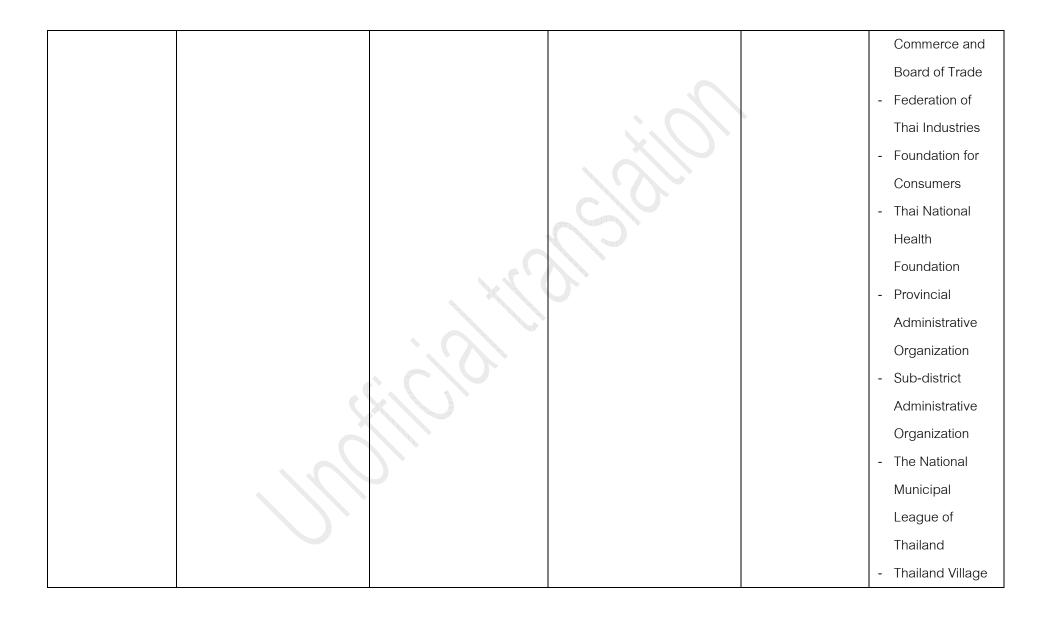
KPIs: Percentage of communities which can engage in management of health promotion as well as NCDs prevention and control (50 percent)

Droductivity	2017	2018	2010 2021	Responsible units				
Productivity	2017	2018	2019 - 2021	Primary	Secondary			
Strategy 3.1 Develop mechanism for people, local organizations, and alliance networks to participate in surveillance and promotion of health as well as								
disease control and p	prevention							
KPIs: - Percentage	of sub-districts engaging in integ	grated health management (70	percent by 2017, 100 percent by	y 5 years)				
- At least 1 co	ommunity in the urban area per n	nunicipality/special municipality	y engage in integrated health ma	nagement				
3.1.1	- Analysis of operating	- Driving operations	- Driving operations and	- Health Service	- Department of			
Agendas of various	mechanism of involved	and monitoring of	monitoring of committees	Support	Disease Control			
levels of	committees at various	committees		Department	- Department of			
committees, which	levels				Health			

are engaged by	- Analysis of driving issues		- Department of
the people alliance	of each year		Thai Traditional
network, include	- Driving operations and		and Alternative
health promotion	monitoring of committees		Medicine
as well as NCDs	5		- Department of
prevention and			Local
control			
			Administration
3.1.2	- Preparation of health	- Preparation of health - Preparation of health	- Ministry of Social
There are health	promotion plan for NCDs	promotion plan for promotion plan for NCDs	Development
management	prevention and control	NCDs prevention and prevention and control	and Human
communities	through community	control through through community	Security
conducting health	engagement process	community engagement process	- Thai Chamber of
promotion as well		engagement process - Arrangement of meeting	Commerce and
as NCDs	C C	- Arrangement of to monitor progress of	Board of Trade
prevention and	X		- Federation of
control		meeting to monitor health promotion	Thai Industries
		progress of health operations and NCDs	
		promotion operations prevention and control of	- Foundation for
		and NCDs prevention communities	Consumers
		and control of	- Thai National
		communities	Health

				Foundation
3.1.3	- Arrangement of meeting	- Arrangement of meeting	- Arrangement of meeting	- Provincial
There are alliance	of networks to exchange	of networks to exchange	of networks to exchange	Administrative
networks to	knowledge and	knowledge and	knowledge and	Organization
promote and	cooperation between	cooperation between	cooperation between	- Sub-district
support operations	different areas of	different areas of	different areas of	Administrative
of communities	surveillance, health	surveillance, health	surveillance, health	Organization
	promotion, and NCDs	promotion, and NCDs	promotion, and NCDs	- The National
	prevention and control	prevention and control	prevention and control	Municipal
)	League of
				Thailand
		$\langle 0 \rangle$		- Thailand Village
		$\sim 10^{\circ}$		Health Volunteer
	C C	$() \times$		Foundation
	~ (- National Health
				Commission
				Office
				- National Health
	N			Security Office
				- Thai Health

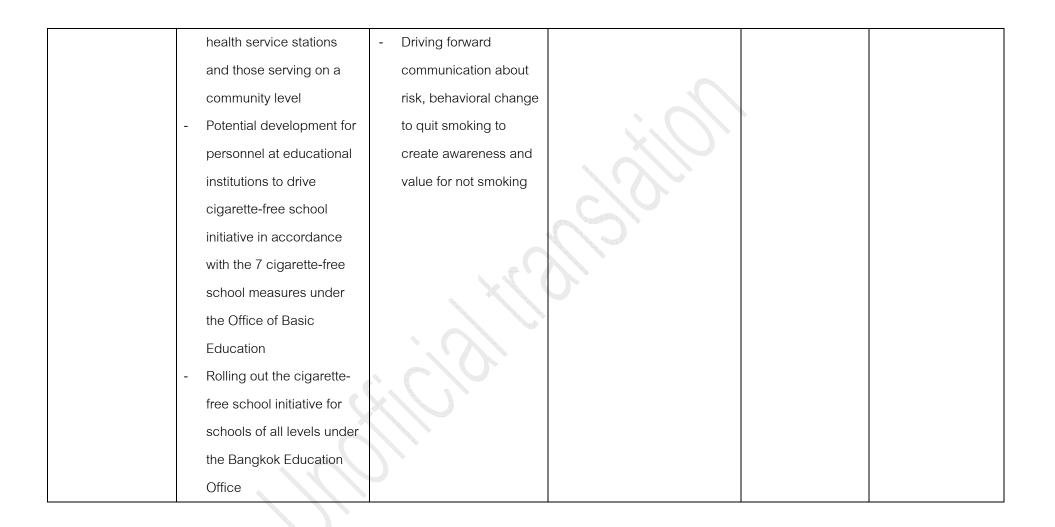
					Foundation				
Strategy 3.2: Develop potential of health leader of the community in respect of health promotion as well as NCDs prevention and control									
KPI: 1. There are at least 30 health management volunteers/sub-district in 2021									
2. There are at least 4.0 million Family Health Volunteers in 2021									
3.2.1	- Arrangement of training	- Arrangement of more	- Arrangement of more	- Health Service	- Department of				
There are health	sessions to develop	training sessions to	training sessions to	Support	Disease Control				
management	potential of health	develop potential of	develop potential of	Department	- Department of				
volunteers	management volunteers	health management	health management		Health				
(Community Health	handling NCDs	volunteers handling	volunteers handling		- Department of				
Volunteers).	management in	NCDs management in	NCDs management in		Thai Traditional				
	communities	communities	communities		and Alternative				
		$\langle O \rangle$			Medicine				
		$\cdot c \setminus C$			- Department of				
	Ċ	×U)×			Local				
					Administration				
					- Ministry of Social				
		5			Development				
					and Human				
					Security				
					- Thai Chamber of				



			Health Volunteer Foundation - National Health Commission Office - National Health Security Office
			- Thai Health Foundation
3.2.2	- Development of potential	- Development of - Development of potential	
There are more	of 10 health leaders for	potential of health of 10 health leaders for	
health leaders	working age who are in	leaders for working age working age who are in	
undergoing	good shape and good	who are in good shape good shape and good	
potential	health for each province	and good health for all health on provincial,	
development for	- Development and driving	sub-districts regional, and national	
surveillance, health	forward the healthy eating	- Development the levels	
promotion as well as NCDs	/ active living /	surveillance system for - Development the	
prevention and	environmental health	working age health and surveillance system for	
control	policy through the civil	data management working age health and	
	sector on a zone level.	- Development and data management on	

Emphasis is made on the	driving forward the	provincial, regional, and
on less salt policy, active	healthy eating / active	national levels
living policy, policy for	living / environmental	- Drive forward the Act for
availability of healthy food	health policy through	Healthy Eating / Active
at all agencies and	the civil sector and the	Living / Environmental
communities, policy to	National Health	Health Policy through the
improve workplace to	Assembly (Healthy	civil sector and the
ensure good environment	eating emphasizes on	National Health Assembly
for good health, and so	less salt consumption;	(Healthy eating
forth	active living focuses on	Cemphasizes on less salt
- Potential development for	a more active lifestyle;	consumption; active living
personnel in respect of	environmental health	focuses on a more active
surveillance, prevention	stresses on availability	lifestyle; environmental
and control of tobacco at	of healthy	health stresses on
educational institutions by	food shop at all	availability of healthy
transfer of knowledge as	agencies and	food shop at all agencies
per the revised version of	communities; the policy	and communities; the
"Tobacco detective (for	to improve the	policy to improve the
youth)" curriculum to	workplace to ensure	workplace to ensure
officials relating to public	healthy environment,	healthy environment, and

	health sector (Office of	and so forth)	so forth)	
	Disease Prevention and			
	Control 1-12/ Institute of	- Rolling out the	- Rolling out the cigarette-	
	Urban Disease Control	cigarette-free school	free school project at	
	and Prevention/ Provincial	project at schools of all	primary schools under	
	Health Office in high-risk	levels under Bangkok	Office of Basic Education	
	zones) for them to drive	Education Office	Commission	
	prevention and control of	- Rolling out the	- Rolling out the cigarette-	
	tobacco use among	cigarette-free school	free school project at	
	youth, especially in the	project at schools of all	Schools of all levels under	
	areas with high tobacco	levels under Office of	Bangkok Education Office	
	consumption as well as	Basic Education		
	the cigarette-free school	Commission		
	operations to ensure	- Supporting and driving		
	coverage for the area	cigarette-free school		
	under their responsibility	initiatives in a broad		
-	- Potential development for	perspective for schools		
	personnel providing	under Secondary		
	consultancy of reduction	Educational Service		
	and quitting of smoking at	Area in all areas		



Strategy 4: Development of monitoring and data management systems

Objective: Related agencies can identify the risk-prone demographics, patient groups, risk area, and environments which are considered risk factors in a correct, accurate, and timely manner, leading to necessary support for the launch of measures and implementation of NCDs prevention and control and NCDs risk minimization in an efficient manner.

KPIs: Percentage of related agencies which can identify the risk issues so as to determine measures for NCDs prevention and control in correct, accurate, and timely manner

Droductivity	2017	2017 2018		Responsible units				
Productivity 2017		2010	2019 - 2021	Primary	Secondary			
Strategy 4.1 Deve	Strategy 4.1 Develop connection of information on district, provincial, regional, and national levels							
KPIs: Percentag	e of related agencies on na	itional, regional, provincial,	, and district level whose o	perations meet the NCDs surveillance	e standard.			
4.1.1	1. Appointment of	1. Arrangement of a	1. Arrangement of a	- Bureau of Non-Communicable	- Bureau of Policy			
There are	working group to	minimum of 4	minimum of 4	Diseases, Department of	and Strategy, Office			
mechanisms for								

development	integrate data for	meetings of	meetings of	Disease Control	of Permanent
and monitoring	national NCDs	working group to	working group to		Secretary, Ministry
of NCDs	surveillance	integrate data for	integrate data for		of Public Health
surveillance for	2. Appointment of	national / regional	national / regional	(0)	- Bureau of Tobacco
data integration.	working group to	NCDs surveillance	NCDs surveillance	X ()	Control
	integrate data for				
	regional NCDs			0	- Office of Alcohol
	surveillance				Control Committee
	surveillance				- Bureau of Health
			$\langle \langle \rangle \rangle$		Promotion,
					Department of
					Health
					- Physical Activity
		.c.C.N			and Health Division,
		$\langle \chi \rangle \rangle$			Department of
		$\langle \rangle \rangle$			Health
		\sim			- National Health
					Security Office
					- National Statistical
					Office

					- Health Info Section
					- Institute of
					Population and
					Social Research,
					Mahidol University
				\sim	- Department of
					Epidemiology,
					Prince Songkhla
			$\langle \mathcal{A} \rangle_{\mathbb{R}}$		University
			X/O.		- National Health
					Examination Survey
					Office, Department
		. C. C. \			of Medical Services
		\mathcal{O}			
4.1.2	1. Provision of support	1. Establishment of	1. Rolling out pilot	- Bureau of Non-Communicable	- Center for
There is	for adjustment and	pilot hospitals to	hospitals	Diseases, Department of	Information
surveillance	assortment of	develop		Disease Control	Technology and
information on	existing data	connection of the		- Bureau of Policy and Strategy,	Communication,
illness and risk-	systems to put in	43- file system		Office of Permanent Secretary,	Office of Permanent
prone behavior	place the information	between the area		Ministry of Public Health	Secretary, Ministry

on a service unit	recording system,	level (community	of Public Health
	5 1		
level, which	which includes the	health stations, and	- Bureau of
extends from	information of health	sub-district health	Epidemiology,
the existing data	stations at sub-	stations) and the	Department of
system and	district health	provincial, health	Disease Control
reports in a	stations and	regions, and	- Office of Tobaco
complete,			
correct, and	hospitals consisting	central levels for	Products Contro
timely manner.	of illness information,	common use of 12	Committee
	treatment, and key	pilot provinces (1	- Office of Alcoho
	risk-prone behaviors	province per each	Control Committ
	2. Coordination for	health region)	- Bureau of Nutriti
	management of the	2. Coordination with	Department of
	existing health data	related agencies to	Health
	center to enable	set up the	- National Health
	monitoring of the	individual NCDs	Security Office
	situation on	health status data	
	population and	system with	
	individual levels in a	connection	
	correct and	between the health	
	complete manner on	stations where	

	provincial regional	oitizono oon			
	provincial, regional,	citizens can			
	and national level	access their own			
		individual			
		information			
		3. Provision of training			
		session for medical		\mathcal{N}	
		personnel to	C	0	
		ensure they can			
		record data of risk-			
		prone behavior and	$\times \int O$		
		illness with			
		accuracy			
4.1.3		1. Survey of service	1. Survey of service	- Bureau of Non-Communicable	- National Health
There is a		data at medical	data at medical	Diseases, Department of	Security Office
sentinel		institutions under	institutions under	Disease Control	
surveillance		the Ministry of	the Ministry of	- Center for Information	
system for		Public Health and	Public Health and	Technology and	
treatment		those under	those under	Communication, Office of	
profiles of		Bangkok	Bangkok	Permanent Secretary, Ministry	
patients					
suffering from		Metropolitan area	Metropolitan area	of Public Health	

type 2 diabetes		(sentinel	(sentinel	
		,		
and		surveillance) to	surveillance) to	
hypertension of		monitor the result	monitor the result of	
hospitals under		of care provided to	care provided to	
the umbrella of		patients with	patients with	
Ministry of				
Public Health		diabetes type 2	diabetes type 2 and	
and medical		and hypertension	hypertension	
institutes in		2. Reporting of survey	2. Reporting of survey	
Bangkok.		data every 1 year	data every 1 year	
4.1.4	1. Assessment of	1. Training is	1. Training is provided - Bureau of Non-Communicable -	Office of Civil
There is an	correctness and	provided to	to personnel related Diseases, Department of	Registration,
information	completeness of	teachers who	to diagnosis of Disease Control	Department of
system with	death data is	diagnose cause of	Cause of death by - Bureau of Policy and Strategy,	Local
correct and	conducted on a	death to ensure the	teachers who Office of Permanent Secretary,	Administration,
complete data	regular basis.	diagnosis meets		Ministry of Interior
on death related	-		Withouty of Fublic Floatur	
to NCDs.	2. Analysis of	the criteria.	training.	National Statistical
	epidemiology		2. Support is provided	Office
	situation of NCDs		for making of cause	Institute of
	death which is		of death diagnosis	Population and
	calibrated with the		program.	Social Research,

	result of evaluation						Mahidol University
	of coverage and						
	accuracy of data is						
	conducted on an						
	annual basis			X			
4.1.5	Arrangement of	There are guidelines for	There are guidelines for		Office of Permanent Secretary,	-	Office of Tobacco
There is data	meetings of NCDs	conducting survey in a	conducting survey in a		Ministry of Public Health		Products Control
integration for	survey database	manner that the data	manner that the data	-	Bureau of Non-Communicable		Committee
NCDs, risk-	administrators whose	can be systematically	can be systematically		Diseases, Department of	-	Office of Alcohol
prone behavior,	data includes risk-prone	integrated to the	integrated to the		Disease Control		Control Committee
and health- smartness in the	behavior and health	database.	database.	-	Bureau of Policy and Strategy,	-	Bureau of Health
population	awareness on	\$			Office of Permanent Secretary,		Promotion,
survey database	demographic levels so	C	5		Ministry of Public Health		Department of
to enable	as to jointly determine	(X V)		-	National Statistical Office		Health
monitoring of	the key KPIs and survey	$\langle \rangle$				-	Physical Activity
situation on a	methodology to optimize	$\langle \rangle$					and Health
provincial level	the use of data up to the						Division,
	provincial level						Department of
							Health
						-	Bureau of

					Nutrition, Department of Health - National Health Security Office - Health Service
					Support Department - Health Info Section
4.1.6	1. Coordination and	1. There is reporting	1. There is reporting	- Bureau of Epidemiology,	- Bureau of Policy
There is	management of	on NCDs situation	on NCDs situation	Department of Disease	and Strategy,
connection	existing database to	which connects the	which connects the	Control	Office of
between related	set up data archive	data on death,	data on death,	- Bureau of Non-	Permanent
data	as well as key data	illness,	illness,	Communicable Diseases,	Secretary, Ministry
(environment,	resources, which	environment, and	environment, and	Department of Disease	of Public Health
risk-prone behaviors,	cover environmental	risk-prone behavior	risk-prone behavior	Control	- Office of Tobacco
illness, deaths,	factors, risk-prone	both from the	both from the health		Products Control
and	behavior, illness,	health stations and	stations and		Committee
abnormalities (5	death, and	demographic level	demographic level		- Office of Alcohol
dimensions))	abnormalities (5	in the NCDs Board	in the NCDs Board		Control Committee

To ensure an	dimensions)	meeting on district,	meeting on district,		- Bureau of Health
integrated,		provincial, and	provincial, and		Promotion,
systematic		regional levels.	regional levels.		Department of
surveillance for				(0)	Health
NCDs and				XV	- Physical Activity
related risk					and Health
factor on a				0	Division,
district and national levels.			CA -		Department of
national levels.			$\langle \rangle \rangle$		Health
			×(`)		- Bureau of Nutrition,
					Department of
		<u>`.</u> O			Health
)		- National Statistical
		(1/2)			Office
		XII			
		$\mathcal{O}(\mathcal{O})$			- Institute of
		\mathcal{N}			Population and
					Social Research,
					Mahidol University
		~			- Department of

					Epidemiology, Prince Songkhla University - National Health Examination Survey Office - Health Service
			P.	`	Support Department
4.1.7	1. Assessment on	1. Assessment on	1. Assessment on	- Inspection Division	- Bureau of Non-
There is	surveillance system	surveillance system	surveillance system	- Center for Information	Communicable
evaluation of	for diabetes and	for diabetes and	for diabetes and	Technology and	Diseases
data system for	hypertension at	hypertension at	hypertension at	Communication, Office of	- Bureau of Policy
NCDs service	health stations of the	health stations of	health stations of	Permanent Secretary, Ministry	and Strategy,
provision of	public sector is	the public sector is	the public sector is	of Public Health	Office of
public medial	conducted every 2	conducted every 2	conducted every 2		Permanent
institutes to	years.	years.	years.		Secretary,
monitor the	,	,	,		Ministry of Public
quality of					Health
reporting and to					
enable					- Bureau of

systematic					Epidemiology,
development.					Department of
					Disease Control
4.1.8	1. There is a review	1. There is a review	1. There is a review on	- National Cancer Institute of	- Bureau of Policy
There is a	on correctness and	on correctness	correctness and	Thailand	and Strategy,
correct and	completeness of	and	completeness of	- National Health Security	Office of
complete	cancer register.	completeness of	cancer register on	Office	Permanent
registration of		cancer register	a national level.	*	Secretary,
population with cancer on a		on a national			Ministry of Public
national level.		level.	$X \setminus O$		Health
					- Center for
		\sim			Information
		C.C.	J		Technology and
		(X V)			Communication,
		$\langle \rangle$			Office of
		$\langle \rangle$			Permanent
					Secretary,
					Ministry of Public
					Health
Strategy 4.2 Deve	lop potential of data manag	ement and analysis to mo	nitor NCDs on a national,	provincial and district level	

4.2.1	1. Provision of	1. Provision of training	- Praborommarajchanok	- Bureau of Non-
Personnel in	training / recover	J	Institute, Ministry of Public	Communicable
medical	for NCDs	management and	Health	Diseases
statistics and	management and		- Thailand Healthy Strategic	- Center for
NCDs-related	-			
nformation	reporting for	medical statistics	Management Office, Ministry	Information
undergoing	medical statistics		of Public Health	Technology and
NCDs data	personnel,	including provision		Communication,
management	including	of NCDs		Office of
training	provision of NCD	s surveillance		Permanent
	surveillance	information		Secretary, Ministr
	information	U.		of Public Health
	(\mathcal{A})			- Bureau of Policy
				and Strategy,
				Office of
				Permanent
				Secretary, Minist
				of Public Health

4.2.2		1. Provision of training	1. Provision of training	_	Bureau of Non-Communicable	_	Bureau of Policy
Personnel who		C					
are disease		/ recovery for	/ recovery for NCDs		Diseases		and Strategy,
		NCDs analysis and	analysis and result	-	Thailand Healthy Strategic		Office of
managers or		result reading for	reading for disease		Management Office, Ministry		Permanent
regional /		disease managers	managers or NCDs	X	of Public Health		Secretary,
provincial /		or NCDs disease	disease system		Bureau of Health Promotion,		Ministry of Public
district NCDs		system manager	manager on district,		Department of Heath		Health
system					Dopuration: of Float		
managers		on district,	provincial, and			-	Bureau of
undergoing		provincial, and	regional level in line				Epidemiology
training for		regional level in	with the 5-			-	Center for
NCDs data		line with the 5-	dimension disease				Information
management,		dimension disease	surveillance				Technology and
analysis, and		surveillance					Communication,
result							Office of
processing in							Permanent
alignment with							
the 5-dimension	~ 5						Secretary,
surveillance							Ministry of Public
framework							Health
Strategy 4.3 Devel	op the NCDs and risk factor	r surveillance system on	an organizational level and	l for	targeted group		

	tage of educational instituti e of businesses which can					nt and undergrads on a timely ma y manner	anne	er
4.3.1	- There is a	1. Pilot educational	1.	Rolling out pilot	-	Office of Permanent	-	Office of Basic
There is a	mechanism to	institutions are set		educational		Secretary, Ministry of		Education
system to	drive integration of	up for NCDs		institutions for NCDs	X	Education		Commission
observe NCDs	NCDs surveillance	surveillance		health surveillance		Bureau of Non-Communicable	-	Bureau of Student
risk factors at	initiatives at	1.1. Integration and	2.	There are		Diseases, Department of		Activities
educational institutions	educational	management of		guidelines for		Disease Control		Development
institutions	institutions.	students' health		surveillance of	-	Bureau of Health Promotion,	-	Office of
	- Gathering and	recording system	X	NCDs and risk-		Department of Heath		Vocational
	analysis of health	of educational		prone behaviors at				Education
	data of students of	institutions with		workplaces on a				Commission
	each level of	the public health	\mathcal{F}	national level			-	Bureau of Nutrition
	educational	database					-	Physical Activity
	institutions are	1.2. A program is						Division
	conducted by	designed to					-	Bureau of
	related agencies.	record and link						Epidemiology
	- Gathering and	the health data for					-	Physical Education
	coordination of	the purpose of						Division, Health
	NCDs health	health status						Support Service

	database at	monitoring on			Department
	educational	individual and			- Bureau of Tobac
	institutions to	studying age			Control
	relieve reporting	population levels.			- Office of Alcohol
	burden of	1.3. Training is			Control Committe
	educational	provided to		\mathcal{N}	- National
	institutions	develop potential	C		Electronics and
		of health teachers			Computer
		at educational	$\langle \rangle$		Technology Cen
		institutions to	X / O.		
		ensure they can			
		manage and			
		analyze primary			
		data.			
4.3.2	1. Appointment of	1. There is		- Bureau of Non-Communicable	- Department of
There is a	working group to	coordination and		Diseases	Welfare and
system to	coordinate and	connection of NCDs		- Bureau of Occupational and	Labour Protectio
observe NCDs	develop the NCDs	health database of		Environmental Diseases,	- Bureau of Nutritio
risk factors at	surveillance	businesses to		Department of Disease	- Physical Activity
businesses	database at	relieve their		Control	Division

workplaces	reporting burden.	- Bureau of
2. Gathering and	The guidelines are	Epidemiology
analysis of health	set up for	- Physical Education
data of labors of	surveillance of	Division, Health
businesses from	NCDs and risk-	Support Services
related agencies	prone behaviors of	Department
	businesses on a	- Bureau of Tobacco
	national level.	Control
	2. There are pilot	- Office of Alcohol
	businesses for	Control Committee
	NCDs health	- Bureau of Mental
	surveillance	Health and
	2.1.There are	Development,
	guidelines for	Department of
	NCDs	Mental Health
	surveillance at	- Bureau of
	pilot	Environmental
	businesses	Health,
	2.2.A system is set	Department of
	up to record	Health

health data of	- Social Security
labors of pilot	Office, Ministry of
businesses	Labour
2.3.A program is	
designed to	
record and link	
the health data	
for the purpose	
of health status	
monitoring on	
individual and	
working age	
population	
levels.	
2.4.Training is	
provided to	
develop	
potential of	
health	
personnel at	

	businesses to		
	ensure they		
	can manage		
	and analyze		
	primary data.		

Strategy 5: Management reform to reduce risk and control the diseases in line with their situation and local context

Objective: Overall risk-prone demographics and NCD patients can minimize risk conditions and have sound control over their illness which can deter complications.

KPIs:

- 1. Decreasing percentage of population with risk-prone conditions (obesity, hypertension, hyperlipidemia, diabetes, smoking, excessive alcohol consumption)
- 2. Percentage of NCDs patients (cardiovascular disease, cerebrovascular disease, diabetes, cancer, and emphysema) who can access to standard health care

Droductivity	2017	2019	2010 2021	Responsible units					
Productivity	2017 2018 2019 - 2021		Primary	Secondary					
Strategy 5.1: Service reform for the purpose of screening and risk reduction in general population and various risk-prone groups in alignment with the									
specific nature of eac	ch risk-prone group								
KPIs: Percentage of service organizations and units which can conduct screening and minimize NCDs risks of targeted groups in a manner that meets the									
standard									

5.1.1	1.	Appointment of working	1. Development of tools or	1.	Transfer/development of	- Bureau of Non-	- Bureau of Mental
There are options		group to identify options	pattern for NCDs risk		potential of primary	Communicable	Health and
for integration of		for integration of NCDs	screening, which forms		agencies or service	Diseases,	Development,
screenings of		risk screening, which	part of the health		teams, and alliance	Department of	Department of
NCDs risks in		forms part of the health	service provided at		networks to be able to	Disease Control	Disease Control
health service and		service, to screening of	primary agencies,		utilize tools or integrated	- Bureau of	- Office of Alcohol
improved		risks or other diseases	schools, businesses,		patterns for NCDs risk	Nutrition,	Control
connection to the				-			
risk and disease	2.	Proposal on guidelines for	and workplaces		screening as a part of	Department of	Committee,
minimization		NCDs risk screening			health service in an	Health	Department of
system.				\cup	efficient manner	- Bureau of Health	Disease Control
				2.	There is mechanism to	Promotion,	- Bureau of
			$\langle O \rangle$		develop cooperation	Department of	Tobacco Control
					between the Ministry and	Health	- Physical Activity
		Ċ	XV)		alliance networks		Division,
					regarding screening and		Department of
					risk reduction for targeted		Health
					groups.		- Bureau of
							Academic
							Medicine,
							Department of

							Medical
							Services
5.1.2	1.	There are a working group	1. Development/ revision	1.	Transfer/development of	- Bureau of Non-	- Bureau of
There are		to study or review the	of tool kit, media		potential of primary	Communicable	Alternative
guidelines for		guidelines for service	kit/curriculum for NCDs		agencies or service	Diseases,	Medicine,
arrangement of		arrangement and revised	risk reduction for use in		teams of alliance	Department of	Department of
service and media		media kit such as	the communities,		networks to enable the	Disease Control	Thai Traditional
for integrated risk minimization in the		infographics containing	medical institutions,		use of tool kit, media,	- Bureau of Health	and Alternative
community,		academic information for	schools, workplaces,		manual/curriculum for	Promotion,	Medicine
schools,		targeted groups for	and businesses	\cup	NCDs risk reduction in	Department of	- Center for Public
workplace,		integrated risk reduction			communities, medical	Health	Communications
businesses, and		in communities, medical	~ 0.1		institutions, schools,	- Primary Health	, Department of
medical		institutions, schools,	$\sim C \setminus C$		workplaces, and	Care Division,	Health
institutions.		workplaces, and			businesses	Department of	- Bureau of Risk
		businesses.				Medical Support	Communication
						Service	and Health
							Behavior
							Development,
							Department of
							Disease Control

					- Thai NCD
					Network
					- Ministry of digital
					Economy and
					Society
5.1.3	1. Development of tool kit,	1. Development of	1. Expansion of operations	- Bureau of Non-	- Bureau of Mental
There is a health	media kit/curriculum for	primary units such as	for service teams of	Communicable	Health and
service unit /	use of internal units	community health	alliance networks	Diseases,	Development,
provider giving	providing consultancy at	center, health		Department of	Department of
consultancy to	medical institutions,	education unit at	5	Disease Control	Disease Control
minimize NCDs	schools, businesses, and	schools / businesses to		- Bureau of Health	- Thai NCD
risks on an individual and	primary service units in	enhance their potential		Promotion,	Network
organizational	the community	in providing		Department of	- Department of
levels.	d	comprehensive advice		Health	Health
		which could reduce			- Bureau of Health
		NCDs risks			Administration,
					Office of
					Permanent
					Secretary,
					Ministry of Public

					Health
5.1.4		1. Assessment and	1. Extraction of lesson	- Department of	
There is an		development of	learned,	Disease Control	
efficient risk		technology	options/opportunities to	•	
minimizing service		2. Setting up pilot risk-	for expansion to other		
formats.		reducing service in	areas		
		prototype zone	CV.		
Strategy 5.2 Refor	m of health service for chron	ic patients (with or without	complications) at medical ser	vice stations to ens	ure efficiency and
support patients' s	elf-management				
KPIs: Percentage of	service units which have develop	ped an efficient management fo	ormats for chronic diseases and s	support self-care of pa	tients with
complication with qu	ality that meets standard				
5.2.1	1. Development of standard	1. Development of	1. There are clinics for	- Bureau of Non-	- Bureau of
Development of	to enhance the quality of	guidelines / manual on	chronic disease as well	Communicable	Academic
chronic disease	care and support for self-	care for chronic	as clinics for change of	Diseases,	Medicine,
clinic, clinic for	management of service	disease to put in place	behavior / risk	Department of	Department of
change of	recipients and to reduce	a comprehensive	minimization and	Disease Control	Medical
behavior/ risk	risk, which is opted by the	module with integrated	hospitals which can	- Bureau of	Services
minimization at	clinics for change of	care for various chronic	provide care for patients	Alternative	
hospitals to enable	behavior / risk	diseases in a manner	while managing risk	Medicine,	
management of	minimization and hospitals	that meets the standard	reduction and	Department of	
disease, risk				Department of	

minimization, and	as such as clinics for	2. Development of	complication conditions	Thai Traditional	
complications in a	alcohol/tobacco addicts,	mechanism to monitor	as per the standards	and Alternative	
manner that meets	people with obesity, or	complication of chronic		Medicine	
the standard	stress clinics	disease		b	
	2. Development of standard				
	to enhance the quality of		$\langle O \rangle$		
	care provided to patients		CV.		
	suffering specific chronic		$(C \cap)$		
	disease i.e. DM, HT, IHD,	-C			
	COPD, and cancer		0.		
	- Development of tool				
	kit and key	~ 0.1			
	knowledge base to	$\sqrt{0}$			
	prevent and control	(Ux			
	CVD and CKD for				
	public health service				
	stations				
	- Preparation of				
	standard tool for				
	prevention and				

	т				1
	control of DM and HT				
	for risk-prone groups				
	and patient groups at				
	public health service			•	
	stations				
	3. Quality improvement for				
	guidelines and		C.V.		
	assessment of NCDs		\mathcal{O}		
	clinics	-0			
5.2.2	1. Development of capability	1. Development of	1. Development of capability	- Bureau of Non-	- Department of
The	of interdisciplinary team to	capability of	of interdisciplinary team	Communicable	Medical
interdisciplinary	be able to provide chronic	interdisciplinary team	to be able to provide	Diseases,	Services
team with	disease and complication	to be able to provide	chronic disease and	Department of	
knowledge and	condition prevention	chronic disease and	complication condition	Disease Control	
skills to provide	service as per the	complication condition	prevention service as per	- Department of	
service on	standard to enhance the	prevention service as	the standard to enhance	Medical	
prevention of					
chronic disease	quality of care for patients	per the standard to	the quality of care for	Support	
and complications,	suffering from specific	enhance the quality of	patients suffering from	Services	
which supports	chronic diseases	care for patients	specific chronic diseases	- PCC team	
self-care and	2. Provision of training to	suffering from specific	2. Development of lecturer	(Office of Public	

promotes risk			to one to renoviale	Llaalth	
-	develop capacity and skill	chronic diseases	team to provide	Health	
minimization to	for VCD and CKD	2. Development of	knowledge on behavioral	Management)	
service recipients	operations for public	lecturer team to	change processes		
	health personnel and	provide knowledge on		•	
	provision of training for	behavioral change			
	transfer of DM/HT	processes	///		
	standard set of knowledge		6		
5.2.3		1. Development of data	1. Development of new data	-	_
There is a system to provide continuous care for patients and it is linked to service provision units.	50	system for care of chronic patients, namely - Smartphone application to provide knowledge on patient monitoring by means of connecting the application with the	system		

		technology center of			
		each agency, which			
		is linked to the			
		technology center of	(Ω)		
		the province and			
		that of the Ministry of	$\langle V \rangle$		
		Public Health			
5.2.4		1. Development of service	1. Expansion of service to	- Bureau of Non-	- Bureau of
The services for		to prevent and care for	prevent and care for	Communicable	Alternative
chronic diseases at		chronic patients on	Chronic patients on digital	Diseases,	Medicine,
primary health		digital platform	platform	Department of	Department of
stations are		$\langle O \rangle$		Disease Control	Thai Traditional
comprehensive and efficient.		$\sim 1/2$		- Bureau of	and Alternative
	C C			Academic	Medicine
				Medicine,	- Department of
				Department of	Medical
				Medical	Support Service
				Services	- Center for
					Information
					Technology and

					Communication,	
					Office of	
					Permanent	
			$\langle n \rangle$	•	Secretary,	
					Ministry of	
			$\langle V \rangle$.		Public Health	
			C		- NECTEC	
			\mathcal{O}		- Thai Health	
					Promotion	
			5		Foundation	

Strategy 6: Development of system to support and drive integrated implementation

Objective: Implementation is driven and efficient support is given to NCDs prevention and control

KPIs: Percentage of success as per the strategy

Productivity	2017	2018	2019 – 2021	Responsible units				
Productivity				Primary	Secondary			
trategy 6.1 Develop	o mechanism to drive implemer	ntation of strategies engaged by	y various alliances in an efficient	manner				
KPIs: Percentage	KPIs: Percentage of projects which were integrated as planned which lead to implementation							
6.1.1	<u>Central unit</u>	Central unit	<u>Central unit</u>	- Office of Healthy	- Office of the			
There are	1. Arrangement of a	1. Arrangement of a monthly	1. Arrangement of a	Lifestyle	National			
mechanisms for	monthly core team	core team meeting to	monthly core team	Management	Economic			
continuous	meeting to drive and	drive and coordinate for	meeting to drive and	- Bureau of Non-	and Social			
management and	coordinate for initiatives	initiatives asper the	coordinate for initiatives	Communicable	Development			
administration of	asper the strategy	strategy	asper the strategy	Diseases,	Board			
strategic implementation	2. Arrangement of	2. Arrangement of	2. Arrangement of	Department of	- Department			
on national,	Administration	Administration	Administration	Disease Control	- of Local			
regional,	Committee Meeting	Committee Meeting	Committee Meeting every		Administratio			
provincial, and	every 6 months	every 6 months	6 months		n, Ministry of			
district levels with	3. Arrangement of 6-	3. Arrangement of 6-	3. Arrangement of 6-		Interior			

the engagement		strategy sub-committees		strategy sub-committees		strategy sub-committee	-	Office of
of alliance		every 3 months to		every 3 months to		every 3 months to		Permanent
networks.		prepare action plan to		prepare action plan to		prepare action plan to		Secretary,
		drive NCDs operations		drive NCDs operations		drive NCDs operations		Ministry of
		which will be proposed		which will be proposed		which will be proposed to		Education
		to the cabinet, to		to the cabinet, to		the cabinet, to integrate	-	Office of the
		integrate operations and		integrate operations and		operations and to ensure		Private
		to ensure monitoring		to ensure monitoring		monitoring process		Education
		process.		process	4.	Expedition and		Commission
	4.	Expedition and	4.	Expedition and		implementation to	-	Office of the
		implementation to		implementation to		establish the coordinator		Basic
		establish the coordinator		establish the coordinator		team between CCS		Education
		team between CCS		team between CCS		(Country Cooperation		Commission
		(Country Cooperation	Ċ	(Country Cooperation		Strategy) and the public	-	Office of the
		Strategy) and the public	X	Strategy) and the public		and private sector to		Higher
		and private sector to		and private sector to		enable integrated		Education
		enable integrated		enable integrated		operations with		Commission
		operations with		operations with		collaboration from all	-	IHHP
		collaboration from all		collaboration from all		departments and	-	Institute of
		departments and		departments and		bureaus, operated by		Nutrition,

		C 11 12 CC	
bureaus, operated by	bureaus, operated by	full-time officers	Mahidol
full-time officers	full-time officers	5. Arrangement of meeting	University
	5. Arrangement of meeting	to announce happy	- Health
	to announce happy	operating policies and	Systems
	operating policies and	directions to officers on	Research
	directions to officers on	regional and provincial	Institute
	regional and provincial	levels	- NHSO
	levels		- Social
			Security
		0	Office
			- Department
	$\langle Q \rangle$		of Medical
	CV.		Services
	$(\mathcal{V},\mathcal{V})$		- Department
			of Health
			- Thai FDA
			- Department
			of Mental
			Health
			- Institute of

				Research,
				Knowledge
				Management
		(Ω)		, and
				Standards of
		$\langle V \rangle$		Disease
		CN		Control,
				Department
				of Disease
	X/	0.		Control
				- Bureau of
				Policy and
	C.C.V.			Strategy
				- ThaiHealth
0	$\langle \rangle$			- NHSO (Civil
				Health
				Regions)
Regional units	Regional units	Regional units	- Health Region	- Related
1. Arrangement of NCDs	1. Arrangement of NCDs	1. Arrangement of NCDs	- PHO	hospitals and
Board meeting on	Board meeting on	Board meeting on		DPH

	regional and provincial	regional and provincial	regional and provincial		
	levels to monitor and	levels to monitor and	levels to monitor and		
	drive NCDs operations	drive NCDs operations	drive NCDs operations		
	2. Arrangement of	2. Arrangement of	2. Arrangement of		
	management	management committee /	management committee /		
	committee /	assessment on district	assessment on district		
	assessment on district	level (DHCC) / DHS /	level (DHCC) / DHS /		
	level (DHCC) / DHS /	DHB to drive and monitor	DHB to drive and monitor		
	DHB to drive and	NCDs operations	NCDs operations		
	monitor NCDs		C		
	operations				
6.1.2	Central units	Central units	Central units	- District Executive	- District / sub-
Integration of	1. Arrangement of	1. Arrangement of	1. Arrangement of meetings	/Evaluation	district
action plans from	meetings to prepare the	meetings to prepare the	to prepare the integrated	Committee (EC)	hospitals
all sectors and	integrated plan from all	integrated plan from all	plan from all sectors	- PCC, DHS, DHB	- Regional
implementation	sectors (twice)	sectors (twice)	(twice)	- LAO	NHSO
as planned.	<u>Regional units</u>	<u>Regional units</u>	<u>Regional units</u>		
	1. Prepare the integrated	1. Prepare the integrated	1. Prepare the integrated		
	plan from all sectors on	plan from all sectors on	plan from all sectors on		
	provincial and district	provincial and district	provincial and district		

	 levels 2. Expedition for community action plan that ensure engagement of all sectors to solve NCDs issues in their area 	 levels 2. Expedition for community action plan that ensure engagement of all sectors to solve NCDs issues in their area 	 levels 2. Expedition for community action plan that ensure engagement of all sectors to solve NCDs issues in their area 		
		evaluation of NCDs prevention a ects which are monitored and ev 1. Arrangement for	and control result on a national, in valuated on each level	regional, and provincial le	- Inspection
Monitoring and evaluation plan and mechanism for strategic plans and action plans	 meetings to review strategies and implementation of NCDs operation 2. Supervision on monitoring of progress of NCDs operations and monitoring of drivers for deployment of strategies 	 meetings to review strategies and implementation of NCDs operation 2. Supervision on monitoring of progress of NCDs operations and monitoring of drivers for deployment of strategies 	 meetings to review strategies and implementation of NCDs operation 2. Supervision on monitoring of progress of NCDs operations and monitoring of drivers for deployment of 	Lifestyle Management - Bureau of Non- Communicable Diseases, Department of Disease Control	Division - Center for Information Technology and Communicatio n, Office of Permanent Secretary,

	on national NCDs	on national NCDs	strategies on national		Ministry of
	prevention and control	prevention and control on	NCDs prevention and		Public Health
					T UDIIC Fleatur
	on regional level (12	regional level (12 regions)	control on regional level		
	regions) and provincial	and provincial level	(12 regions) and		
	level	3. Development of	provincial level		
	3. Monitoring and	evaluation mechanism	3. Development of		
	assessment of operation	and academic support by	evaluation mechanism		
	of NCD prevention in	experts to oversee the	and academic support		
	working age group	overall NCDs operations	by experts to oversee		
	(2017)	(meetings, analysis and	the overall NCDs		
		assessment of situation	operations (meetings,		
		every 2 months)	analysis and		
		· C/U.	assessment of situation		
		$(\mathcal{V},\mathcal{V})$	every 2 months)		
<u> </u>	Regional units	Regional units	Regional units	- Regional Public	- Office of
	1. Regional Health Office in	1. Regional Health Office	1. Regional Health Office in	Health Office	Disease
	collaboration with Office	in collaboration with	collaboration with Office	- Provincial Public	Prevention and
	of Disease Prevention	Office of Disease	of Disease Prevention	Health Office	Control in each
	and Control jointly	Prevention and Control	and Control jointly	- District Public	Health Region
	conduct supervision of	jointly conduct	conduct supervision of	Health Office	- Provincial

6.2.2	 NCDs operation of each province in each region Provincial Public Health supervises NCDs operation in each district District Public Health supervise NCDs operation of each district 	 supervision of NCDs operation of each province in each region Provincial Public Health supervises NCDs operation in each district District Public Health supervise NCDs operation of each district 	NCDs operation of each province in each region 2. Provincial Public Health supervises NCDs operation in each district 3. District Public Health supervise NCDs operation of each district		hospital - District hospitals
o.2.2 The system to manage series of information which covers and connects to all sectors as per the strategy	 Central units Analysis and reporting achievement of the operation with the use of national NCDs data system and reporting to management and related parties for acknowledgement Regional units 	 Central units Analysis and reporting achievement of the operation with the use of national NCDs data system and reporting to management and related parties for acknowledgement Regional units 	 Central units Analysis and reporting achievement of the operation with the use of national NCDs data system and reporting to management and related parties for acknowledgement Regional units 	 Office of Healthy Lifestyle Management Bureau of Non- Communicable Diseases, Department of Disease Control Health Regions Provincial Public Health Office 	 Center for Information Technology and Communicatio n, Office of Permanent Secretary, Ministry of Public Health

	 Analysis and reporting achievement of the operation with the use of regional, provincial, and district NCDs data 	- Analysis and reporting achievement of the operation with the use of regional, provincial, and district NCDs data	 Analysis and reporting achievement of the operation with the use of regional, provincial, and district NCDs data 	 District Public Health Office / Hospitals
	system	system	system	
Strategy 6.3: Deve	lop personnel of all related allia	nces to be able to deploy the s	strategies	
KPIs: Perce	ntage of key personnel on each	level whose implementation me	eets the standard	
6.3.1	Central units	Central units	<u>Central units</u>	- Department of -
The efficient	- Provision of training /	- Provision of training /	- Provision of training /	Disease Control
chronic disease	recovery of potential for	recovery of potential for	recovery of potential for	- Department of
system manager	the chronic management	the chronic	the chronic	Health
on national,	system manager team of	management system	management system	- Department of
regional,	the health region,	manager team of the	manager team of the	Medical Support
provincial,	provincial public health	health region, provincial	health region, provincial	Services
district, and sub- district levels	office, community	public health office,	public health office,	- Department of
	hospitals, and district	community hospitals,	community hospitals,	Medical Services
	public health office	and district public	and district public health	- Department of Thai
	(once/year)	health office (once/year)	office (once/year)	Traditional and
				Alternative

				Medicine
	Regional units	Regional units	Regional units	
	- Arrangement for NCDs	- Arrangement for NCDs	- Arrangement for NCDs	
	learning process to	learning process to	learning process to	
	develop the system	develop the system	develop the system	
	manager (SM) to build	manager (SM) to build	manager (SM) to build a	
	a teamwork	a teamwork	teamwork environment	
	environment to drive	environment to drive	to drive NCDs	
	NCDs operations	NCDs operations	operations	
6.3.2	- Provision of training for	- Provision of training for	- Provision of training for	- Department of -
Teams of public	development / recovery	development / recovery	development / recovery	Disease Control
health and	of potential for teams of	of potential for teams of	of potential for teams of	- Department of
interdisciplinary	public health personnel	public health personnel	public health personnel	Health
personnel with	and the	and the interdisciplinary	and the interdisciplinary	- Department of
knowledge and	interdisciplinary team to	team to equip them with	team to equip them with	Medical Support
skills to provide	equip them with	knowledge and skill for	knowledge and skill for	Services
consultancy,				
change	knowledge and skill for	providing consultancy	providing consultancy	- Department of
behaviors, and	providing consultancy	on behavioral change	on behavioral change	Medical Services
care for chronic	on behavioral change	and care for NCDs	and care for NCDs	- Department of Thai

patients in an	and care for NCDs	patients in an inclusive	patients in an inclusive	Traditional and	
inclusive manner	patients in an inclusive	manner (once/year)	manner (once/year)	Alternative	
	manner (once/year)			Medicine	
			\sim		
6.3.3	1. Provision of training for	1. Provision of training for	1. Provision of training for	- Department of	- Networks
Personnel of	development / recovery	development / recovery	development / recovery	Disease Control	- Civil Society
organizations	of potential for	of potential for	of potential for	- Department of	- IHPP
and networks	organizations and	organizations and	organizations and	Health	
such as	networks to provide	networks to provide	networks to provide		
educational	knowledge and increase	knowledge and	knowledge and increase		
institutions, businesses, local	awareness on NCDs	increase awareness on	awareness on NCDs		
administrative	surveillance, prevention	NCDs surveillance,	surveillance, prevention		
organizations,	and control	prevention and control	and control		
and civil society	2. Establishment of	2. Establishment of	2. Establishment of		
have knowledge	operating mechanism for	operating mechanism	operating mechanism		
and skills for	alliance networks and	for alliance networks	for alliance networks		
NCDs	civil sector to solve	and civil sector to solve	and civil sector to solve		
surveillance,	NCDs issues	NCDs issues	NCDs issues		
prevention, and					
control					
Strategy 6.4 Integr	ate research, knowledge mana	gement, and innovations to sup	port the NCDs prevention and c	control system	

KPIs:- Percentage of NCDs research and knowledge management, which are implemented as planned										
- Percentage	- Percentage of research, series of knowledge and innovations which are distributed and applied									
6.4.1	1.	Arrangement of meeting	1.	Arrangement of meeting	1.	Arrangement of meeting	ľ	Department of	-	Center for
There are		to prepare the research		to prepare the research		to prepare the research		Disease Control		Information
networks and		plan and NCDs		plan and NCDs		plan and NCDs	-	Department of		Technology
research plans,		knowledge management		knowledge		knowledge management		Health		and
knowledge		as well as monitor and		management as well as		as well as monitor and	-	Department of		Communicatio
management,		evaluate progress of the		monitor and evaluate		evaluate progress of the		Medical Support		n, Office of
and innovation development for		plan implementation		progress of the plan	\sum	plan implementation		Services		Permanent
appropriate	2.	Organizing National		implementation	2.	Organizing National	-	Department of		Secretary,
applications		NCDs Forum to present	2.	Organizing National		NCDs Forum to present		Medical Services		Ministry of
		research works which		NCDs Forum to present		research works which	-	Department of Thai		Public Health
		will be applied to the		research works which		will be applied to the		Traditional and		
		operations (once/year)		will be applied to the		operations (once/year)		Alternative		
	3.	Establishment of	X	operations (once/year)	3.	Establishment of		Medicine		
		knowledge base and	3.	Establishment of		knowledge base and	-	IHPP		
		NCDs knowledge		knowledge base and		NCDs knowledge	-	Health Research		
		sharing	*	NCDs knowledge		sharing		System Institute		
				sharing			-	Thai NCD Network		
							-	Institute of		

				Research,	
				Knowledge	
				Management, and	
			(Ω)	Standards of	
				Disease Control,	
			$\langle V \rangle$	Department of	
				Disease Control	
				- Society and Health	
			\sum	Institute (SHI)	
			0.		
		1 1 1 1 1 1 1 1 1			
6.4.2	1. Arrangement of meeting	1. Arrangement of meeting	1. Arrangement of meeting	- Department of	- IHPP
There is a long-	to prepare the long-term	to prepare the long-term	to prepare the long-term	Disease Control	
term plan for	research plan for	research plan for	research plan for	- Department of	
development of	development of NCDs	development of NCDs	development of NCDs	Health	
NCDs	management system	management system	management system	- Department of	
management system.	(conducted in line with	(conducted in line with	(conducted in line with	Medical Support	

6.4.3 There are extension of research and innovations for the purpose of policy making or commercial application	2.	research and innovations that can be extended to policy, which will enable implementation/commer cial production by means of	2.	the activity 1 of the productivity 6.4.1) Development of knowledge base and innovation for Thai traditional medicine and alternative medicine for NCDs health care Consideration of research and innovations that can be extended to policy, which will enable implementation/comme rcial production by means of	2.	research and innovations that can be extended to policy, which will enable implementation/commerc ial production by means of providing/finding	-	Services Department of Medical Services Department of Thai Traditional and Alternative Medicine Health Research System Institute Department of Disease Control Department of Health Department of Health Services Department of	-	IHPP Health Research System Institute
the purpose of policy making or		cial production by		implementation/comme rcial production by	2.	ial production by means	-	Medical Support Services		Institute

2. De	evelopment of Thai	research (once/year)	traditional medicine and	Alternative	
tra	aditional medicine and	2. Development of Thai	alternative medicine for	Medicine	
alt	ternative medicine for	traditional medicine	NCDs health care		
NO	CDs health care	and alternative	\sim		
		medicine for NCDs			
		health care			

ANNEX

Сору

Ministerial Order

No. 345/2560

RE: Appointment of the 5-Year National NCDs

Prevention and Control Action Plan (2017-2021) Drafting Committee

Reference is made to the Directive of the Ministry of Public Health No. 2237/2559 dated 1 December 2016 appointing the Thai Healthy Lifestyle Phase II Implementation Committee: Appointment of the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) where the Department of Disease Control, the Bureau of Non-Communicable Diseases, and the Thailand Healthy Strategic Management Office to jointly draft the national NCDs strategic plan and the action plan to put in place a guideline for operations to reduce preventable NCDs which are in line with the prevention and control works to achieve the 9 global targets and the context of Thailand.

To ensure smooth and efficient implementation of the national NCDs prevention and control strategic plan, the Public Health Minister, by the authority given under Section 20 of the Government Administration Act B.E 2534 and amendment thereof, has issued a directive as follows.

No. 1 The Appointment of the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) Drafting Committee as follows.

(1)	Public Health Minister	Chairman to the
		Committee
(2)	Public Health Permanent Secretary	Vice Chairman
(3)	Interior Permanent Secretary	Member
(4)	Education Permanent Secretary	Member
(5)	Commerce Permanent Secretary	Member
(6)	Permanent Secretary of Ministry of Social	Member

	Development and Human Security	
(7)	Labor Permanent Secretary	Member
(8)	Director-General of Department of Local	Member
	Administration Ministry of Interior or representative	
(9)	Director-General of Department of Labor	Member
	Protection and Welfare, Ministry of Labor or	
	representative	
(10)	Director-General of Department of Public	Member
	Relations or representative	$\langle \rangle$
(11)	Director-General of Department of Medical	Member
	Services, Ministry of Public Health or	
	representative	0
(12)	Director-General of Department of Health or	Member
	representative	
(13)	Director-General of Department of Mental Health	Member
	or representative	
(14)	Director-General of Health Service Support	Member
	Department, Ministry of Public Health or	
	representative	
(15)	Director-General of Department of Medical	Member
	Sciences, Ministry of Public Health or	
	representative	
(16)	Director-General of Department of Thai Traditional	Member
	and Alternative Medicine, Ministry of Public	
	Health, or representative	
(17)	Secretary to the Food and Drug Administration,	Member
	Ministry of Public Health, or representative	
(18)	Secretary to Office of the Higher Education	Member
	Commission, Ministry of Education, or	
	representative	
(19)	Secretary to Social Security Office, Ministry of	Member

	Labor, or representative	
(20)	General Manager to the Thai Health Foundation,	Member
(20)	or representative	
(21)	Secretary to the Office of the National Economic	Member
(21)	and Social Development Board, Office of Prime	
	Minister, or representative	
(22)	Director of National Statistical Office, Ministry of	Member
(22)	Information and Communication Technology, or	Member
(00)	representative	Mambar
(23)	Director of Health System Research Institute,	Member
(2.1)	Ministry of Public Health, or representative	
(24)	Secretary to National Health Security Office, or	Member
	representative	·
(25)	Secretary to The National Health Commission	Member
	Office, or representative	
(26)	Director of The International Health Policy	Member
	Program, Thailand, Office of Permanent Secretary	
	to Ministry of Public Health, or representative	
(27)	President of Thai NCD Alliance, or representative	Member
(28)	President of The Royal College of Physicians of	Member
	Thailand, or representative	
(29)	President of The Federation of Thai Industries, or	Member
	representative	
(30)	Chairman of The Thai Chamber of Commerce and	Member
	Board of Trade of Thailand, or representative	
(31)	President of The National Municipal League of	Member
	Thailand, or representative	
(32)	President of Foundation for Consumers, or	Member
	representative	
(33)	President of Thailand Village Health Volunteer	Member
	Foundation, or representative	

(34)	President of Provincial Administrative	Member
	Organization, or representative	
(35)	President of Sub-district Administrative	Member
	Organization, or representative	
(36)	Secretary to The Thai National Health Foundation,	Member
	or representative	
(37)	Prof. Emeritus Prakit Vathesatogkit	Member
(38)	Representative of World Health Organization	Member
(39)	Director-General of Department of Disease	Member and
	Control, Ministry of Public Health	Secretary
(40)	Director-General of Bureau of Policy and Strategy,	Member and
	Office of Permanent Secretary, Ministry of Public	Assistant Secretary
	Health	
(41)	Director of Thailand Healthy Strategic	Member and
	Management Office, Office of Permanent	Assistant Secretary
	Secretary, Ministry of Public Health	
(42)	Director of Office of Non-Communicable Disease,	Member and
	Department of Disease Control, Ministry of Public	Assistant Secretary
	Health	
R		•

No. 1.2 The appointed Committee shall be empowered to carry out the following duties.

- To establish direction and strategies to support NCDs prevention and control on a national level;
- (2) To manage, coordinate, and support operations as per the 5-year national NCDs prevention and control strategies (2017-2021) and the action plan thereof;
- (3) To monitor and evaluate implementation of the 5-year national NCDs prevention and control strategies (2017-2021);
- (4) To establish sub-committee to fulfill requirements; and
- (5) To carry out other assignments as delegated by the Public Health Minister

No. 2 The Directive of the Ministry of Public Health No. 2237/2559 dated 1 December 2016 appointing the Thai Healthy Lifestyle Phase II Implementation Committee: Appointment of the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) is hereby canceled.

This Directive is now put in effect.

Issued as at the 8th of March 2017.

(Signed) (Mr. Piyasakol Sakolsatayadorn) Public Health Minister

Сору

Order of the 5-Year National NCDs

Prevention and Control Action Plan (2017-2021) Drafting Committee

No. 1/2560

RE: Appointment of the 5-Year National NCDs

Prevention and Control Action Plan (2017-2021) Drafting Sub-Committee

By the power of Clause no. 1.2 (4) of the Directive of the Ministry of Public Health No. 345/2560 dated 7 March 2017, the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) Drafting Committee hereby issues this Directive to establish 6 of the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) Drafting Sub-Committees whereas their compositions and authorities are described below.

- 1. Sub-Committee 1: Strategy for Development of public policies and laws that support NCD prevention and control
 - 1.1. Composition

(1)	Delegated Deputy Permanent Secretary, Ministry of Public	Chairman to the
	Health	Sub-Committee
(2)	Ms. Supattra Srivanichchakorn	Member
	Acting MD Expert, Department of Disease Control, Ministry	
	of Public Health	
(3)	Representative of The National Health Commission Office	Member
(4)	Representative of the Office of the National Economic and	Member
	Social Development Board, Office of Prime Minister	
(5)	Representative of the Ministry of Commerce	Member
(6)	Representative of the Customs Department, Ministry of	Member
	Finance	

(7)	Representative of Fiscal Policy Office, Ministry of Finance	Member
(8)	Representative of Department of Local Administration,	Member
	Ministry of Interior	
(9)	Representative of Department of Labor Protection and	Member
	Welfare, Ministry of Labor	
(10)	Representative of Ministry of Social Development and	Member
	Human Security	
(11)	Representative of the National Health Security Office	Member
(12)	General Manager to the Thai Health Foundation, or	Member
	representative	\mathcal{O}
(13)	Director of Legal Division, Department of Disease Control,	Member
	Ministry of Public Health, or representative	
(14)	Director of Office of Alcohol Control Committee, Department	Member
	of Disease Control, Ministry of Public Health, or	
	representative	
(15)	Director of Bureau of Tobacco Control, Department of	Member
	Disease Control, Ministry of Public Health, or representative	
(16)	Director of The International Health Policy Program,	Member
	Thailand, Office of Permanent Secretary, Ministry of Public	
	Health, or representative	
(17)	Representative of the Food and Drug Administration,	Member
\sim	Ministry of Public Health	
(18)	Director of the Bureau of Medical Laws, Department of	Member
	Medical Services, Ministry of Public Health	
(19)	Representative of the Permanent Secretary Office, Ministry	Member
	of Education	
(20)	Representative of the Office of the Higher Education	Member
	Commission, Ministry of Education	
(21)	Representative of Office of Vocational Education	Member
	Commission, Ministry of Education	

(22)	Representative of Office of Basic Education, Ministry of	Member
	Education	
(23)	Representative of Office of Non-Formal Education, Ministry	Member
	of Education	
(24)	Representative of Office of the Private Education	Member
	Commission, Ministry of Education	
(25)	Representative of Public Health Laws Management Center,	Member
	Department of Health, Ministry of Public Health	
(26)	Representative of Raipoong Network	Member
(27)	Representative of Low Salt Network	Member
(28)	Representative of StopDrink Network	Member
(29)	Representative of The Thai Chamber of Commerce and	Member
	Board of Trade of Thailand	
(30)	President of The Federation of Thai Industries, or	Member
	representative	
(31)	Representative of Foundation for Consumers	Member
(32)	President of Thailand Village Health Volunteer Foundation	Member
(33)	Representative of World Health Organization in Thailand	Member
(34)	Director of Office of Non-Communicable Disease,	Member and
	Department of Disease Control, Ministry of Public Health	Secretary
(35)	Director of Thailand Healthy Strategic Management Office,	Member and
	Office of Permanent Secretary, Ministry of Public Health	Secretary
(36)	Director-General of Bureau of Policy and Strategy, Office of	Member and
	Permanent Secretary, Ministry of Public Health	Secretary

2. Sub-Committee 2: Strategy for Expedition of Social drivers to communicate about risks on an ongoing basis

(1)	Delegated Deputy of Department of Health, Ministry of	Chairman to the
	Public Health	Sub-Committee
(2)	Representative of Thai NCD Alliance Network	Member

(3)	Representative of Bureau of Non-Communicable Diseases,	Member
	Department of Disease Control, Ministry of Public Health	
(4)	Representative of Raipoong Network	Member
(5)	Representative of Law Salt Network	Member
(6)	Representative of StopDrink Network	Member
(7)	Representative of Department of Physical Education,	Member
	Ministry of Tourism and Sports	
(8)	Representative of Department of Public Relations, Office of	Member
	Prime Minister	
(9)	Representative of Bureau of Information, Office of	Member
	Permanent Secretary, Ministry of Public Health	
(10)	Representative of Public Relations Division, Department of	Member
	Health	
(11)	Representative of Office of Corporate Communications,	Member
	Department of Thai Traditional and Alternative Medicine,	
	Ministry of Public Health	
(12)	Representative of Primary Health Care Division, Department	Member
	of Health Service Support, Ministry of Public Health	
(13)	Representative of Health Education Division, Department of	Member
	Health Service Support, Ministry of Public Health	
(14)	Representative of Public Consumer Affairs Division, Thai	Member
	Food and Drug Administration, Ministry of Public Health	
(15)	Representative of Major Risk Factor Control Section, Thai	Member
	Health Foundation	
(16)	Representative of National Health Security Office	Member
(17)	Representative of Foundation for Consumers	Member
(18)	Representative of Center for Public Communications,	Member and
	Department of Health, Ministry of Public Health	Secretary
(19)	Representative of Bureau of Risk Communication and	Member and
	Health Behavior Development, Department of Disease	Secretary
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- 3. Sub-Committee 3: Potential development for community / local administrations, and alliance networks
 - 3.1. Composition

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(1)	Delegated Deputy Director-General of Department of Health	Chairman to the
	Service Support, Ministry of Public Health	Sub-Committee
(2)	Representative of of Department of Thai Traditional and	Member
	Alternative Medicine, Ministry of Public Health, or	
	representative	
(3)	Director of Bureau of Nutrition, Department of Health,	Member
	Ministry of Public Health, or representative	
(4)	Representative of Department of Local Administration,	Member
	Ministry of Interior	
(5)	Representative of Ministry of Social Development and	Member
	Human Security	
(6)	Chairman of Sub-Committee, The Thai Chamber of	Member
	Commerce and Board of Trade of Thailand	
(7)	President of The Federation of Thai Industries	Member
(8)	President of Foundation for Consumers	Member
(9)	President of National Health Foundation	Member
(10)	President of Provincial Administrative Organization	Member
(11)	President of Sub-district Administrative Organization	Member
(12)	President of The National Municipal League of Thailand, or	Member
	representative	
(13)	President of Thailand Village Health Volunteer Foundation	Member
(14)	Representative of The National Health Commission Office	Member
(15)	Representative of the National Health Security Office	Member
(16)	Representative of Thai Health Foundation	Member
(17)	Representative of Office of Non-Communicable Disease,	Member
	Department of Disease Control, Ministry of Public Health	
(18)	Director of The Office of Alcohol Control Committee,	Member

	Department of Disease Control, Ministry of Public Health, or	
	representative	
(19)	Director of The Office of Tobacco Products Control	Member
	Committee, Department of Disease Control, Ministry of	
	Public Health, or representative	
(20)	Director of Primary Health Care Division, Department of	Member and
	Health Service Support, Ministry of Public Health	Secretary
(21)	Representative of Bureau of Risk Communication and	Member and
	Health Behavior Development, Department of Disease	Secretary
	Control, Ministry of Public Health	\mathcal{O}

4. Sub-Committee 4: Development of monitoring and data management systems

4.1. Composition

4.1. Composition		
(1)	Delegated Deputy Permanent Secretary of Public Health	Chairman to the
	Ministry	Sub-Committee
(2)	Ms. Wanna Harnchaoworakul	Vice Chairman to
	Acting MD Expert, Department of Disease Control, Ministry	the Sub-
	of Public Health	Committee
(3)	Representative of the National Health Security Office	Member
(4)	Representative of Thai Health Foundation	Member
(5)	Director of Bureau of Non-Communicable Diseases,	Member
	Department of Disease Control, Ministry of Public Health, or	
	representative	
(6)	Director of Bureau of Epidemiology, Department of Disease	Member
	Control, Ministry of Public Health, or representative	
(7)	Head of Health Intelligence Unit, Bureau of Policy and	Member
	Strategy, Office of the Permanent Secretary, Ministry of	
	Public Health	
(8)	Director of Bureau of Occupational and Environmental	Member
	Diseases, Department of Disease Control, or representative	
(9)	Director of Center of Information and Communication	Member

	Technology, Office of the Permanent Secretary: Ministry of	
	Public Health, or representative	
(10)	Director of Planning Division, Department of Health, Ministry	Member
	of Public Health, or representative	
(11)	Representative of the Thailand Healthy Strategic	Member
	Management Office, Office of the Permanent Secretary:	
	Ministry of Public Health, or representative	
(12)	Director of Social Statistics Bureau, National Statistical	Member
	Office, Ministry of Digital Economy and Society	
(13)	Director of StopDrink Network Office, or representative	Member
(14)	Director of Tobacco Control Research and Knowledge	Member
	Management, Mahidol University, or representative	
(15)	Director of Office of Alcohol Control Committee, Department	Member
	of Disease Control, Ministry of Public Health, or	
	representative	
(16)	Director of Bureau of Tobacco Control Bureau, Department	Member
	of Disease Control, Ministry of Public Health, or	
	representative	
(17)	Representative of Social Security Office, Ministry of Labour	Member
(18)	Representative of Office of the Permanent Secretary:	Member
	Ministry of Education	
(19)	Representative of the Office of the Higher Education	Member
	Commission, Ministry of Education	
(20)	Representative of Office of Vocational Education	Member
	Commission, Ministry of Education	
(21)	Representative of Office of Basic Education, Ministry of	Member
	Education	
(22)	Representative of Office of Non-Formal Education, Ministry	Member
	of Education	
(23)	Representative of Office of the Private Education	Member
	Commission, Ministry of Education	

(24)	Representative of World Health Organization in Thailand	Member
(25)	Prof. Vichai Ekpalakorn	Member
	Faculty of Medicine Ramathibodi Hospital, Mahidol	
	University	
(26)	Mr. Attakiat Karnchanapiboonwong	Member and
	Office of Non-Communicable Disease, Department of	Secretary
	Disease Control, Ministry of Public Health	
(27)	Ms. Sumanee Vatcharasin	Member and
	Office of Non-Communicable Disease, Department of	Secretary
	Disease Control, Ministry of Public Health	\mathcal{O}
(28)	Mr. Piboon Waikayee	Member and
	Ayutthaya Provincial Public Health Office	Secretary
(29)	Ms. Kamolthip Vichitsoonthornkul	Member and
	Office of Non-Communicable Disease, Department of	Secretary
	Disease Control, Ministry of Public Health	

5. Sub-Committee 5: Management reform to reduce risk and control the diseases in line with their situation and local context

5.1.Composition

(1)	Delegated Deputy Director-General of Department of	Chairman to the
	Disease Control, Ministry of Public Health	Sub-Committee
(2)	Delegated Deputy Director-General of Department of	Vice Chairman to
	Health, Ministry of Public Health	the Sub-
		Committee
(3)	Deputy Director-General of Department of Medical	Vice Chairman to
	Services, Ministry of Public Health	the Sub-
	(Mr. Prapon Tangsrikertikul)	Committee
(4)	Ms. Supattra Srivanichchakorn	Member
	Acting MD Expert, Department of Disease Control, Ministry	
	of Public Health	
(5)	Director of Office of Alcohol Control Committee, Department	Member

	of Disease Control, Ministry of Public Health, or	
	representative	
(6)	Director of Bureau of Tobacco Control Bureau, Department	Member
	of Disease Control, Ministry of Public Health, or	
	representative	
(7)	Director of Bureau of Occupational and Environmental	Member
	Diseases, Department of Disease Control, Ministry of Public	
	Health, or representative	
(8)	Director of Physical Activity and Health Division,	Member
	Department of Health, Ministry of Public Health, or	\mathcal{O}
	representative	
(9)	Director of Bureau of Health Promotion, Department of	Member
	Health, Ministry of Public Health, or representative	
(10)	Director of Bureau of Dental Health, Department of Health,	Member
	Ministry of Public Health, or representative	
(11)	Director of Bureau of Environmental Health, Department of	Member
	Health, Ministry of Public Health, or representative	
(12)	Director of Bureau of Food, Food and Drug Administration,	Member
	Ministry of Public Health, or representative	
(13)	Director of Thai Traditional Medicine Institute, Department of	Member
	Health, Ministry of Public Health, or representative	
(14)	Director of Alternative Medicine Institute, Department of	Member
	Health, Ministry of Public Health, or representative	
(15)	Director of Bureau of Academic Medicine, Department of	Member
	Medical Services, Ministry of Public Health, or	
	representative	
(16)	Director of Nursing Division, Office of Permanent Secretary,	Member
	Ministry of Public Health, or representative	
(17)	Director of Bureau of Health Administration, Office of	Member
	Permanent Secretary, Ministry of Public Health, or	
	representative, Department of Mental Health, Ministry of	

	Public Health, or representative	
(18)	Director of Bureau of Promotion and Development of Mental	Member
	Health	
(19)	Representative of Ministry of Education	Member
(20)	Representative of the Ministry of Commerce	Member
(21)	Representative of Department of Local Administration,	Member
	Ministry of Interior	
(22)	Representative of the National Health Security Office	Member
(23)	Representative of Social Security Office, Ministry of Labour	Member
(24)	Representative of Sweet Enough Network	Member
(25)	Representative of Low Salt Network	Member
(26)	Representative of Raipoong Network	Member
(27)	Representative of Thai Health Professional Alliance against	Member
	Tobacco	
(28)	President of Thai NCD Alliance Network	Member
(29)	Representative of Thai Health Foundation	Member
(30)	Representative of World Health Organization in Thailand	Member
(31)	Director of Office of Non-Communicable Disease,	Member
	Department of Disease Control, Ministry of Public Health	
(32)	Director of Bureau of Nutrition, Department of Health,	Member and
	Ministry of Public Health, or representative	Secretary
(33)	Director of Bureau of Academic Medicine, Department of	Member and
	Medical Services, Ministry of Public Health, or	Secretary
	representative	
(34)	Ms. Chureeporn Kongprasert	Member and
	Bureau of Non-Communicable Diseases, Department of	Secretary
	Disease Control, Ministry of Public Health	
(35)	Representative of Bureau of Risk Communication and	Member and
	Health Behavior Development, Department of Disease	Secretary
	Control, Ministry of Public Health	

Sub-Committee 6: Development of system to support and drive integrated implementation
 6.1. Composition

(1)	Delegated Deputy Public Health Minister	Chairman to the
		Sub-Committee
(2)	Ms. Supattra Srivanichchakorn	Member
	Acting MD Expert, Department of Disease Control, Ministry	
	of Public Health	
(3)	Director of Social Development Strategy and Planning	Member
	Office, Office of the National Economic and Social	\mathcal{O}
	Development Board, Office of Prime Minister, or	
	representative	
(4)	Representative of Department of Local Administration,	Member
	Ministry of Interior	
(5)	Ms Thanapan Sooksa-ard	Member
	The International Health Policy Program, Thailand, Office of	
	Permanent Secretary, Ministry of Public Health	
(6)	Mr. Veerasak Jongsuwiwatwong, Prince SongKhla	Member
	University	
(7)	Mr. Suwat Jariyalerdsak, Research Institute for Health	Member
	Science, Chiangmai University	
(8)	Ms. Angsana Boontham, Mahidol University	Member
(9)	Representative from Institute of Nutrition, Mahidol University	Member
(10)	Mr. Kasem Nakhonkhet, Physical Activity Research Center,	Member
	Thai Health Foundation	
(11)	Representative of Health Systems Research Institute	Member
(12)	Representative of National Health Security Office	Member
(13)	Representative of Thai Health Foundation	Member
(14)	Representative of World Health Organization in Thailand	Member
(15)	Representative of Social Security Office	Member
(16)	Director of Bureau of Academic Medicine, Department of	Member

(17) F	Medical Services, Ministry of Public Health, or representative Representative of Department of Health, Ministry of Public	Member
(17) F	Representative of Department of Health, Ministry of Public	Member
F		Member
(18) F	Health	
	Representative of Food and Drug Administration, Ministry of	Member
F	Public Health	
(19) F	Representative of Department of Mental Health, Ministry of	Member
F	Public Health	
(20) F	Representative of Health Service Support Department,	Member
Ν	Ministry of Public Health	
(21) F	Representative of Bureau of Policy and Strategy, Office of	Member
t	he Permanent Secretary: Ministry of Public Health	
(22) F	Representative of Institute of Research, Knowledge	Member
Ν	Management, and Standards of Disease Control,	
C	Department of Disease Control, Ministry of Public Health	
(23) F	Representative of Center of Information and Communication	Member
Т	Fechnology, Office of the Permanent Secretary: Ministry of	
F	Public Health	
(24) F	Representative of Bureau of Alternative Medicine,	Member
0	Department of Thai Traditional and Alternative Medicine,	
Ν	Ministry of Public Health	
(25) F	Representative of Office of the Permanent Secretary:	Member
N	Ministry of Education	
(26) F	Representative of the Office of the Higher Education	Member
C	Commission, Ministry of Education	
(27) F	Representative of Office of Vocational Education	Member
C	Commission, Ministry of Education	
(28) F	Representative of Office of Basic Education, Ministry of	Member
E	Education	
(29) F	Representative of Office of Non-Formal Education, Ministry	Member
c	of Education	

(30)	Representative of Office of the Private Education	Member
	Commission, Ministry of Education	
(31)	Director of Thailand Healthy Strategic Management Office,	Member and
	Office of the Permanent Secretary: Ministry of Public Health	Secretary
(32)	Director of Office of Non-Communicable Disease,	Member and
	Department of Disease Control, Ministry of Public Health	Secretary
(33)	Mr. Somporn Netiratthakorn	Member and
	Thailand Healthy Strategic Management Office, Office of the	Assistant
	Permanent Secretary: Ministry of Public Health	Secretary

- 7. The Sub-Committees as stated in the clauses No. 1-6 shall be empowered to carry out the following duties.
 - 7.1. To drive the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) to achieve the goal
 - 7.2. To coordinate and prepare for the action plan under the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) by engaging alliance networks of all sectors
 - 7.3. To monitor and evaluate the implementation in alignment with the strategy and report the related performance to the Committee
 - 7.4. To establish working groups as deemed appropriate
 - 7.5.To work on assignments as delegated by the 5-Year National NCDs Prevention and Control Action Plan (2017-2021) Drafting Committee

This Directive is now put in effect.

Issued as at the 8th of March 2017.

(Signed)

(Mr. Piyasakol Sakolsatayadorn)

Public Health Minister

Chairman of 5-Year National NCDs Prevention and Control Action Plan (2017-2021) Drafting Committee