Becoming Leader in Health promotion

AUN-HPN Capacity Building Workshop on “Leadership Health Promotion”

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7-8 May 218
My career back ground

- 1969: MD. Chulalongkorn University
- 1970-1975: Board certify in Internal Medicine USA, Certificate in Pulmonary Disease USA
- 1975-1987: Lecturer, Faculty of Medicine, Ramathibodi Mahidol University
- 1987-1995: Chairman Department of Medicine
- 1998-2004: Dean Faculty of Medicine
Activities outside of the faculty

- 1977  Member of Thai Thoracic Society
  Collaborate with the Division of TB Control
  MOH
- 1986  Join the Anti-smoking Campaign Project
- 1987  Advisor on Tobacco Control to MOH
Health promotion ≠ Health education

Health Promotion

- Health Education
- Healthy Policy
- Environmental Change
- Behavior
- Health Insurance Infrastructure Service

Dr. Chang Chun
Beijing University
The Ottawa Charter for Health Promotion Action (1986)

- Build healthy public policy
- Create supportive environment
- Strengthen community action
- Develop personal skill
- Reorient health services
Effective Interventions in Chronic Disease Prevention and Control

- Laws and Regulations
- Tax and Price Interventions
- Improving the built environment for physical activity
- Advocacy communication and information
- Community-based interventions
  - School-based interventions
  - Workplace interventions
- Screening-CVD, diabetes, HBP, some cancers
- Clinical prevention-focus on overall risk
- Disease Management
- Rehabilitation
- Palliative care

Intervention main focus

Population-based

Individual-based
Effective Interventions in Chronic Disease Prevention and Control

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Problems face in the real world
(Political economy)

Technical skill
teach in university
Scope of presentation

• Sharing lessons from my personal experiences on making changes to achieve better health outcome
Lesson #1

• Do not just accept (poor) status quo situation
Case study #1

Initiate TB treatment referral system

• Text book :

  The causes of treatment failure in TB

• - Failure to complete the treatment course (Drop out rate from treatment)

• Adverse Result - Progression of disease severity

  - Relapsed

  - Develops Drug resistance

  - Increase morbidity & mortality
Question: what is the dropout rate of TB patients in our hospital?

- Action
  
  Research to find out the dropout rate and cause

- Set-up a referral and monitoring system for TB patient under treatment
Case study #2

Convincing Ramathibodi Hospital to stop using cheap but ineffective drug treatment regimen
Anti TB treatment regimen containing INH+ ThiacetaZone

- Very cheap (10 baht/month)
- Severe side effect from drug
- Poor treatment outcome
  - treatment failure
  - developed drug resistance
  - high morbidity & mortality
- Re-treatment very expensive
Provide evident

• Using this cheap drug regimen resulted in more morbidity / mortality

• Net expenses more than using the newer regimen

  - $2$ITS/16IT = 500 baht/course

  - $2$IES/16IE = 1,800 baht/course
INH + Thiacetazone regimen

• 50% sputum conversion
• 25% treatment failure, many with drug resistance
• 25% Death
• Retreatment with Second-line drug cost > 100 baht/day
Case study #3

make effective anti TB medication accessible to patients

- Rifampicin
  - Original drug 20 baht/tab, 2 tab/day = 40 baht/day
  - Generic drug 7 baht/tab, 2 tab/day = 14 baht/day
- Doctors were reluctant to use generic drug for concern about quality
Conduct a research project: Compare serum level of Rifampicin in patients taking Original vs. generic drug.

- **Result**
  
  Price of original Rifampicin reduced to 11 baht/tabs = 22 baht/day (from 40 baht/day).

- More & more doctors & hospitals started to use generic Rifampicin (14 baht/day).
Lesson #2  Leading by example

• 1986  The Faculty of Medicine initiated and supported the Anti-Smoking Campaign Project
• 1987  Convinced the Dean to declare Ramathibodi Smoke-free ban smoking – sale of cigarettes
• 1998  Declare policy (as Dean)
  No junk-food store in our faculty complex
เรื่อง ขอให้คณะแพทยศาสตร์โรงพยาบาลรามาภิบาลีเปิดเขตปลอดภัย

เรียน คณบดี คณะแพทยศาสตร์โรงพยาบาลรามาภิบาลี

เนื่องจากในปัจจุบันมีการระบาดของโรคโควิด-19 การป้องกันและควบคุมการแพร่ระบาดของโรคโควิด-19 จึงเป็นภารกิจที่สำคัญในการสื่อสารกับผู้ที่อยู่ในภูมิภาค ขอให้คณะแพทยศาสตร์โรงพยาบาลรามาภิบาลี

1. ใช้มาตรการป้องกันการแพร่กระจายของโรคโควิด-19 ให้เหมาะสมกับสถานการณ์ที่มีการสัมผัสใกล้ชิดกัน ทั้งนี้ ให้เป็นไปตามแนวทางของสถานีสุขภาพท้องถิ่น

2. ให้ยกระดับการป้องกันและควบคุมการแพร่ระบาดของโรคโควิด-19 ให้เหมาะสมกับสถานการณ์ที่มีการสัมผัสใกล้ชิดกัน ทั้งนี้ ให้เป็นไปตามแนวทางของสถานีสุขภาพท้องถิ่น

3. ให้ยกระดับการป้องกันและควบคุมการแพร่ระบาดของโรคโควิด-19 ให้เหมาะสมกับสถานการณ์ที่มีการสัมผัสใกล้ชิดกัน ทั้งนี้ ให้เป็นไปตามแนวทางของสถานีสุขภาพท้องถิ่น

4. ให้ยกระดับการป้องกันและควบคุมการแพร่ระบาดของโรคโควิด-19 ให้เหมาะสมกับสถานการณ์ที่มีการสัมผัสใกล้ชิดกัน ทั้งนี้ ให้เป็นไปตามแนวทางของสถานีสุขภาพท้องถิ่น

ขอแสดงความนับถือ

พ่อค้า ณ วันที่

(ลงชื่อตามกฎหมาย)

(ลงชื่อตามกฎหมาย)

รองศาสตราจารย์ นายแพทย์ประวัติ วิชัยวิทย์

ศาสตราจารย์ นายแพทย์ประภัสร์ วีระเศรษฐกิจ

ศูนย์วิทยาศาสตร์จุฬาลงกรณ์
Lesson #3 Willing to take “calculated risk”

- Recruit patients to join antismoking campaign by being interviewed by the press
- “Are you not exposing patient’s private information?”
Advice MOH

- Printing of the world’s first health warning on “Smoking cause impotent”
- Are you not afraid of being sued by tobacco companies?
Convincing MOH to go for the world’s largest health warning on cigarette pack
• 50% 2005/2007
• 55% 2010
Uruguay (March 2010) the world’s largest
Australia (December 2012)

Plain pack

Fire Risk Standard

= $75+90+10 = 175\%$

Average warning = 82.5\%
Convincing our Minister
To go for 80% size GHW

• Uruguay’s GHW = 80% (2010)
• Australia’s Plain packaging (2012)
• Tobacco industries sued to domestic court in both cases and loss
• Sri Lanka’s 80% GHW case pending Supreme Court’s decision
Uruguay’s case has not been challenged to WTO since 2010.

It was challenged by Phillip Morris under Uruguay-Switzerland BIT.

Australia’s case is now in WTO on the plain packaging issue, not the 82.5% GHW.

Convincing our Minister
To go for 80% size GHW
If Thailand go to 80% GHW

• The industry can sue us but most likely they will lose
Minister of Health:

We will go for 85%
The regulation was published in the Royal Gazette April 5, 2013

- Requiring 85% GHW on both principle surfaces of cigarette packs
- Effective date October 2, 2013 (6 months)
Thailand’s new regulation

Effective October 2, 2013

85 %

15 %
Tobacco industries filed lawsuit against MOH

- JTI filed suit: June 20, 2013
- PMI filed suit: June 26, 2013
- TTTA and two smokers filed suit: July 5, 2013
- BAT filed suit: August 1, 2013

Request for

1. Court injunction (stay order)
2. Rule that the law is illegal
Dear Minister Pradit.

The fact that the industries took the case to court means that you are doing the right thing.

Please be assured that the public is behind you.
June 26, 2013 Email from Manila

Being a minister of health, there is nothing for which you can be more proud than being sued by the tobacco industry,

Prof. Prakit Vathesatogkit, M.D.

The 85% Health warning become effective since September 2014
Lesson #4 willing to try new idea

• 1999 As Dean:

• Sending birthday card to patients who had previously been admitted to private room in our hospital

• Welcome donation / Faculty received many donations
Lesson #5 When you are a leader of the organization keep asking: what change can I make for the better

• 1991  Revise medical student curriculum rotating through the Department of Medicine

• 1999  - Revise curriculum for the Faculty of Medicine
         - Established one of the first Department of Emergency Medicine in Thailand
Lesson #6 Using outside authority to help achieve your goal

- 1995 HSRI Started Hospital Accreditation Project (voluntary)
- 1998 - Other leading medical school-ready for HA survey
  - Many faculty members at Ramathibodi are not interested in HA, as well as many hospitals with training program
• Proposed to Thai Medical Council: “Teaching and training hospital must pass HA in 3 years”. Decision was adopted.

• All hospital with training program rush to prepare for HA.
LESSON #7  TURN ADVERSITY INTO OPPORTUNITY (1999)

- World Do Tobacco Day celebration
- A giant balloon exploded
- Many incidents of balloon explosion in the past with many injured patients
Question / search

• How can future explosion be prevented

• Hazardous Chemical Act 1992

• Work with Ministry of Industry to issue regulation, banning the use of hydrogen gas in balloon (no more balloon explosion)
Lesson #8 connecting your work with the larger picture

• Don’t just be a “clean booth professor”
• Look outside your university compound
• Link your teaching / research with problem in the community / country
• Opportunity to lead exist both in and outside university
• Take the challenge

Its better to have “Loved and Lost”

Than never to have “Loved at all”
Lesson #9  Have faith in “where there is a will there is a way”

• Do not under estimate your & your faculty’s potential/influences in changing society for the better

• Do not just “complaint” about problems, tackle them

• Always approach problems with “positive thinking”
  “How we can, not why we can’t”
Lesson 1-9

1. Do not just accept (poor) status quo situation
2. Leading by example
3. Willing to take “calculated risk”
4. Willing to try new idea
5. When you are a leader of the organization keep asking: what change can I make for the better
6. Using outside authority to help achieve your goal
7. Turn adversity into opportunity
8. Connecting your work with the larger picture
9. Have faith in “where there is a will there is a way”
3. Tripower Strategy  (Triangle that moves the mountain)