No. 020

ASEAN人造りプロジェクト
タイ国プライマリーヘルスケアー訓練センタープロジェクト
エバリュエーション調査団報告書

(1989.8.23～9.2)

平成元年12月

国際協力事業団

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序　文

タイ国プライマリー・ヘルスケアー訓練センター　プロジェクトは昭和57年10月１日から協力が開始され、当初５年間の期間で協力を行なってきたが、更に２年間の延長を行ない７年間にわたり協力を実施した。

本プロジェクトはASEAN(東南アジア諸国連合）地域の人造りセンターの１つであり、タイ国及びASEAN各国のプライマリー・ヘルスケアーを推進するための人材の養成、研究開発、モデル地域におけるPHC手法の開発等を行ない、ASEAN各国の国民の保健衛生の向上に寄与する目的で協力を展開してきた。

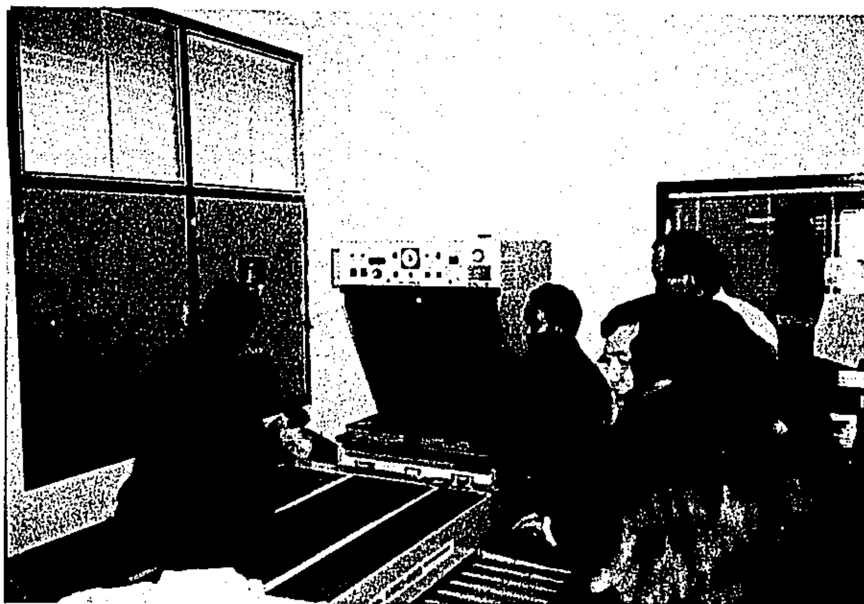
当事業団は延長した２年間についての協力成果を中心とした評価を行なうため、小野寺伸夫埼玉県立衛生短期大学学長を団長とするエバリュエーション調査団を平成元年８月23日から９月２日まで派遣した。

本報告書は同調査団の調査結果をとりまとめたものである。

ここに本プロジェクトに御協力を賜わった関係機関、及び各位並びに今次の調査団員に対し、深甚なる謝意を表わす次第である。

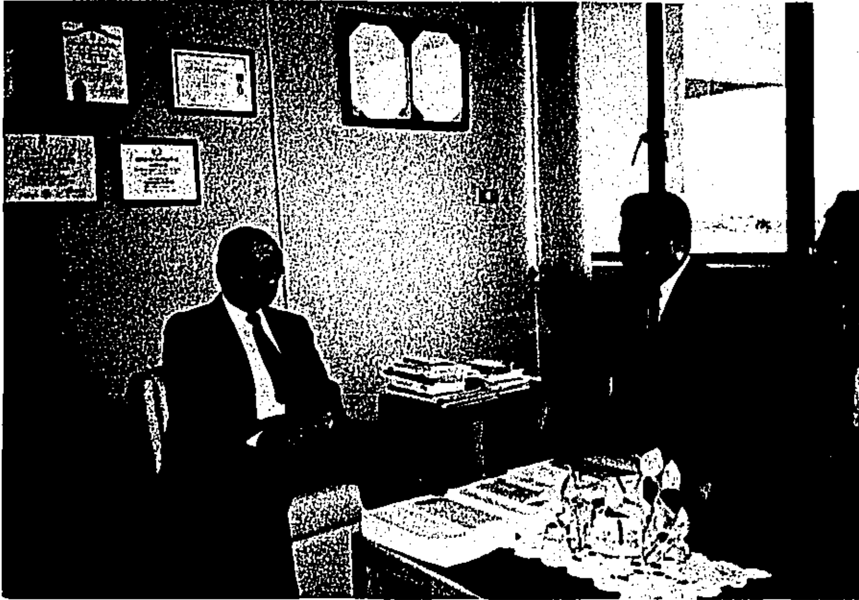
1989年12月

国際協力事業団
理事　西野世界



プリンティングハウス実地調査

AIHD DR クラッセ所長他スタッフと合同評価会



マヒドン大学　ナット学長表敬

チャンタブリ県知事表敬並びにGRH制度についての評価会

タイ国プライマリーヘルスケアー訓練センタープロジェクト評価報告書

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I　調査団派遣の目的・日程

I－1　評価調査団派遣の経緯と目的

タイ国プライマリー・ヘルス・ケア訓練センター・プロジェクトは、昭和56年（1981）1月、当時の鈴木善幸内閣総理大臣がアセアン諸国訪問に際し提示されたアセアン人造りプロジェクト構想の一環として発展した。昭和57年（1982）6月、無償資金協力によりMahidol UniversityにASEAN Training Centre for Primary Health Care（ATC/PHC）及びMinistry of Public Healthに4か所の　Regional Traing Centres(RTA/PHCS）の建設が合意され、同年10月5か年の技術協力についてのR/D 署名がなされた。さらに、国内協力体制として国内委員会（橋本正己委員長）が設置されPHC 発展について各般の技術協力が進められた。昭和62年（1987）6月の評価調査団の意見を基調として同年9月技術協力について2か年延長のR/Dの署名がなされた。

この間において、ATC/PHCは昭和63年10月11日学長直属機関から大学学部に相当するThe ASEAN Institute for Health Development（AIHD）に昇格している。

本調査団は上記の経過を踏まえ、技術協力プロジェクトの基本に則り、協力の成果等の評価を行ない、今後の発展に資すべき必要な勧告等を行なうことを目的として派遣がなされた。

I－2　調査団の構成

団長	小野寺伸夫	（総括）	埼玉県立衛生短期大学学長
団員	水田邦雄	（技術協力）	厚生省国際協力室長
〃	豊川裕之	（公衆衛生）	東邦大学公衆衛生学教授
〃	丸井英二	（地域保健）	東京大学医学部国際交流室講師
〃	兵井伸行	（衛生統計）	国立公衆衛生院衛生人口学部研究員
〃	小池芳一	（業務調整）	JICA医療協力部医療特別業務室

I－3　調査日程

8月23日(水)	成田発18:20　⟶　バンコク着 NW-027
24日(木)	大使館、JICA　マヒドン大学学長表敬
25日(金)	マヒドン大学AIHDにて評価打合せ
26日(土)	団内打合せ
27日(日)	バンコク　──　チャンタブリ移動
28日(月)	チャンタブリ県知事表敬、各事業視察
29日(火)	各事業視察　チャンタブリ　──　バンコク移動
30日(水)	マヒドン大学AIHDにて評価会　保健省にて評価会

31日(木)　マヒドン大学AIHDにて評価会　ミニッツ作成

9月 1日(金)　ミニッツ署名、大使館・JICA報告

2日(土)　バンコク発8:00　—→　成田着

II　評価の方式とそのプロセス

II－1　評価対象期間

本プロジェクトは昭和57年10月1日より5年間の協力を実施し、昭和62年6月に評価調査団を派遣し評価を行なった。その結果、5年間の協力目標の達成度・成果・取組みに対する努力等を検討したところタイ側共々順調に進捗していると評価した。

しかしながら個々についてみると、一部延長し、更に目標の達成度を高める必要があるとして、2年間の延長の必要性を双方で認め、延長した。

したがって今回の評価対象期間は延長後の2年間とすることとした。

II－2　評価対象協力内容

延長時の基本方針は次のとおりであった。

① 協力内容を十分に検討し、選択し、重点的に行なう。

② 延長後におけるタイ側のローカルコスト負担について一層の努力を行なわせる。

③ ATC/PHC（現AIHD）の国際的な視点を考慮すべきである。

以上に基づく、具体的協力内容は次のとおりである。

① 研修活動

② 研究活動

③ モデル開発事業

④ Information と Documenfation

したがって、延長によって当初目標の達成度がいかに高まったかを各分野において評価することとした。

II－3　評価方法

前回行なった評価を踏まえ、各分野において次の評価資料によりタイ側と合同で評価する。

1．投入実績を含む2年間のプロジェクト報告書

2．チャンタブリ県の実地調査

Ⅲ　評価・結果について

Ⅲ－1　評価の総論

延長した2か年にわたるプロジェクトの主要な内容を評価するに際し、調査団はあらかじめ作業部会を組織し評価に必要な諸条件の検討を行った。特に、プロジェクトの効果的進行を図るべく導入された専門家派遣、機材供与、研修の受け入れ、センター事業としてのローカル負担の支援とともにプロジェクト活動の実際について量的側面のみならず質的側面をより明確にする成果内容を求めた。

成果内容としては延長2か年の活動が技術移転がより的確であり、自助努力による発展を可能とする視点から、より選択的で重点的な施策が方向付けられているかどうかを重視した。

これらの諸点についてタイ側は極めて精緻にして良心的なAIHD PROJECT REPORT を初め多数の貴重な活動の具体的な内容を示す刊行物及び諸資料が提出された。更に、西岡、田口、鈴木長期専門家による技術協力についての活動情況、評価に必要な調査等が用意された。

評価はタイ国側と日本側の関係者の合同評価として実施された。タイ国側から調査歓迎の挨拶に始まり、日本側からの表敬とともに調査の目的を述べ、その後、タイ国側から今回の評価のため予め用意されたAIHD PROJECT REPORT 等の説明が各部門の担当責任者によりなされ、引き続き両者による忌憚のない意見交換が交わされた。

さらに、現地調査としてチャンタブリ県を訪問しモデル開発の実際について知事、副知事、POMO（衛生部長）、県立病院長、GRHの青年、GRHの指導篤農家、教育訓練に関する協力大学学長（Pam Pai Pannee Teachers' College）等多くの地域関係者との意見交換がなされた。

公衆衛生省幹部とPHC 発展に関しRTC/PHCSの活動状況を含め国家社会経済発展計画、国家保健計画、地域保健サービス等について話し合いがなされた。また、技術協力の基本についてDTECとの協議がなされた。

これらの意見交換、調査等を通じ。本プロジェクトは次の諸点を率直に考慮するとき、成功的内容を有するものであり、しかも、この2か年の延長の持つ意義が極めて高く評価されて良いであろう。PHC の発展は教育訓練、研究開発、情報のシステム化、住民参加体制の充実を通じ、地域保健サービスが体系的に進められ、それらはセカンダリー、タァシャリーの保健サービス機能と構造的に協調連携することによって価値が高められる。このような基盤形成を主軸とした評価も基本として位置づけられて良いであろう。

1　ATC/PHC の組織的強化面であるが、従来のマヒドン大学学長直属の機関からマヒドン大学学部相当のAIHDに昇格したこと。

2　AIHDの機能面の充実であるが、国際社会に先駆的なMPHM(Master of Primary Health care Management) のDegree Programmeを開設し、JICA第三国研修制度をも導入し発展の方向を確実

にするとともに、1989－1990年度に日本国の医師の参加がなされていること。

3　AIHDの人材確保についてプロジェクト進行中に顕著に改善がなされ、着実に質量とも充実が図られ、人事的にも三人の副所長制度が強化されていること。

4　AIHDはPHC 発展に関する研究開発と人材開発を積極的に展開するとともに、関連する組織機関との連携強化を継続的に図る教育研究センターとして期待されていること。例えば地域保健医療関係者に対する保健科学研究方法の指導、コミュニテー指導者へのリーダーシップ機能の発揮等多様な教育訓練計画が盛られていること。

5　AIHDの活動は世界におけるPHC の教育訓練について特色ある存在として位置付けられ、特にASEAN域内のセンター的役割を有していること。

6　タイ国内訓練計画を通じ公衆衛生省地域訓練センター(RTC)、地方衛生行政機関、地方大学・研究機関等との連携が図られていること。

7　AIHDと地方行政機関・地方自治組織による人造りがチャンタブリ県のモデル開発を通じ充分なる協力の方向が見出されたこと。

本プロジェクトはASEAN人造りプロジェクトの一環として発足し、PHCと言う健康政策の世界的戦略を選択したことは極めて時宜を得ており賢明な選択でもあった。この点人造り政策に大きな影響を及ぼすものであると考えて良いであろう。この際、タイ国が積年に亙ってBasic Health Servicesの充実を通じ、国家保健計画に基づく保健行政組織、医療機関等の体系的整備、組織網形成、保健医療人材養成の過程があったことは忘れてはならない。我が国との二国間技術協力としても地域保健向上計画、看護教育プロジェクト等の取組がなされ、今日における発展の貴重な礎石ともなっている。

本プロジェクトが成功例として評価されたとしても、人造りには休戦はなく、絶えざる努力が求められる。これからが、社会経済文化など多様な環境条件の変化に適合し、日進月歩の人間社会を考慮した ASEAN人造りの本格的な政策形成を基本とした健康開発人造りの将来が期待されて良いであろう。このため、今後、より望ましい発展として予測される事態について有効的確な国際協力の体系が組み込まれて良いであろう。

関連事項

1　マヒドン大学ナット学長は本プロジェクトの発展について日本側の協力、本調査団の来タイについて深甚なる感謝の意が表された。特に、7カ年の協力全般にわたる感謝とともに先般8月1－3日開催されたInternational Fxperts Symposium Development for Quality of Life in the Asia and Pacific Region:The Challenge of a New Decadeに橋本博士（国内委員長）、近藤医療協力部長が出席されたこと、西岡、田口、鈴木長期専門家の積極的活動とともに、多くの専門家の協力が得られたこと、第3国研修が推進されたことなどを通じInstitute 昇格後より望ましい体系にあることが述べられた。また、モデル開発としてチャンタブリ地域が選ばれた理由として、東部タイ開発の重要性、候補として考慮された他の2地域（カンチャナ地域、

バンコック郊外地域）よりチャンタブリ地域が社会経済の総合的機能があること、日本の技術協力の既にあったことを挙げている。

今後大学として次の4つの発展プロジェクトを考慮していることが説明され、AIHD機能の活用と充実に沿えるものであることが示唆された。

(1) バイオテクノロジー・遺伝子工学等の生命科学に着目した工学部の設立

(2) 15年後のオリッピック誘致開催を目途としたスポーツ科学学部の設立

(3) AIHD隣接の仏教公園地域にコンサルタテイブ・リハビリテーション・センターの設置

(4) 大学付属科学技術高等学校の設立

また、この際、マヒドン大学側のアドバイサーとしてナット学長と親交のある竹内博士（前山梨医科大学副学長、前JICA医療協力委員長、日大名誉教授）を招聘したが日程の都合で不可能になったことが述べられた。

2　クラッセAIHD所長から本協力について深甚なる謝意とともに、AIHD発展構想として、今後とも直接・間接の協力体制の確立を期待したい旨述べられた。発展構想としては日本側機関、例えば国立公衆衛生院の相互教授交換制度、単位の互換制度、共同研究等の体制確立、世界保健機関特別資金の活用、新しい日タイ保健医療技術協力との連帯、保健医療管理計画・環境保健等の教育訓練・研究の充実、情報ドキュメンテーション・システムの有効活用、日本人PHC 研修生の受け入れの一層の促進等を上げている。

3　DTEC日本課の幹部はプロジェクトの成果を評価するとともに、PHCのみならず他の保健分野、テレコミニケーション等について第三国研修の一層の拡大・発展を期待したい旨意見表明がなされた。

4　公衆衛生省はPHC 発展推進の政策形成と運営管理機関として本プロジェクトに十分なる関心を示し、Dr.Pramok 次官補、Dr.Pricha 局長、Dr.Prakram官房審議官、Dr.Jumroon　PHC 課長等と協議がもたれ、協力について公衆衛生省直轄機関であるRTC の整備をも含め深甚なる謝意が述べられた。日本側からも本プロジェクトの基盤として、タイ政府が総合発展計画に整合する国家保健計画にのっとり、基本的な保健サービスのネットワークが整備されていること、地域保健サービス向上について体系的な検討を進めていたこと、保健政策の形成、組織機構の整備・人材の確保育成に努力されてきたことなどから、1978年９月のAlma-Ata宣言以前にPHC の概念の形成があったこと高く評価されて良いことを述べた。さらに、プロジェクト進行に際してはASEAN諸国等とPHC発展を通じ緊密な連携を図ったこと、大学と公衆衛生省との協力体制を堅持し推進が成されたこと等を大きな成果の点として上げた。

公衆衛生省の今後の取組として第７次総合計画策定に際し保健政策を最重点政策として位置付けることを要請するとともに、タイにおけるタイ型PHC政策の実現を保健医療開発として中央、地方を通じ推進すること、その際、地域保健組織の育成、地域リーダー指導体制の充実、地域保健医療機関の体系的整備、 大学研究機関とRTCを含む地域保健行政機関による共同地域保健

研究および都研修教育体系の確立を一層図るべきとしている。かような計画路線はタイ国民の保健福祉の向上はもとよりAIHDおよびRTCの機能充実につながるものであるとし、 日本側の協力に期待が寄せられた。

タイ国における保健医療発展の協力推進は21世紀に向かう新しい協力の方向を示唆するものである。日進月歩の科学技術・医学医術の進歩とともに、人々の健康についての意識の向上、地域社会環境の変動、国際社会における役割・使命を考慮するとき、タイ国からの要請の基本をふまえ、総合的視点に立ち、より幅の広い視野から、機能的なプロジェクトの選択が期待されるであろう。

例えば、急性感染性、エイズ、結核、栄養、母子保健、家族計画、成人保健、歯科保健、精神保健、健康増進、食品保健、薬事衛生、水道整備、学校保健、労働衛生、農村保健等それぞれの縦割り機構として現局課のいずれも対策を優先されねばならない課題点である。同時に、政策形成、計画策定、人材の育成確保、研究の充実、地域保健体制の充実、施設設備の体系的整備、統計情報システムの開発、健康教育・住民参加の促進、国際協力の展開等の横割り機能をどのように組み込むかにある。これらの取組の中、どれが自主開発すべきか、どの組み合わせで技術・無償・有償協力となりうるかの判断にかかっている。

II－2　研修活動

研修分野についてはプロジェクトレポートのとおり、本プロジェクトの主旨であるASEAN人造りの中心を成すもので順調に実施され、人造りセンターの役割りを十分果たしてきたものと評価される。本センターにおいて研修を受けた者はASEAN各国においてPHC部門の中心的役割りを果しており、本プロジェクトにおける国際研修の総仕上げとして行なわれた。国際シンポジウム（平成元年8月1日～8月3日）の参加者の多くは、国際研修参加者であった。

同シンポジウムに対して橋本正美国内委員長を基調講演のため派遣した。

橋本委員長の報告は次のとおりである。

国際シンポジウム報告書

1．本プロジェクトの経緯

本プロジェクトは、1981年1月、当時の鈴木善幸首相のASEAN 諸国歴訪に際し提示されたASEAN 人造りプロジェクトの構想に対するタイ王国の要請に基づいて発足したものであるが、その背景として空前の大規模な国際会議(WHO ・UNICEF主催）による全世界に対してPHC推進を激しくアピールするAlma-Ata宣言（1978. 9)があった。前記のタイ王国の要請に基づき、1982年6月、無償資金協力によるATC(Machidol大学Salaya Campas)及び4RTCの建設が合意着工され、また同年10月R/D 署名がなされた5か年の技術協力が1987年6月派遣の評価ミッションの意見及びタイ王国の要請により、同年9月引続き2年間延長のR/Dの署名がなされた。

本プロジェクトは、タイ国民はもとより、ASEAN 諸国、さらには全世界の人々の健康向上に基本的政策の基盤を置き、またタイ国民の福祉及び生活を高める基本戦略として、タイ政府により“Quality of Life ”が提唱され、本プロジェクトの発展過程をみると、当初はAlma-Ata宣言に基づくPHC推進に則して、PHCの紹介及びその考え方の検討が中心であったが、その後実際的な活動を進める中でPHC発展のための基本構造を明らかにし、その人材養成の中核としてのLeadershipの開発に力点を志向していることが注目される。

また前記の発展過程に対応して、私ども日本人専門家としても早くから提言していたATC/PHCのMachidol大学の学部相当の正規のResearch Instituteへの昇格が、タイ国政府の承認により、1988年10月に実現したことも特筆に値することといえる。なお、本Institute の中核的な事業のひとつとして、未だ他に類のないMaster of PHC Management(M.P.H.M.)コースが1986年より新しく発足し、これが1987年6月以降、JICAによる第3国研修協力プロジェクトとして進められていることも、誠に時宜を得たものと考えられる。

2．今回の任務

本プロジェクトの発足後7年に近い以上のような発展の経緯と背景の下で、技術協力2年延長の期間が本年9月末で修了することを考慮し、昨年8月派遣された計画打合せ調査団（小野寺伸夫団長）の提案を受けて、今回ASEAN Institute for Health Development(AIHD)が中心となって計画されたInternational Experts Symposium on Leadership Development for Quality of Life in the Asia and Pacific Region : The Challenge of a New Decade(August 1-3, 1989）に出席し、第1日の午後に本シンポジウムの基調講演を行うことが、今回の任務であった。

3．シンポジウム報告

8月1日(火)：

0930-1030開会式

来賓として、大学省次官Dr.Wichit, 公衆衛生省次官Dr.Somakとともに、JICAタイ事務所長斎藤勉氏が祝辞を述べ、Machidol大学学長Dr.Natthの歓迎の辞が述べられ、続いて大講堂前で記念撮影が行われた。

その後大講堂で映画“New Health System for the People : PHC in Thailand”が上映され、タイ国におけるPHC活動の各地の実情が紹介された。

昼食後AIHD大講堂において、1300-1400 、AIHD所長Dr.Krasac が座長となり、本シンポジウムのKey Presentationとして、下記の主題により橋本が講演を行った。（聴衆約200 人）

“Trends and Reflections of the Nation's Health in Japan-From PHC to Health Development ”.

（注） この講演の内容については、当日配付した内容目次（添付資料2）及び講演原稿（添付資料3）を参照して頂きたい。

講演後、偶偶来所中のInternational Training Programme, Health and Social Development in Thailand(31July-9 August 1989)の約30名の日本人医学生ら（金沢大学医学部、林講師引率）の研修第1日に当たり、AIHD所長Dr. Krasae の訓辞に続いて、約1時間タイ農村のPHC活動、Alma-Ata宣言のSocial JusticeとQuality of Life の視点等について講話を行った。

8月2日(水)：

午前、午後ともシンポジウムに出席した。この日は午前、午後に各3題（1題45分）、各国の代表による発題講演が行われ、いずれもそれぞれの国の文化的、社会経済的な特性に対応したPHC とQuality of Life の活動についての有意義な報告であった。

8月3日(木)：

第3日は、第1～2日の発題講演等をふまえ、0900-1200 の2つのグループ（①Policy Needs for PHC/Qol, ②Applied Research for Leadership Development in PHC/Qol for the Next Decade)に分かれてRound Toble Discussionが行われ、非常に力の入った討論がなされた。(橋本は①グループ、建部は②グループに参加した)

1300－1500には、合同で前記Group の討議の成果をグループごとに報告して全体討議が行われ、今回の国際シンポジウムとしての主題に関するStatement(案）が採択され、最後にMachidol大学学長Dr. Natthの閉会の辞によって3日間の国際シンポジウムの幕を閉じた。

今回の国際シンポジウムは、WHO 中嶋事務局長の都合等で日程の変更がなされたが、その実施計画には周到慎重な考慮が払われ、Alma-Ata宣言のSecond Decade を展望するシンポジウムの枠組の中で、参加各国の社会・経済・文化を反映した報告や意見と建設的な討議が密度高く展開され、またシンポジウム進行の運営、各種documents の準備、関係各国の運営上の役割分担等々、学ぶべき点が多かった。

なお、今回の国際シンポジウムへの正規のParticipantsは、12か国から35名であったが、地元タイ国からはこの他に多数の参加者があった。

資　料1.

International Experts Symposium Schedule on Leadership Development for Quality of Life in the Asia and Pacific Region : The Challenge of a New Decade

August 1-3, 1989

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1 AUG. 1989

9.00 - 9.30	Registration
9.30 -10.30	Opening Ceremony (AIHD Auditorium)
	Report to the Chairman :
	By Dr Krasae Chanawongse Director, AIHD
	Opening Address
	By Prof. Dr. Wichit Srisa-an Permanent Secretary Ministry of University Affairs
	Keynote Address
	By Prof. Dr Somsak Varakamin Permanent Secretary for Public Health, Ministry of Public Health
	Special Address
	By Mr. Tsutomu SAITO Director, Japan International Cooperation Agency (JICA) Thailand Office
	Welcome Address
	By Prof. Dr Natth Bhamarapravati President of Mahidol University
10.30-11.15	Group Photos and Coffee Break
11.15-11.45	Movie "New Health System for the People : PHC in Thailand" (AIHD Auditorium)
11.45-13.00	Lunch

13.00-14.00	Key Presentation on "Trends and Reflections of the Nation's Health in Japan – From PHC to Health Development"
	By Dr Masami Hashimoto, Former Rector, Saitama Prefecture College, and Chairman, Japan National Committee on AIHD
14.00-14.15	Coffee Break

Chairman : *Prof. Dr Kraisid Tontisirin*

Secretary : *Assoc. Prof. Dr Orapin Singhadej*

	Presentations on
14.15-15.00	Paper 1 : *Development of PHC Leadership of Young Professional in Medicine and Health Fields*
	By Prof. Dr Charas Suwanwela President, Chulalongkorn University
15.00-15.45	Paper 2 : *Leadership Development for Health for All*
	By Mr. Sawai Bhrammani Governor, Nakornrajasrima Province
15.45-16.30	Paper 3 : *Leadership Development and PHC/QoL Implementation*
	By Dr Krasae Chanawongse Director, ASEAN Institute for Health Development Mahidol University

2 AUG. 1989

Chairman : *Dr Krasae Chanawongse*

Secretary : *Assoc. Prof. Dr Porapan Punyaratabundhu*

9.30-10.15	Paper 4 : *Leadership Development &NGO Developmen:*
	By Dr Jaun Flavier President, International Institute of Rural Reconstruction
10.15-11.00	Paper 5 : *Development of School Health Leaders in Anti-Liver Fluke Campaign*
	By Assoc. Prof. Dr Santasiri Sornmani Dean, Faculty of Tropical Medicine Mahidol University
11.00-11.15	Coffee Break

11.15-12.00	Paper 6 : *Strengthening of Health Infrastructure for Improving Effectiveness and Utilization of PHC*
	By Dr Somsong Rakpau Provincial Chief Medical Officer, Lampoon Province
12.00-13.00	Lunch

Chairman : *Prof. Dr Debhanom Muangman*

Secretary : *Dr Vichai Choakviwat*

13.00-13.45	Paper 7 : *Development Leadership Skills During Medical Education*
	By Dr Damodar Bachani Lady Harding Medical College, New Delhi
13.45-14.30	Paper 8 : *The Learning Environment to Develop Health Leadership*
	By Assoc. Prof. Dr John T. Arokiasamy Head, Department of Social and Preventive Medicine Faculty of Medicine, University of Malaya
14.30-14.45	Coffee Break
14.45-15.30	Paper 9 : *Role of Private University for Quality of Life Development*
	By Dr Reinaldo C. Bautista President, University of Baguio, Philippines
15.30-16.30	Paper 10 : *Mobilization of University Graduates for Health & Social Development*
	By Asst. Prof. Dr Som-arch Wongkhomthong Deputy Director, ASEAN Institute for Health Development
18.00-21.00	Dinner and Cultural Show at AIHD Hall

3 AUG. 1989

Chairman : *Dr R. Soebekti*

Secretary : *Asst. Prof. Dr Som-arch Wongkhomthong*

9.00-12.00	Round Table Discussion
	: *Policy Needs for PHC/QoL* : *Applied Research for Leadership Development in PHC/QoL for the Next Decade*
12.00-13.00	Lunch
13.00-14.00	Panel Discussion Group # 1 Presentation
14.00-15.00	Panel Discussion Group # 2 Presentation
15.00-15.30	Coffee Break
15.30-16.00	Plenary Discussion
16.00-16.30	Closing Ceremony
	By Prof. Dr Natth Bhamarapravati President of Mahidol University

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資　料2.

TRENDS AND REFLECTIONS OF THE NATION'S HEALTH IN JAPAN

-- From PHC to Health Development --

Masami Hashimoto, M.D.

Professor Emeritus, National Institute of Public Health, Tokyo
Chairman, Japan(JICA) National Committee on ATC/PHC

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Fig.2 Organizational Structure of General Health Administration

Fig.3 Population Pyramids in 1935, 1985 and 2025

Fig.4 Changes in Average Life Expectancy

Fig.5 Changes in the Causes of Death

Fig.6 Changes in Sickness

II. SOME EXPERIENCE, REFLECTIONS AND LESSONS

1. Active People's Participation and Community Health Involvement
   (1) Example 1. An active voluntary MCH movement solely by mothers and housewives in a health centre district
   (2) Example 2. An active nationwide community involvement for improvement of environmental sanitation
2. Lessons from the Community Health Involvement
   Analytical checkpoints to find an entry problem in a community.
   a. Public health needs
   b. Relation to people's dailylife
   c. Mode of people's participation
   d. Technical elements
   e. Effectiveness
   f. Community solidarity
   g. Radiative effect to other community health programmes
3. System of the Leadership Development in Health
4. Local Autonomy and National Health Planning
5. Serious Environmental Pollution
6. A New National Health Development Policy

CONCLUSION

資　料3.

Trends and Reflections of the Nation's Health in Japan
-- From PHC to Health Development --

Masami Hashimoto, M.D.

Professor Emeritus, National Institute of Public Health, Tokyo
Chairman, Japan(JICA) National Committee on ATC/PHC

PREFACE

It is my great honour and pleasure to have an opportunity to make a presentation in this most significant International Symposium on Leadership Development for Quality of Life in Asia and Pacific Region today.

First of all, as the chairman of the Japan(JICA) National Committee on ATC/PHC project in Thailand, I would like to express my most sincere thanks to professor Dr. Natth, President of Machidol University, Dr. Krasae, Director of ASEAN Institute for Health Development, and officials of the Ministry of Public Health, colleagues and friends in Thailand, for giving us warm courtesy, valuable lessons and informations on PHC development every time when I visited this country on the project since 1981.

Throughout nearly 50 years after the Second World War, my professional career has been public health. And I made every effort continuously for the development and promotion of community-based, dailylife-oriented public health through fieldpractice, health administration at various levels of the country including central level, researchwork, postgraduate education and training of health personnel, and so forth.

During the 1960s and 70s in Japan, amidst an unusually rapid socioeconomic changes accompanied by fast expansion of heavy chemical industry and fast progress of hightechnology and information science, I was seriously afraid from Quality of Life point of view, of the neglect of the essentials of nation's health, namely promotion of community-based, dailylife-oriented people's community health and development action.

As a public health scholar, I understand that after the war particularly since the 1970s, an unpreceedented gigantic swell appeared in the world history, mainly due to the evolution of socalled third world countries. And the Alma-Ata Declaration in September 1978, which request a radical reflection of the traditional Western health and medical care pattern and appealed to the world the promotion of PHC from viewpoint of equity and social justice so sharply, questioned the very roots of the modern public health. The Declaration has been indeed at the best historical timing, and I was so strongly encouraged personally by the Declaration.

Fortunately indeed, since the very beginning of ATC/PHC project in Thailand in October 1982, I have been deeply involved in the project and obtained highly valuable, encouraging experience on PHC in Thailand. Thanks again for these valuable learnings and cordial friendship.

ATC/PHC project in Thailand is a pioneering and challenging project with the unusual character of highly human intensive, knowledge intensive, and management intensive, compared with so many facility, equipment intensive international cooperation projects in health and medical field in the world until that time. Furthermore, best mutual understanding and cooperation between the University and central government is indispensable for successful progress of this challenging project. Fortunately though this common difficulty has been remarkably overcome in Thailand.

Indeed, the earliest inaugulation and successful progress of the project undoubtedly attribute to the pioneering efforts and carefully examined accumulated experience on PHC in Thailand as early as more than ten years before the Declaration, supported by governmental policy. At the sametime, I am impressed the existence of highly capable leaders both in the University and the Ministry of Public Health with competent leadership for PHC development. I would like to stress here the utmost importance of health science university for the development of HFA everywhere in the world though presently only a few universities in the world carried out the responsibility in a full conditions like Machidol.

The Tokyo Declaration in 1985 of WPRO calls for a fundamental reorientation of healthmanpower planning and production and management from PHC point of view. Regrettably, however, health personnel particularly medical doctors have moving towards evergoing specialization within vertical discipline and being isolated from day-to-day community health care, and Western universities, if not all, to pursue knowledge for its own sake.

Here on this occasion I would like to conglaturate and to express my sincere appreciation and expectation to ASEAN Institute for Health Development to provide much needed support for HFA not only in Thailand and ASEAN countries, but also for health development in all Asia-Pacific region. Particularly I think that progress of the most significant MPHM programme is of supreme importance for the success of implementation of every PHC and Quality of Life programme in a community in the region. Needless to say, for successful PHC and Q.L. development, in addition to the common principles of health care management, community specific and culture specific management ability is indispensable. I believe that MPHM programme at AIHD will contribute very much for the strengthening of leadership at every level of the country for effective people's participation and involvement towards development of PHC and Q.L. in each community. For this programme, JICA provided a third country training cooperation since June 1987 and I personally do hope continuation of the cooperation by JICA.

I. TRENDS OF THE NATION'S HEALTH IN JAPAN

Today I would like to present trends, experience and reflections of the Nation's Health in Japan briefly during the four decades after the Second World War. Needless to say, health and medical systems and institutions are outstandingly historical, cultural as well as political product in each country. Therefore, our experience can't be simply generalized in any other country, but still I hope that these would be of some help for HFA in Asia-Pacific region too.

During the four decades after the War, health scene in Japan has changed very drastically. Starting with the challenge of nationwide epidemics of typhus, smallpox and cholera, etc. immediately after the War, then through the battle against tuberculosis, and since about the 1960s onto the chronic degenerative diseases and serious pollution episodes.

The modern health system in Japan evolved during the past one hundred years in response to the country's pressing social needs and demands in each period. It bears many similarities to its original models in the Western countries, but there are also many notable differences as well. Consequently, Japan's health system is highly complex. It serves over 120 million people within four main islands covering an area of 377,435 km^2, namely about 70% of the territory of Thailand, with a span of some 3,000 kilometers long. Nearly 70% of the land is covered by mountains and forests, the reminder is divided into residential and industrial areas on the one hand, and cultivated land on the other. As a result, the country is heavily overpopulated. Distinct seasonal climatic changes are observed in all parts of the country. The people are ethnically almost homogenious and speak one language.

I would show you few slides relating to the trends of Nation's Health in the country.

Fig.1 Administrative Division of the Country

Under the central government there are 47 prefectures including Tokyo Metropolis, and some 3,200 primary local authorities, i.e., cities, towns and villages, each with local government office and elected assembly.

Fig.2 Organizational Structure of General Health Administration

As regards the general health administration, the Ministry of Health and Welfare is the principal body at the central level and then prefectural Department of Health, prefectural health centre, and health related section of primary local authorities. Currently 30 large municipalities designated by the Health Centre Law and 23 Metropolitan special wards are required to establish their own health centres in place of prefectural governments. Thus, a nationwide health centre network comprises currently 850 health centres. The health centres are financed by local and national governments.

Fig.3 Population Pyramids in 1935, 1985 and 2025

In 1935, it showed a typical pyramid form with wide basis, and changed to bottle form in 1985, 2025. The fast aging of the population can be attributed to two main factors. Firstly, the declining rate of the elderly resulting in a relative increase in people of advanced age. Secondly, with drop in the birth rate, there is a decrease in the proportion of young people. As a result the percentage of elder people is rising. The proportion of old people beyond 65 years shows currently about 11%, but in 2025 it is estimated to 22.5%.

Fig.4 Changes in Average Life Expectancy

The average life expectancy at birth for men immediately after the War in 1947 was 50.06 and for women 53.96. By 1986these figures had jumped to 75.23 and 80.93 respectively. Likewise, the mortality rate in 1947 was 14.6 and this was reduced to 6.2 in 1986, while the infant mortality rate dropped drastically from 76.7 to 5.2 between the same year.

Fig.5 Changes in the Causes of Death

In the past, tuberculosis and other communicable diseases constituted the main causes of death in the country. However, after the War, the occurance of such diseases declined remarkably, and in 1951 cerebrovascular diseases occupied the top spot. After this, cancer and heart diseases have taken the top position. In recent years, the socalled degenerative diseases have come account for nearly 70% of all deaths.

Fig.6 Changes in Sickness

With regard to the trends in patients receiving medical care, there has been a marked increase in cardiovascular diseases like hypertension, cerebrovascular diseases and heart diseases. Moreover, there has been a considerable increase in the cases of mental disorder. With reference to the sickness rates for different age groups and types of illnesses, it can be seen that the overwhelming majority of those suffering from cardiovascular diseases are over 45 years old. More particularly, those over 70 account for about half the cases.

II. SOME EXPERIENCE, REFLECTIONS AND LESSONS

Now I would like to present some experience, reflections and lessons in Japan.

1. Active People's Participation and Community Health Involvement

It is my pleasure to say that from the very beginning of the postwar era when nationwide epidemics and absolute shortage of food had been very serious in the country, community involvement and people's active participation in community health and development, i.e., PHC today have been continuously a basic promotive factor of the national health development up to the present, though the subject and form and method changed step by step in response to the community needs and demand in each period. There are numerous interesting cases in this area, but due to the limitation of time

I would like to present here two main examples of my most learningful experience from viewpoint of leadership development for PHC and Q.L.

Firstly, I never forget a highly challenging experience of an active community health involvement soon after the War when I was working as a health officer at a district health centre near Osaka city. The centre was in charge of a district of some 50 km² with one city and two towns covering some 110,000 population. Day and night we made all efforts as a health team aimed at a community health involvement of the district. Particular effort was made to realize a health centre wholely open to the people in the district. For example, we prepared one room in the centre named" Health Class Room " equipped with various audio-visual aids, and provided the room for all school children and students in the district. Meeting room and lecture hall were provided to the monthly meetings of various health related professional associations and voluntary groups. On these meetings we introduced every time health status and problems in the district based on statistical data,etc.

A notable voluntary MCH association composed solely of mothers and housewives in the district was born from the primary school PTA leaders' monthly meeting at the centre. We introduced a serious status of MCH in the district then and discussed the problem. Thus, started from some 30 members of capable women leaders, the membership increased to some 8,000 within two years. Anyway, this kind of women's goodwill and power is unbelievably strong. And I think that it was a " Dialogue Approch for Leadership Development for HFA " today.

Afterwards, the similar voluntary MCH association spread to other cities, towns and villages in the prefecture very quickly. At present in Japan, there is a federation of voluntary health association in each prefecture throughout the country mostly organized in the middle of the 1950s. And among them a very unique one may be the Federation of Osaka prefecture. It is a federation of city, town and village voluntary women's associations. At present the membership amounted more than 200,000 and composed solely of mothers and housewives. Their activities at present are highly diversified such as cancer detection, cardiovascular examination, healthy food, environmental health and so forth, in addition to MCH which was the principal activity at the oncet of some 40 years ago. I would like to stress the supreme importance of voluntary, nongovernmental health organizations for the promotion of HFA.

The second example is a highly active community involvement for the improvement of environmental sanitation. In 1952, I was transferred from Osaka prefectural government to the Ministry of Health and Welfare, and appointed chief medical officer of the Dept. of Environmental Sanitation at the Ministry. It was really the oncet of national environmental sanitation administration in Japan. And I obtained then a highly profitable experience as a health

professional at that time, i.e., highly active and challenging community health involvement focusing on vector control at the town and village level. This movement occured from rather remote villages in the country against serious epidemics of typhus, dysentery, typhoid fever, Japanese B. encephalitis, etc. which frequently caused a panic in a village.

During the former half of the 1950s, I visited a large number of towns and villages with expert in medical-entomology throughout the country. Through these visits I learned very much on active community health involvement. For example, I realized that in every successful village or town, there are persons of excellent leadership as community leader devoted community health. And they were, for example, primary school teachers, leaders of agricultural women's association or youngmen's association, preachers of temple, village head, and public health nurses of village office, etc. Namely, all of them are usual ordinary persons. And I realized that every community has potentially such persons who can play the role of capable community leader if an opportunity of appropriate motivation is provided.

At that time, in many towns and villages where a notable success was made, following interesting results were reported in addition to the improvement of levels of community health in the narrow sense,i.e., notable decrease of communicable diseases and diarrhoeal diseases, decrease of infant death rate and medical care expenditure, and so forth.

a. Acceleration of baby pigs' growth(three times faster than before)
b. Increase of cows' milk production
c. Increase of hens' egg production even during hot summer season
d. Disapperance of juvenil delinquency
e. Improvement of tax-payment rate

Here I would like to stress the significance of the trinity of "scientist, health officer, and people" in PHC development, and also the feeling, willingness or mind of voluntary health action in a community which is completely different from the relation between government officials and people within ordinary power structure.

Through these numerous field visits at that time, I met very many devoted community leaders throughout the country. Thus after five years, my list of such persons amounted some 3,000. In June 1955, as a result of the nationwide active people's sanitary movement, a cabinet decision was made on " nationwide dissemination of vector control movement by a three year plan ". In April 1957, the first national environmental sanitation assembly was held in Tokyo with some 2,500 active participants from all parts of the country who were then active community leaders of the sanitary movement mentioned before. I as the chairman of the assembly never forget an exciting and highly challenging atmosphere of the assembly where chairman of the House of Representative and seven ministers of the state attended and addressed powerfully on an encouragement of the movement. After this assembly, a special committee was organized at the national Diet for this movement composed some 60 Dietmembers regardless of the political party. Development of community health involvement finally to whole sicial involvement is undoubtedly a goal of PHC development.

2. Lessons from the Community Health Involvement

For effective development of PHC and community participation in health, detection of an entry problem is of utmost importance. It means that evaluative analysis of various community health problems is indispensable. At that time, I developed the following check points from the evaluative point of view.

a. Public health needs: Public Health needs should be evaluated in terms of the magnitude and universality of a problem in a given community. The greater the magnitude and universality, the greater the effectiveness of public health actions. Here, professionaly determined need and people's felt need are not necessarily the same.

b. Relation to people's dailylife: The more closely a problem relates the dailylife of the people, the greater the effectiveness of public health actions.

c. Mode of people's participation: In regard to the mode of people's participation, passive and active ones can be distinguished. Generally speaking, preventive medical programmes such as vaccination, health screening, etc. are of passive mode, and sanitation programmes such as vector control is of active mode.

d. Technical elements: To obtain people's active participation, appropriate, attractive technical elements are of value.

e. Effectiveness: Concrete, visible effect is a most important factor for attracting people to a health programme. In addition, a quick effect is desirable compared to a slow one.

f. Community solidarity: This factor is important for promoting people's organized participation in a community health programme. It means on the one hand that the success of a programme can only be achieved through organized community efforts, and on the other hand that if somebody neglects the neccessary practice it can cause the failure of a whole programme.

g. Radiative effect to other health programmes: This means that the promotion of a programme successfully with people's participation inevitably causes a radiative development to other health programmes.

3. System of the Leadership Development in Health

In Japan, leadership development is an integral component of education and training of health personnel. The system can be divided into governmental system and programmes and continuing education programmes by various professional associations. At national level, postgraduate education and training schemes are conducted principally by the Institute of Public Health. The Institute of Public Health was established in 1938 donated by the Rockefeller Foundation. Total number of the graduates after the War amount about 23,000 for special courses and about 2,300 for regular(over 1 year) courses. At present, IPH provides DPH, MPH, Dr.PH courses and a number of specific short courses for continuing education and training of various health personnel.

From PHC development point of view, a special training programme at IPH titled " Joint Field Training by Team Approach" would be worth to note. Namely, about 60 students of regular courses of multiprofessional composition are organized into 5-6 health teams, usually composed of

1-2 physicians, 3-4 public health nurses,.1-2 nutritionists, health educator and often socialworker, engineer, architect, etc. Each team assigned to one village or town around Tokyo, and spend one month for study and practice of team approach for community health. The steps taken are: a. community health survey, b. community health diagnosis, c. technical planning, d. administrative planning, e. health education, f. community health organization, and g. evaluation. A leader is elected by team members(not necessarily physician). And after completion of the programme, each team submit a team report. Then seminar is organized at IPH with participation of teaching staff, and staff of relevant district health centre and community leaders from relevant town or village,etc.

At the level of prefecture and large city, responsible department of the local government provides continuing education programmes for their health personnel.

It would be worth to note that in Japan almost every discipline of health personnel organizes a professional association, at national, prefectural, and district levels, e.g., medical doctors, dentists, phamacists, nurses, public health nurses, midwives, nutritionists, X-ray technicians, laboratory technicians, health educators, food inspectors, sanitary inspectors, and so forth. And high majority of health personnel is involved in the relevant association. At the same time, each association carried out refresher and continuing education programmes covering PHC development, not only at national, but also at local levels under cooperation of relevant division,etc. of national as well as local governments.

In addition, there are so many nongovernmental, voluntary health organizations of citizen and inhabitants. And these voluntary health organizations also carried out various meetings, forums, symposiums, etc. from community-based, dailylife-oriented points of view. All these programmes are contributing undoubtedly for leadership development for PHC and Q.L. at various levels of the country.

4. Local Autonomy and Health Planning

Needless to say, decentralization of the government power and strengthening of local autonomy is of utmost importance for the development of PHC and Q.L. of a country. Before the War, Japan was highly centralized without real local autonomy. But after the War local autonomy has been notably strengthened politically as well as financially based on the Local Autonomy Law(1947). I believe that this trend is profitable and hopeful for the development of Nation's Health in the future.

As is well known, it is also noted that Japan is socalled vertical society, and it has been continuously a basic obstacle for the promotion of horizontal, multisectoral approach particularly for health planning. In addition, this character caused a tendency of the fragmentation of health, medical, and social welfare services in a community. And so many categorical, vertical, unified national laws covering the whole country, and the one fiscal year system of governmental accounting also accelerated the above vertical trends. Since the 1960s, in line with the remarkable international trends to develop a national, longterm development plan, the government of the country started to develop national development plan, and within this framework, national health planning has been developed gradually. Regrettably, however, the situation of health and welfare

within the national socioeconomic development plan seems still weak and the contents seem not satisfactory enough.

At the primary local government level, however, it is worth to note that since 1960 , an integrated health planning with the participation of inhabitants has grown steadily. And finally at the end of 1985, the prefectural health planning focusing on hospital beds is required to the governor by the amendment of the Medical Care Law(1948) for the first time. And up to the present, all prefectural governments set up socalled secondary medical care units. It means the very starting point of the prefectural health planning and further progress is strongly expected now.

5. Serious Environmental Pollution

Since the 1960s, serious environmental pollution broke out throughout the country, caused by a rapid expansion of heavy chemical industries supported by the strong governmental policy then, and extremely fast motorization, accompanied by an unusual GNP growth. Japan became worldfamous serious pollution islands. At that time, an American writer said that " many of the problems faced by'spaceship Japan' today will be faced by all of us on 'spaceship Earth' tomorrow". Around 1970, antipollution citizen's movement broke out widely, and through these serious experience, the concept of health of the people seems deepened fastly to realize that health is essentially a community and dailylife matter. And our most keen reflection has been focused on: a. Mistake of extremely"production first" national policy, b. Lack of social responsibility sense of industry, and c. Lack and weakness of land utilization plan.

Incidentally, as early as 1956 when I was a staff of Dept. of Environmental Sanitation, Ministry of Health and Welfare, the Ministry prepared a draft of "Environmental Pollution Control Standards Bill", but at that time the draft bill was sorrounded by foes and completely neglected. After 12 years in 1968, the Public Nusance Control Law was enacted followed by some 20 pollution related national laws. Our most bitter experience definitly shows that delayed countermeasures against environmental pollution is enormously expensive and not effective.

6. A New National Health Development Policy

According to the fast changes in disease and death pattern accompanied by rapid aging of the population, the Ministry of Health and Welfare developed and introduced a new national health development plan in 1978. The plan composed, a. Continuing(lifelong) health development according to the lifecycle of an individual, b. Strengthening of basic local facilities for health development of the people such as health promotion centres at the prefectural level, improvement of district health centres, and dissemination of community health stations at city, town and village, and c. Promotion of education for health development. In the plan particular emphasis is laid on health maintenance and development of housewives. I think that this plan is a Japanese edition of the Alma-Ata Declaration,i.e., promotion of PHC and Q.L. Afterward in 1982, the Health of the Aged Law has been newly enacted, and based on the Law, health services for those 40 years and over aiming at health development and wellaging, are carried out actively by the primary local governments.

CONCLUSION

Japan is now undergoing an unpreceedented fast aging of the population accompanied by evergrowing national medical expenditure and continuing severe financial condition both national and local levels on the one hand, and an extremely rapid progress of socalled hightechnology and information science on the other. Now every efforts should be concentrated to the integration and coordination of health, medicine, and social welfare services, aiming at the developmen of HFA and Q.L. Under such unpreceedented situation, a number of difficult problems to be overcome exist in the country. For instance, pension scheme, costcontainment of evergrowing national Medical expenditure, rapid increase of old people accompanied by bedridden aged and aphathy, etc., intractable diseases, physically and mentally handicapped people, and newly emerged terrible problem as AIDS, and so forth. After all, to cope with these difficult problems, I believe that principally the establishment of PHC-oriented, community-based, integrated health and welfare system basing upon the local characteristics, aiming at the development of Q.L., is of supreme inportance.

We are now in a world of extremely rapid changes. The globe become smaller than ever. And a global interdependence is now keenly requested for global peace and HFA. History shows that the main arena of the historical human development began around the Mediteranean Sea, and through the Atlantic Ocean era up to the 20th century, and it is now moving to the Asia-Pacific Region in the coming century. But we must cleary remind ourselves that one-fifth of the world's children will never celebrate their fifth birthday. And more than one billion people still live in absolute poverty. Namely, despite of all our efforts and accomplishment, our goal is far from our reach yet.

As is well known, the spaceship earth is facing to a critical population problem on the one hand, and every country in the world is now keenly requested a successful harmonization of two basic aspects,i.e., "Economic Development" and "Quality of Life". Very recently, on the first Asia-Pacific International Environment Symposium which was held in Tokyo participated ASEAN member countries and people's republic of China, an exciting discussion was made on a global pressing problem of the successful harmonization of industrial, economic development indispensable for the solution of poverty, and ecological preservation of the environment.

Concludingly, towards the HFA and Q.L. in the coming new decade, I do hope and expect a fruitful achievement of this well prepared symposium, based on the reassessment of the accomplishment in the first decade, on leadership development for PHC and Q.L. of the people in the Asia and Pacific Region.

Fig. 1.

ADMINISTRATIVE DIVISIONS OF JAPAN

01–47 Prefectures.

①–㊼ Cities with prefectural government offices.

Prefecture	City	Prefecture	City	Prefecture	City
01 HOKKAIDO	① Sapporo	26 KYOTO	㉖ Kyoto	41 SAGA	㊶ Saga
02 AOMORI	② Aomori	27 OSAKA	㉗ Osaka	42 NAGASAKI	㊷ Nagasaki
03 IWATE	③ Morioka	28 HYOGO	㉘ Kobe	43 KUMAMOTO	㊸ Kumamoto
04 MIYAGI	④ Sendai	29 NARA	㉙ Nara	44 OITA	㊹ Oita
05 AKITA	⑤ Akita	30 WAKAYAMA	㉚ Wakayama	45 MIYAZAKI	㊺ Miyazaki
06 YAMAGATA	⑥ Yamagata	31 TOTTORI	㉛ Tottori	46 KAGOSHIMA	㊻ Kagoshima
07 FUKUSHIMA	⑦ Fukushima	32 SHIMANE	㉜ Matsue	47 OKINAWA	㊼ Naha
08 IBARAKI	⑧ Mito	33 OKAYAMA	㉝ Okayama		
09 TOCHIGI	⑨ Utsunomiya	34 HIROSHIMA	㉞ Hiroshima		
10 GUNMA	⑩ Maebashi	35 YAMAGUCHI	㉟ Yamaguchi		
11 SAITAMA	⑪ Urawa	36 TOKUSHIMA	㊱ Tokushima		
12 CHIBA	⑫ Chiba	37 KAGAWA	㊲ Takamatsu		
13 TOKYO	⑬ Tokyo (ku-area)	38 EHIME	㊳ Matsuyama		
14 KANAGAWA	⑭ Yokohama	39 KOCHI	㊴ Kochi		
15 NIIGATA	⑮ Niigata	40 FUKUOKA	㊵ Fukuoka		
16 TOYAMA	⑯ Toyama				
17 ISHIKAWA	⑰ Kanazawa				
18 FUKUI	⑱ Fukui				
19 YAMANASHI	⑲ Kofu				
20 NAGANO	⑳ Nagano				
21 GIFU	㉑ Gifu				
22 SHIZUOKA	㉒ Shizuoka				
23 AICHI	㉓ Nagoya				
24 MIE	㉔ Tsu				
25 SHIGA	㉕ Otsu				

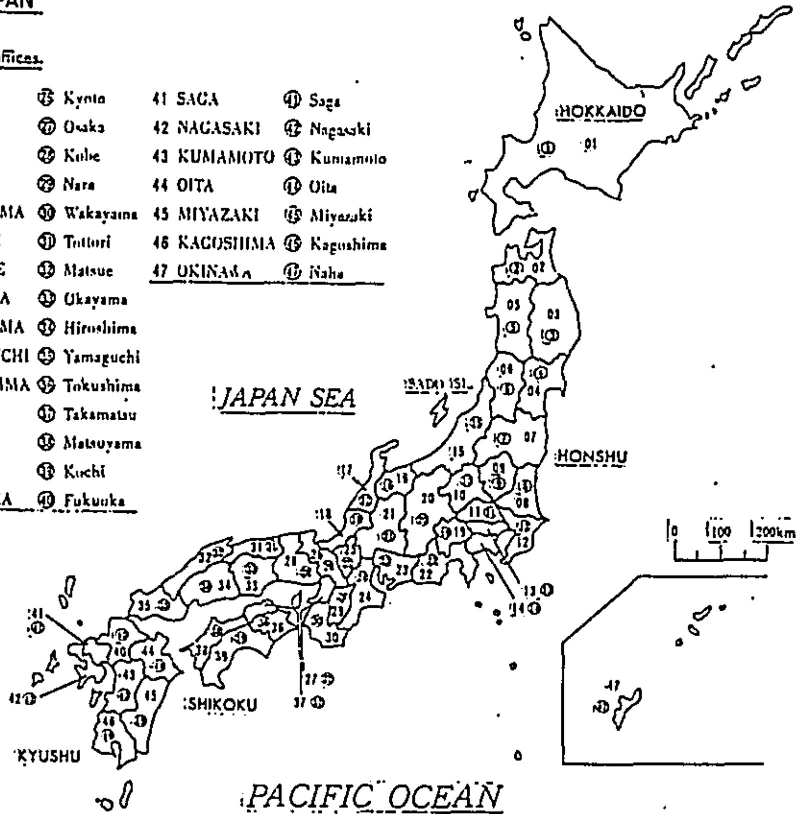


Fig. 2.

Organizational Structure of General Health Administration

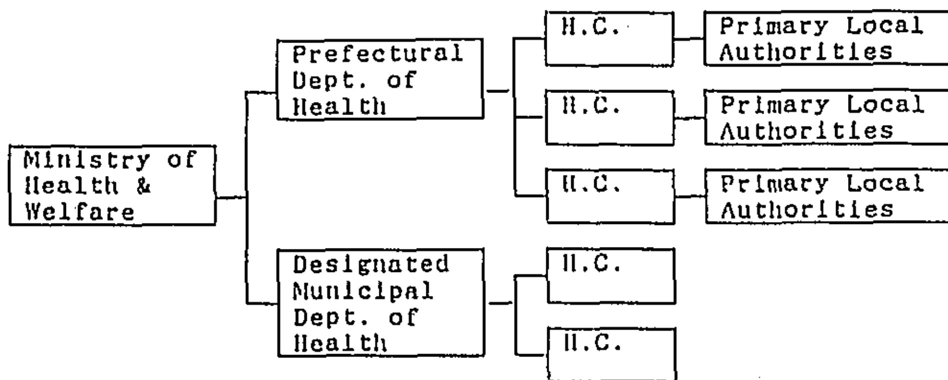


Fig. 3. Population Pyramids in 1935,1985 and 2025 (1st October of each year)

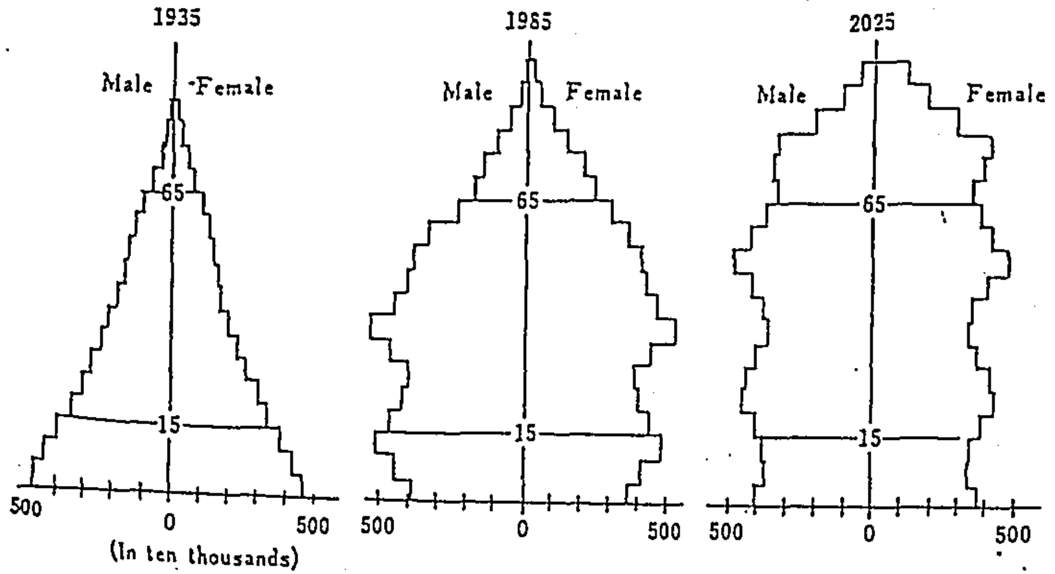
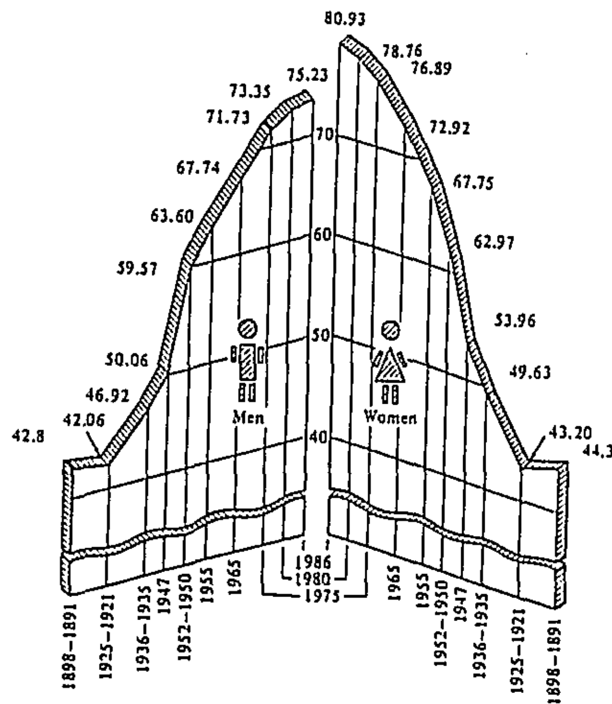
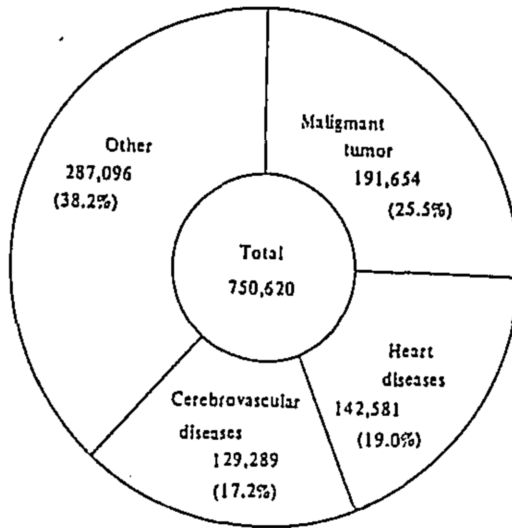


Fig. 4. Changes in Average Life Expectancy



Source: "Abridged Life Table (1986)", Statistics & Information Department, MHW.

Fig. 5. Main Causes of Death (1983)



Source: "Vital Statistics (1986)", Statistics & Information Department, MHW.

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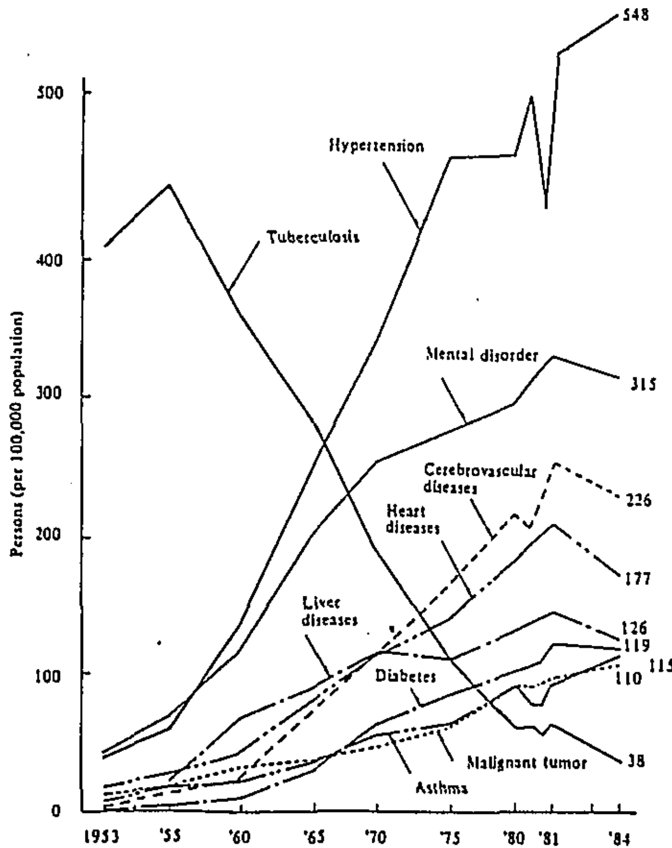
Fig. 6.

Trends in the Rates for Receiving Medical Care for Main Illnesses



Source: "Patient Survey", Statistics & Information Department, MHW.

III－3　研究分野

プライマリー・ヘルス・ケアに関する研究に対する研究助成が1982～1987年（6年次）にわたってなされた。応募件数304件、採用件数145件、うち報告書を提出して完了したと認められる件数は107件にのぼっている。また完成に到達していないものには、勤務地の変更、留学などの障碍によるものが大部分を占めている。また、研究用の機器の故障、脳梗塞による入院加療中などの理由も報告されている。このように研究の成果は、実施状況に関して十分に評価できるものであり、また、PHC にもこ好影響を及ぼしたことが窺い知れる研究テーマが採用されている。

以上のことを箇条書きすると次の4点に要約される。

(1) PHC 関連研究がなされ、研修の資料としても活用され、かつ地域活動にとって有効な参考資料を提供することができた。

(2) 研究開発を通じて、PHCに係る研究者の人材育成に顕著な効果がみられ、かつ、RTC、地方大学、地方行政などの関連機関との共同作業を通して有効な協力関係が育った。（その他の項「Lists of Research Projects」参照）

(3) 研究開発能力の著しい向上とともに、研究成果の発表の場としてのPHC ジャーナルなどの発行を行なうことができる技術普及が認められた。これは、Information & Documentation のハード・ウエアを支える知的なものであり、両者が相挨って今後のスムーズな発行が十分に期待できるものである。

(4) さらに、今後、何をなすべきかという問題意識と自覚も育ってきたことは、特に、具体的に示すことはできないけれども、調査班員全員が態得できたことは、本プロジェクトが最も高い水準にまで到達できたことを意味するものであろう。

以下に、英文にて、この評価のための資料を添付する。

III－4　モデル開発事業

1．事業の経緯と概要

本プロジェクトのモデル開発部門はセンター開設当初からの計画であり、マヒドン大学のナット学長が、1984年にチャンタブリ県を対象地区として選定してから具体的に開始された。

モデル開発は学術的であるとともに実践的な正確を持つResearch and Developmentである。従来からのPHCのモデルは主として東北タイなど経済的後発地域で形成された。しかし、今回のモデル開発の目的は、年10%近くのGNPの伸びをもつタイにおいて、そうした既存の農村地区で開発されたPHCの方法論から、少しく将来的に経済発展を遂げつつある地域でのPHCにかかわる新たな方法を開発することである。

また、PHC はさまざまなセクター間での協調、協力が必要である。時には健康水準の上昇という目的のために、むしろ農業生産力の向上や教育水準の向上が急務となることもある。そのような場合には、時として保健セクターの人間も協力して農業開発に努めることが必要である。地域

の健康が「医療」のみで解決できないのと同様に、PHCのみでは健康な社会作りはない。むしろ、より広い領域を念頭におきながらPHCの新たな方法論が開発研究されねばならない。

チャンタブリのモデル開発は、感染症対策を揚げた北部タイのナコン・サワンのモデルと違い、当初、母子保健を中心として GHVを活用することが特徴づけられた。健康セクターを中心とするGHVの育成は、費用がかかり必ずしもタイ独自の財政の中では実施が容易でなく、しかも主として文科系の大学出身者に対して公衆衛生を中心とした教育を行いながら、地域での活動も要求することは本人の側にも行政の側にも無理を生じさせることになることが指摘された。そうした理由もあって、今回の評価対象の延長プロジェクト期間の2年間ではGRH(Graduate Return Home) という制度に切り換え、地元でより受け入れ可能な若い人々を募るという方法に切り換えてきている。

2．現　状

今回の評価チームは過去2年間のAIHDの活動評価を目的とした。そのため、マヒドン大学サラヤ・キャンパスのAIHDでの総括的評価活動とともに、モデル開発事業の現地であるチャンタブリにも赴き、関連諸施設を訪問し本事業の実態の把握につとめた。訪問先は、チャンタブリ県知事、チャンタブリ県衛生部、プラポックラオ病院、ランパニ・バルニ師範大学、GRH育成に協力す地元篤農家、村に定着している前年度のGRH宅などであり、各訪問先で質疑応答を行い、チャンタブリでの現状の理解を深めた。

モデル開発事業は発足当初から、地域の健康水準向上にために、研究的側面と新たなPHC活動のための人材育成とを複合させてきた。研究的側面は1988年3月までの第1期にほぼ終了し、それについてはソムアツ博士による報告書が英文ですでに出版されている。第2期に当たる1988年4月以降は研究的色合いは薄められ、人材育成を中心として進められている。

従来のGRH育成プロジェクトはモデル開発の第1期と位置づけられ、1985年1月から1988年3月までの4年間に、文科系の大学出身者を中心に、PHCの育成をAIHDが行なった。一年間の研修の後、健康以外の各分野での就職をしていくというものであった。これは必ずしも受け入れ地元村に将来にわたっての十分なメリットが期待できない点が欠点であった。

その欠点を補うために地元チャンタブリ出身者を優先し、かつ健康のみに限定されない、地域振興へのかかわりを入口とした帰郷・定着のための研修計画へと路線を修正した。また、研修期間も短縮し、現地での活動に重点をおいている。それが、GRH(Graduate Return Home) である。

GRHは開始してまだ2年目であり、その影響と評価は十分には測定しがたい。しかし、地元出身の大学卒業生が都会から村へ帰り、そこに定着することは今後の農村の発展と地域住民の健康維持の組織つくりにとって大きな力となるであろう。タイにおいては、従来からのVHV、VHCの制度が、行政レベルの積極的な育成活動により全国的に量的に充足したとはいえ、その活動については地域によりかなり大きな程度の差があると報告されている。そうした中で、教育程度の高い若者が農村に戻ることの意味は大きく、地域へのインパクトとして機能するであろう。たとえば、

タイ国が重要な戦略の一部として開始している「東北タイ緑化計画」の人的資源の開発方式のひとつが、チャンタブリで開発されたGRHの方法に則って実施されている。これは、本プロジェクトのモデル開発の成果がタイ国内の他の地域で活用されているのであり、大きく評価してよいであろう。

3．今後の見通し

チャンタブリのモデル開発計画は、PHC活動における「大学」の役割を十分に意識したものである。この計画の開始時から強調されているように、モデル地域での方法論はタイの今後の経済水準を反映したよう中進地域でのPHC活動について、従来のような後進地域での実践開発の成果だけでは、効果的なPHC 活動が望めないであろうという見通しがあるからである。しかし、行政ではこうした不確定かつ試験的な方法開発の実施は難しく、そこに大学の役割がある。

しかし、初年度は20名の研修生を集めたGRHが、第2年度の1989年度には40名の希望者から14名を選抜し、結局継続して研修を受けているのは6名だけであるという事実は、今後のこの活動の見通しが必ずしも明るくないのではないかと考えさせられる。タイでは依然として都市・中央指向が著しく強く、大学卒業生が地方の農村にとどまることの負のイメージはなお大きい。

こうしたタイの現実にもかかわらず、例えば本年の研修生の一人であるチュラロンコン大学卒業生GRHの一人は、積極的に地元に帰るべく研修に参加している、こうした一見投資効果の薄いように見えるモデル開発も、大学を中心とした試験的実践としては許容できるし、また試行錯誤ではあっても行政のラインにのせるための前段階として位置づけられるべきである。

4．その他の関連項目

モデル開発事業に関して特筆すべきことのひとつは、これがAIHDの支柱となっている研修部門、研究部門、情報部門を統合した形で進められてきたということである。これは理念的にも人材的にも、各部門がこのモデル開発に協力してきた。

それと同時に、このチャンタブリが国際研修の際にも活動紹介の重要な地域として利用されている。また、毎年、夏と春に実施されている日本人学生のための研修コースでは、タイと日本の学生がともに村に宿泊し、共通の生活体験を通して学ぶための貴重な場となっている。こうした場としての機能は、本来AIHDが目指してきたタイの人材育成のみならず、日本の若い人材の育成にも役立つという成果をみせている。

このモデル開発事業のみならず、本プロジェクト全体に共通して見られることの一つは、人造りには時間がかかるが、評価が難しいということである。特に、長期にわたって思わぬ影響が現れることもあるにもかかわらず、今回の評価では、ごく短期間のパフォーマンスを見るにとどまっている。事業や研修に関わった人々の長期にわたる意欲の形成など、今後に期待したい真の成果はやがてタイと日本とのPHC活動の中に織り込まれて、正当に評価されることになるであろう。

Research Division

The implementation programmes of Research Division has aimed at the following objectives and the results are as follows :

1. Provision of Research Fund

The objective is to support the operation research projects so that their results can be applied for improving pattern, strategies and technology of health services system through PHC. The funds are provided for local personnel of 4 main ministries and ministry of university affairs or others, which are considered appropriate by the research committee of ATC/PHC

In the past 7 years (1982-1988), ATC/PHC had supported 7 series of research projects. There were 145 out of 304 projects which were selected (see Table 1)

Table 1 number of proposed and selected research projects by year during 1982 - 1988

Series No.	No.of Projects	
	Proposed	Selected
1	27	23
2	48	20
3	50	22
4	64	26
5	70	31
6	45	18
7	-	5
Total	304	145

2. Research activity and Training of regional researchers

The 4 regional training centres for PHC development (RTC/PHC) implemented the training programmes for local researchers. The trainers and faculties of regional universities.

Besides, ATC/PHC provided 12 research funds to support the regional researchers in the years 1986 - 1987.

3. Follow up and Evaluation of Research Projects

Objectives:

1. To monitor and observe whether the projects can be purposively managed or having any obstacles.
2. To evaluate the effectiveness of research and feasibility pattern of future implementation
3. To give consultation to the projects that faced problems in management
4. To exchange ideas about applying PHC concept to the remote communities.

Achievement

This activity has achieved all 4 objectives and also giving the ideas for selection of appropriate projects to be supported in the later years.

4. PHC Journal (2 volumes per year in June & December)

Objectives:

1. To distribute and promulgate PHC research results and Mahidol University's development activities concerning training, academic services and supports of Arts and Culture,

2. To support and stimulate PHC research and development of university staffs and local personnels who deal with PHC development in many ministries.
3. To provide academic services for Health for All activities of the Ministry of Public Health through PHC
4. To give the floor for expressing the ideas in PHC development and related field.

5. Organization of Seminars (1982 - 1988)

The research division organize 4 types of seminars:

1. Annual seminar of researchers

The researchers who received the ATC/PHC grants are invited to attend a seminar before starting their projects. The researchers meet and discuss with experts about final revision for improving research methodology and management of the projects.

2. Seminar for presentation of research results.

After finishing the study, the project directors or representatives attend a monther seminar to present and discuss their research results with experts and authorities. This seminar gives the ideas about developing models for PHC development. The researchers of different backgrounds can exchange ideas and experiences.

3. PHC Symposium

This symposium emphasizes on collection of PHC research and performances in the past 10 years under 5 topics as follows:

1. PHC management
2. Leadership development
3. Information management system in PHC
4. Resources mobilization and utilization for PHC
5. PHC activities within PHC elements.

4 Workshop on Research Methodology of PHC (6-17 March, 1989)

Objective

1. To enhance knowledge and skill of research :eg operation/ evaluation using in PHC and QOL
2. Trainees are able to write research proposal
3. To support exchange on ideas and experiences of researchers from vasious professional branches

Training

1. Theoretical training Research Methodology Using in PHC for 10 days
2. Practice
3. Presentation

6. Collection & Publications of Research Bibliography

This is to publish research abstracts in Thai and English version. So far there are 4 series of research projects, already finished and reported.

7. PHC Information network system

Started since 1986.

Table 1

Number of research proposals and number of accepted proposals during 1982 - 1988

SERIES	No.of proposals	
	applied	accepted
1	27	23
2	48	20
3	50	22
4	64	26
5	70	31
6	45	18
7	-	5
Total	304	145

Table 2

Classified by Office/Institutes receiving ATC Research Grants

1982 - 1988

Office Organization	Series1	Series2	Series3	Series4	Series5	Series6	Series7	Tot
Mahidol University	8	7	8	7	4	4	5	43
Chulalongkorn University	-	-	-	1	-	-	-	1
Central area MOPH	6	1	5	2	-	-	-	16
Rural area	9	11	7	13	16	5	-	61
Prince of Songkla University	-	1	1	1	1	-	-	4
Khon Kaen University	-	-	1	-	-	1	-	2
Ministry of Agricultural	-	-	-	1	-	-	-	1
Funded throught 4 RTC/MOPH	-	-	-	-	10	8	-	1
NESDB	-	-	-	1	-	-	-	1
Total	23	20	22	26	31	18	5	14

AREAS OF PRIMARY HEALTH CARE RESEARCH

SUPPORTED BY THE ATC/PHC : 1982-1987

Table 4

Nature	RESEARCH APPROVED IN						Total
	1982	1983	1984	1985	1986	1987	
1. General PHC	1	3	-	3	2	-	9
2. Nutrition	2	2	1	3	1	-	9
3. Safe water supply/ Sanitation	1	1	1	4	2	1	10
4. Health Education	1	2	2	2	5	2	14
5. MCH/Family Planning	2	2	1	-	1	1	7
6. Immunization	1	1	2	-	-	1	5
7. Medical care/Essential Drugs	2	5	5	1	6	1	20
8. Treatment of Minor ailment and Simple wound	1	-	-	1	-	-	2
9. Control of Locally endemic disease	1	-	-	-	-	-	1
10. Mental Health	1	1	-	1	-	-	3
11. Dental Health	1	-	-	1	2	-	4
VHV/VHC	4	1	2	2	2	-	11
13. Community participation	1	-	2	1	2	-	6
14. Health Personnel	2	-	1	2	2	-	7
15. Health Information	1	2	4	2	2	-	11
16. Community Financing	-	-	-	-	-	5	5
17. Food Sanitation	-	-	-	-	-	1	1
18. Inter-sectoral Cooperation	-	-	-	-	-	1	1
19. Tradition Medicine	-	-	-	-	-	3	3
20. Health Information System	-	-	-	-	-	2	2
21. Other/Non-Specified in PHC	1	-	1	3	4	-	9
Total	23	20	22	26	31	18	140

Ⅲ－5　インフォーメーション・ドキュメンテーション

1．総　括

インフォーメーション・ドキュメンテーションでは、Audio-Visual部門の制作活動とその作品の利用についての取り組みに若干の不安を残すものの、他のコンピューター、図書館、および印刷部門においては概ね延長時の目標を越える成果を上げているものと評価できる。これには日本および第三国での個別研修プログラム、短期専門家および長期専門家の指導による効果が大きく寄与していると考えられ、各部門の人材育成が確実に実を結んできたものと高く評価できる。

インフォーメーション・ドキュメンテーションにおける人材育成の成果は、いわゆる「技術移転」に伴う特定個人の担当分野の技術の向上といった枠に留まらず、仕事の上で他の職員と互いに協調連携、補完できるようになりつつある点にも現われている。従来は、各自が担当する仕事の内容を十分把握した上での業務の遂行が難しい傾向にあったが、現在では各自が担当する仕事の全容を把握するのみならずAIHD全体の中での各部門、各自の業務の位置づけまでを理解した上で業務を行なうようになってきており、この点は特に情報を扱うインフォーメーション・ドキュメンテーションにおいては、重要な進歩である。

このように、インフォーメーション・ドキュメンテーションにおいても、AIHDの「Institutional Capacity Building」の基盤を堅め、また推進する方向で人材育成がなされ、時間とともにその成果がタイ国内ならびにアセアン諸国に着実に示されつつあるものと評価できる。

2．Audio-Visual部門

Audio-Visual部門の役割は、まずAIHDの各種活動を記録し、PHCの広報と併せて広くタイ国内ならびにアセアン諸国に紹介することにある。また、PHCに関わる各種Audio-Visual教材を作成、収集、整理するとともに、国内・国際研修に活用することにある。

PHCに関するビデオ、スライド、カセットテープなどAudio-Visual作品の制作(Annex:Project Report、　頁参照）にあたっては、まず制作を意図する題材の必要性、ならびに適切な媒体の選択などが検討された上で制作が進められていることであるが、完成品の利用状況についての具体的な資料は残念ながら整理されていない。

今後とも制作に関するハード面の技術向上と、特にソフト面での一層の技術向上が望まれるが、それとともに作品の利用を促進するような方策の検討が強く望まれる。例えば、国内・国際研修プログラムやマヒドン大学や他大学の関連学部の講義資料としての活用、あるいは保健省やRTCsでの研修教材としての活用が考えられるが、現在のところまだその活用は十分とはいえない。

また、その作品のほとんどがタイ語であり、国際研修（研修プログラム自体が英語に基づく）を記録したビデオ以外には英語の作品がないといってよく、今後これまでに制作した作品で国際研修に活用できるような内容、あるいはタイのPHCの活動を特徴的に示す内容のものは、積極的に英語の吹替えがなされる必要があるように考えられる。

外注作品の利用状況について若干の問題を残すものの、一部のビデオを自主制作から外注に切

り替えた点は、作品の経済効果や美的効果などを検討した上での現実的な対応として、逆に前向きに評価したい。

Audio-Visual作品の一部は、研修参加者などに実費販売されてきているが、今後、AIHDの経済基盤を強固にするこめにも、内容のあるPHC教材の販売提供が望まれる。

一般にAudio-Visual部門の教材は頻繁に利用されているが、これに比ベスタジオ施設の利用頻度が低いことが指摘できる。今後、マヒドン大学の他学部にもこれまで以上にスタジオ施設を開放して、幅広く活用を推進することが、Audio-Visual部門の活性化にもつながるものと期待される。また、今後予想される供与機材の保守点検、維持にかかるコストについても、大学全体の対応が期待される。

3．コンピュータ部門

コンピュータ部門の役割は、まず、AIHDの財務管理、職員管理やアセアン・ハウスの利用収支状況、研修参加者名簿など運営管理部門が担当する情報の記録管理を補佐し、かつ職員のコンピュータ利用に関する指導を行なうことにある。また、国内・国際研修においては、研修生に対し各種ソフトウエアの開発や情報解析の実習など一環したコンピュータ関連の指導を行なうことにあり、将来的には、保健省やRTCs、関連大学とのコンピュータ情報ネッキワークを構築する方向で基盤造りを進めてきている。

コンピュータ関連の機材導入は順調に進行している。特にプロジェクト延長2年間における機材の充実は顕著であり、導入された機材の利用も予想以上よ効果的である、これは、AIHDによるプロジェクト・レポートの準備やその後の修正、必要な情報の提供など効率的な作業に明かに示されている。また、特定個人がコンピュータ操作の知識を独占するといった弊害を招くような形で、職員の指導が行なわれていないことが、これらの一連の作業を通じて感じられた。

ソフトウエアの開発は、AIHDの財務管理や職員管理など直接組織の運営管理に結びつくプログラムの他、タイ国内の地理・資源情報、PHC キーパーソン一覧などの教育研修で利用されるプログラムを自主開発し活用しており、高く評価できるものである。

研修生に対するコンピュータの指導も、日本人短期専門家、AIHDのコンピュータ担当職員の緊密な協力のもと行なわれており、PHCマネイジメントの修士過程の研究、論文における統計解析などをみても十分その成果が示されている。

すでにAIHDはマヒドン大学のコンピュータ・センターと回線で接続しており、図書情報を中心に情報交換を行なっている。また、保健省の統計情報部門とも接続しており、疫学データの交換を行なっている。将来的には、保健省やRTCs、関連大学とのコンピュータ情報ネットワークを構築する方向で基盤造りが進んできているといえる。しかし、現在の限られた情報交換からさらに進み、プログラム終了後、AIHDがPHCのマネイジメント、研究開発という本来の目的のために、このネットワーク造りを具体化するためにどの程度努力し指導力を発揮するかについては若干の問題を残す。今後、特にPHCのマネイジメント、研究開発にとってどのような情報の交換をどのよう

なかたちで行なえばよいかについての検討が引続き関連機関との間でなされることが望まれる。

4．図書館部門

図書館部門の役割は、文字どおりPHC関連図書・資料の収集、整理、提供をタイ国内のみならず広くアセアン諸国を対象に行なうことにある。

従来閲覧室と書庫が直接つながっておらず、司書のコーナーを迂回しなければならず不便であったが、糸賀短期専門家（図書館情報学）の助言を受けて、1988年に、閲覧室と書庫を直接行き来できるように改めた。この結果、図書館の利用が非常に便利になった。

単行本、学術雑誌、定期刊行物、Audio-Visual資料の数は、年々着実に増加しており（プロジェクト・レポート　　頁参照）、それぞれのリストはファイルならびにコンピュータに順次登録管理されている。現在のところこれら図書資料は、研修生やPHC マネジメント修士過程の学生、AIHD職員などを中心に利用されており、特に研修生や学生の利用時間については、時間外利用の便宜も図られている。

また、マヒドン大学内の各図書館とのネットワークが完成しコンピュータによる検索が可能となっている。試しに、「公衆衛生院研究報告」(Bulletin of the Institute of Public Health)を検索したところ、1951年1巻よりスリラート医学図書館に納められていることが示され、検索が非常に簡単になった点ならびに日常実際に利用可能である点が確認された。

このように、図書館は以前に比べはるかにその機能が高まってきていると評価できる。

図書館部門は以上にようにPHC図書館としてその機能を確実に拡充してきており、インフォーメーション・ドキュメンテーション全体の機能の強化とも相まって、1985年 WHOならびにアジア環太平洋公衆衛生協会（APACPH）によりPHC情報センターとして推定された。それ以後PHC情報のクリアリング・ハウスとして、Directory of PHC Information Sources、APACPH-Clearinghouse Bulletinなどを刊行するなど意欲的に活動している。

5．印刷部門

印刷部門の役割は、まずAIHDの研修で利用される教材を印刷出版することにある。また、PHCの研究やモデル開発などの活動の記録やその成果を出版することにある。

印刷部門は、インフォーメーション・ドキュメンテーションや他の部門がまとめた教材や資料出版するため、その活動自体は受動的であるが、これまでに図書約7,000部、パンフレット類約60,000部を印刷している。ほとんどの機材は十分活用されており、印刷の質や所要時間に関しては問題がないように見受けられた。

また、印刷製本機材の拡充にともなって、従来の印刷室では手狭になったので、1989年に新しく一棟を増設した。この増設の結果、印刷製本能力が飛躍的に拡大したので、今後は、マヒドン大学の他の学部や一般の注文を受けとるなどして収益を上げ、AIHDの自主財源として活用して行く方針にある。これは、AIHDが自立を図るうえで役立つものと期待される。

その他

☆ 過去ATCに人口・社会研究学部(Institute for Poulation and Social Research)などマヒドン大学の他の学部から派遣されてきていた中堅スタッフが、数年の任期の後これらの学部に戻り、現在学部長や副学部長の要職に就いている。いづれもAIHDの研修に講師として参加するほか、AIHDの活動運営にも直接間接に関与しており、このプロジェクトが単にセンター内部の人材育成に留まらず広くPHCに理解のある人造りに貢献してきたものとして評価できる。

☆ 現在、コンケン大学の研究者やスファンブリ県衛生部長（PCMO）などがAIHDの客員研究員として滞在し共同研究を行なっている。AIHDがこのような通常の研修外の研究教育活動を行なえるまで、その力を付けてきたことは高く評価できる。

☆ 今後、研究教育活動を通じて保健省やRTCsとの協力関係がさらに継続発展するようAIHDの努力が望まれる。

☆ 本プロジェクトは、タイ国やアセアン諸国のPHC に関する人材育成に貢献するだけでなく、国際保健やPHC に関わる日本人の人材育成にも貢献している。この点は今後の保健医療分野での国際協力を考えるときに重要である。

☆ 世界で初めてのPHCマネイジメントの修士過程への入学者は、年とともにその数と国の広がりをみせている。1989年度には初めて日本の学生が入学することになり、今後のコースの発展が期待される。

☆ 本プロジェクトは、わが国が実施した数少ない公衆衛生、PHCに関する協力プロジェクトである。今後、タイ国で実施される保健医療協力が本プロジェクトの成果を十分活用できる方向で進められることを強く期待する。また、他国での公衆衛生、PHCに関する協力の１つの「基本」事例として位置づけられ活用されれば、幸いである。

Ⅳ　ミニッツについて

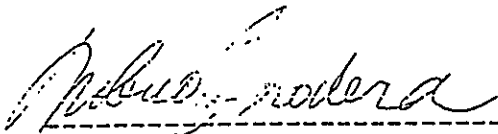
THE MINUTES OF DISCUSSIONS

BETWEEN THE EVALUATION TEAM AND THAI AUTHORITIES CONCERNED ON
THE ASEAN TRAINING CENTRE FOR PRIMARY HEALTH CARE DEVELOPMENT PROJECT

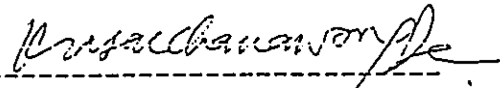
Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched an evaluation survey team (hereinafter referred to as "the Team") headed by Professor Dr. Nobuo Onodera to the Kingdom of Thailand from August 23 - September 2, 1989 to evaluate ASEAN Training Centre for Primary Health Care Development Project (hereinafter referred to as "the Project") on the basis of the Record of Discussions concerning extension of the period of the Project signed between JICA and Thai Authorities concerned on September 22, 1987.

During its stay in the Kingdom of Thailand, the Team exchanged views and had a series of discussions with the Thai Authorities concerned. The discussions were based on the materials presented in the Annex: Project Report, which was prepared for the Team by ASEAN Institute for Health Development (hereinafter referred to as "AIHD"). As a result of the discussions, both parties agreed that they would recommend their respective Governments the matters referred to in the attached document hereto.

Bangkok, September 1, 1989



Prof. Dr. Nobuo ONODERA
Leader of The Japanese
Evaluation Survey Team



Dr. Krasae Chanawongse
Director of ASEAN Institute
for Health Development

Attached Document

I. Results of Evaluation

1. General Overview

ATC/PHC which formerly was under the President's office has been promoted to AIHD which is equivalent to a Faculty of Mahidol University.

AIHD (ATC/PHC) has initiated the Master Dégree Programme on Primary Health Care Management (MPHM) in 1986. This is the first degree programme in the world which concentrated in Primary Health Care Management.

The quantity and quality of the staff of AIHD have been increased and improved significantly for the years which JICA has supported.

AIHD has worked actively in development of both research and human resources in PHC. AIHD is expected to continue its own activities in collaboration with other relating PHC organizations.

The activities of AIHD are already recognized and appreciated as a unique training center for PHC Development in the world, especially in ASEAN countries.

Through the National Training Programme, relationship between AIHD and such organizations as the Regional Training Centers (RTCs), local health authorities and local academic institutes have been strengthened.

Human Resource Development activities of AIHD and local administrative bodies are found to be well coordinated in the Model Development in Chanthaburi Province.

2. Observations for Each Programme

2-1. Training
2-1-1. International Training Programme

The ability on planning, implementation and evaluation in training are well established.

Exchange of technical information on PHC with ex-trainees have been done on a continuous basis.

Themes and contents of training have not only been broadened but also been foresighted to cover new subject matters in accordance with development of AIHD.

AIHD has trained a good number of PHC personnel in ASEAN countries, and established MPHM Programme which is the first degree programme of the world concerning PHC management.

2-1-2. National Training Programme

AIHD contributed earnestly to educate PHC personnel in every section of the health administration line. The training of community leaders for grassroots activities as well as public health officers are appreciated profoundly by the Royal Thai Government.

2-2. Research

The research was conducted in each PHC element. Those results were thoroughly utilized for policy formulation, training and teaching as well as in promotion of PHC development in community.

The Research programme has had the significant impact on researchers' training and development in PHC.

The collaboration system was established among the organizations relating in PHC research and development.

The ability of research and development has been significantly improved. This can be observed in the publication of PHC jounal and other documents relating to PHC produced at AIHD.

2-3. Model Development

Since PHC activities consist fundamentally of community participation and intersectoral collaboration, therefore these were emphasized as important strategies in the Model Development.

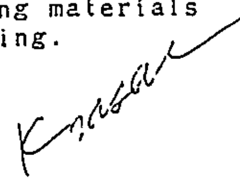
Model Development conducted in Chanthaburi Province with utilization of Graduate Health Volunteers (GHVs) has confirmed the importance of community participation in every PHC activity and potential of volunteers with higher education.

Based upon the promising outcome of GHVs model, a new Graduates Return Home (GRH) project was launched in 1988 in order to further strengthen community participation through the maximum utilization and collaboration among local resources. This new model was later on applied to the national scale for promoting human resources as well as community development in the North-Eastern Provinces of Thailand.

2-4. Information and Documentation
2-4-1. Audio-Visual Unit

Audio-Visual unit has actively documented every part of activities of AIHD. These Audio-Vidual materials have been utilized for effective introduction of PHC in Thailand and other ASEAN countries.

Audio-Visual unit has collected and produced teaching materials on PHC, which are extensively used in various training.



2-4-2. Computer Unit

Computer unit has conducted training on computer sciences necessary to PHC management and planning. The training also includes production of softwares and their applications.

Computer unit assists the administration of AIHD through introducing management and operation by computer for AIHD staff.

2-4-3. Library

Library has improved its functional capacity through collection, arrangement and dissemination of PHC and relating publications.

Library has established the inter-library network within Mahidol University as well as information network system among other universities, Ministry of Public Health and other related organizations.

Because of its potential and current activities of AIHD, the Library has been recognized as PHC Information Resource Center of WHO and Asia Pacific Academic Consortium for Public Health (APACH).

2-4-4. Printing House

Printing House has expanded its facility to accomodate necessary machines and equipments, and thus it has improved its function effectively in production of various teaching materials on PHC.

Printing House is now utilizing its surplus capability for serving other faculties within Mahidol University and also for income generating activities for AIHD.

2-5. Administration

Due to promotion from ATC/PHC to AIHD, financial conditions are improved and administrative activities such as policy-making, plan designing and management of projects can be carried out more independently.

AIHD staff at every echelon make efforts to improve their skill in administration by carrying out quality control (QC) activities in every sector.

Income generating activities which utilize surplus capacity of ASEAN House and Printing House are contributing financially to AIHD management.

II. Recommendation

There are many valuable results as mentioned above, nevertheless it should be recommended on the basis of mutual understanding which has been constructed in the period of 7 year cooperation as follows;

It is important to strengthen financial basis in AIHD in order to achieve its optimum goals.

For effective and wider usage of the Audio-Visual unit with machines and equipment, it may be beneficial that other Faculties of Mahidol University utilize them to enhance further understanding and cooperation on PHC.

It is expected to expand further institutional capaciy in PHC management and planning as the one of the few PHC development institutes in the ASEAN region.

III. Others

During a series of discussions with both parties, the following issue was referred by the Thai party;

Owing to the characteristics of Human Resource Development Project, evaluation on impact of such projects needs time. Therefore, it would be necessary to be followed up at an appropriate time when the activities of AIHD would be at advanced stage.

ANNEX

AIHD PROJECT REPORT

(October 1987 - August 1989)

ASEAN Institute for Health Development
Mahidol University, Salaya Campas
Nakornpathom, Thailand

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Part I　Overview

1.1 The ASEAN Institute for Health Development at Mahidol University, Thailand

1.1.1 *Historical Overview*

The ASEAN Institute for Health Development (AIHD) was originally established as the ASEAN Training Centre for Primary Health Care Development in 1982. At this time, the Government of Japan, under the leadership of H.E. Prime Minister Zenko Suzuki, graciously offered grant-in-aid and technical cooperation under the ASEAN Human Resource Development Project in the amount of US$ 20 million for each ASEAN member country. For Thailand, the Government of Japan agreed to fund the ASEAN Training Centre for Primary Health Care Development (ATC/PHC) and four Regional Training Centres as jointly proposed by Mahidol University and the Ministry of Public Health. Since that time, the Government of Japan and the Government of the Kingdom of Thailand have cooperated with each other in implementing the ATC/PHC Project for the purpose of developing human resources in the field of primary health care. Furthermore, as a part of the ASEAN Human Resources Development Project, it was felt that the ATC/PHC Project, itself, would significantly contribute to the PHC and health manpower development efforts of other ASEAN member-countries through its training, seminars, research, model development and information/documentation support.

Since the Project's beginning, the Japanese Government has carried out necessary measures according to the "Record of Discussions" signed in 1982 and the "Plan of Action" of the Project. The Thai Government has also made great efforts to promote this Project nationally, regionally and internationally in order to realize "Health for All" and improved "Quality of Life" for Thailand and the ASEAN member-and Asia-Pacific nations.

Over the past seven years, ATC/PHC has been supported by the Royal Thai Government and collaborating agencies, and it initially functioned under the joint auspices of Mahidol University and the Thai Ministry of Public Health, with the latter also operating the Regional Training Centres in Nakorn Sawan, Cholburi, Khon Kaen and Nakorn Sri Thammarat Provinces. During this time, the Project's outstanding success grew and with it its notoriety and importance as a "dynamic focus of training and resource mobilization [allowed it] to maintain strong links of cooperation between academia, the government and the community" (Prof. Dr. Natth Bhamarapravati, President of Mahidol University). As a result, on 11 October 1988, and by Royal Decree of His Majesty King Bhumipol Adulyadej, ATC/PHC was promoted

to become a full Institute within Mahidol University and given its current title. Indeed, it was overwhelmingly recognized that the Project originally envisioned and supported by the Japanese and Thai governments has and will continue to serve a priceless role in the region's health and social development.

1.1.2 *Objectives*

AIHD is a technical training and development institution which serves as a focal point for the development of Primary Health Care (PHC) and Quality of Life (QoL) networks in the ASEAN region in the context of technical cooperation among developing countries (TCDC). As an international institution for human resource development, AIHD is responsible for improving the quality of human resources in the area of health and social development. Accordingly, AIHD has four main functions - i.e., training, research, model development, and information and documentation (to be discussed subsequently) -- and is guided by three overall objectives, as originally envisioned in the ATC/PHC Project itself. That is :

1) to facilitate training, research and models for PHC/QoL development in both rural and urban settings;

2) to develop facilities, technologies, materials, methods and programmes to meet the training needs of target groups in Thailand and the Southeast Asian region (i.e., ASEAN member- nations), as well as other Asian, Pacific and African countries; and

3) to establish national and international networks in PHC/QoL in order to share and/or exchange resources, experiences and information to promote the development of PHC/QoL in relevant countries and regions.

1.1.3 *National, Regional and International Affiliations*

In its capacity as a regional centre, AIHD works actively with numerous ministries and agencies of governments, universities as well as non-governmental organizations in Thailand and the region. These include, amongst others, the ASEAN Secretariat and its committees for social development and health and nutrition; the Royal Thai Government; the Japan International Cooperation Agency (JICA); the World Health Organization; UNICEF, UNDP, UNEP, ESCAP and other United Nations (UN) agencies; the Asia-Pacific Academic Consortium for Public Health; the Western Consortium for Public Health; the International Institute for Rural Reconstruction (IIRR); Save the Children Fund; Bread for the World; the

South East Asian Medical Information Centre (SEAMIC); CIDA; the University of Calgary; and the Aga Khan Network.

AIHD's aim in this context is to develop and coordinate Institute activities with those of other institutions, agencies, and organizations on national, regional and international levels. Hence, resources and experiences are shared amongst many for the benefit of all. Country representatives who have come to AIHD include academicians, health professionals; community health workers, family planning specialists; epidemiologists; biostatisticians; petro-chemical engineers; environmental education instructors; community-based health and development managers as well as their middle level counterparts; artists and other audio-visual media specialists; policy-makers and planners in public health, interior, agriculture, commerce, and industry; financial analysts; private businesspersons; religious leaders and workers; administrators at all levels; representatives from non-government organizations; and many others who are interested in broadening their perspectives, strengthening their skills, and/or increasing their networks for health and development.

Since 1986, over 3,000 representatives from at least 30 different nations have made use of AIHD resources. These include Australia, Bangladesh, Bhutan, Brunei, Burma, Canada, France, India, Indonesia, Japan, Kenya, Korea, Laos, Malaysia, Nepal, the Netherlands, Nigeria, Pakistan, Papua New Guinea, the People's Republic of China, Philippines, Singapore, South Africa, Sri Lanka, Switzerland, Sudan, Syria, Thailand, the United Kingdom, the United States of America, and Vietnam.

1.1.4 *Organization and Management*

AIHD is administratively under Mahidol University, although as a regional body which desires to keep in touch with the needs of other nations, its national and international activities as well as policies and management now being guided by three main boards. The International Advisory Board coordinates the Institute's international affairs, in addition to providing recommendations, suggestions and advice on present and future Institute activities and directions. This Board is chaired by the Permanent-Secretary of the Ministry of Public Health (Dr. Somsakdi Vorakamin). Also serving on the International Advisory Board are representatives from ASEAN member nations, international and national development organizations/ agencies -- including the Japan International Development Agency -- the President of Mahidol University (Professor Dr. Natth Bhamarapravati) and Director of AIHD (Dr. Krasae Chanawongse, member and Secretariat).

The National Policy Board is currently responsible for setting the policies and work plans for AIHD research, training and academic services in harmony with the major policies of Mahidol University. It also serves to coordinate AIHD activities with those of concerned agencies. The National Policy Board is chaired by the President of Mahidol University, with Vice-Chairmanship being held by the Director of AIHD.

The final administrative body is the Managerial Board. Its objectives are: a) to implement the tasks assigned by the National Policy Board and, where appropriate, the International Advisory Board; b) to provide recommendations and advice to the Director of AIHD; c) to set the Institute's rules and regulations in accordance with those of Mahidol University and its policies; d) to submit to the Mahidol University Council information concerning any opening, changes or terminations in AIHD programmes; and e) to evaluate the Institute's educational activities via their results. The Managerial Board is chaired by the Director of AIHD and its members consist or core faculty and staff members from AIHD and other relevant university faculties/institutes.

To effectively fulfill its functions and carry out its duties, AIHD has been organized into eight separate, yet coordinated, divisions under the leadership of the AIHD Director. These divisions comprise: a) Training (both national and international); b) Research (research and evaluation; research and development); c) Information (library, computer, informational support); d) Graduate Studies; e) Audio-Visual; f) Printing; g) ASEAN House; and, h) Secretariat.

1.1.5 *Personnel/Staffing*

These divisions, as well as AIHD in general, are supported through services provided by four major personnel categories for the years 1986 - 1989. These major categories include: a) Rotating Professional Staff, b) Experts (Thai National and Foreign), c) Permanent Staff (Teaching, Research, Administration), and, d) Non-Governmental Support Staff. The total staff size is (as of 1988) 101 persons, including 7 Rotating Professional Staff, 9 Experts, 31 Permanent Staff, and 54 Non-Government Support Staff.

AIHD's operations are improved through the Japan International Cooperation Agency who graciously dispatches necessary experts (e.g., specialists in computer programming, information systems, public health, primary health care). These are required for continually up-dating AIHD's knowledge and technical bases as well as enhancing the training of international students and the sharing of information about health and social development in both developing and developed nations. This is also

facilitated by the Japanese Government which continues to accept trainees for technical training in Japan related to this Project as well as the provisioning of necessary equipment. It is hoped that these support measures can continue, within the limits of the Japanese Government of course, and thus remain an active part of human resource development in the region.

1.1.6 *Financial Profile*

To provide for expenditures incurred from personnel, activities and infrastructural needs, AIHD has tapped three sources of income for the past six years. These are: a) the national budget; b) AIHD income from services rendered; and c) international organizations, especially the Japan International Cooperation Agency, and fees obtained from other agencies (e.g., WHO, UNICEF, Save the Children Fund, World Vision, Bread for the World) as part of training costs. In the last seven years and on an overall level, AIHD has shown profits in the years 1985, 1987 and 1988. In 1982, 1983, and 1986, income versus expenditures roughly balanced, while expenditures exceeded profits in 1984. We confidently feel that AIHD is becoming a self-sufficient institution whose facilities and resources can provide assistance to others within government, non-governmental organizations and private enterprises.

1.2 AIHD's Activities

To achieve its objectives and functions, the ASEAN Institute for Health Development has four main functions which may be classified as training, research, model development, and information/documentation.

1.2.1 *Training*

AIHD offers a series of annual international training courses, programmes and consultative meetings (specific details for the last two years are contained in this document's Part 2). In each case, the approach is multi-sectoral and is concerned with improving PHC and Quality of Life within Thailand and the region. The international programmes thus far have been concerned mainly with promoting inter-country cooperation and exploring innovative techniques in PHC and QoL management and development, the roles of hospitals and medical educators, the mobilization of communities for PHC, management information systems and leadership development. Target groups for participants, furthermore, do not only include government personnel and mid-level managers, but students (graduate and under-graduate) and non-governmental personnel as well.

From 1982, AIHD has conducted over 25 international training programmes and consultative meetings, with the 1989 programme schedule including: a) a Training Programme on Health and Social Development in Thailand; b) the Seventh International Consultative Meeting on "A Decade of Primary Health Care Development in the ASEAN Region: Progress and Prospects for an Integrated Future"; c) the Sixth International Training Programme on "Training of Trainers in Leadership Development for 'Health for All'"; d) an International Symposium on "Leadership Development for Quality of Life in the Asia and Pacific Region: The Challenge of a New Decade"; and e) a Training Course on "Planning and Management for Health and Development".

For both national and international training programmes, in particular, AIHD continues to adopt a "participatory learning" strategy, which encourages active participation by a programme's respective participants, instead of a passive classroom role. This process emphasizes a functional approach to learning and is adjusted to the trainees' level and interest for community development. Of special relevance is the fact that course trainers are not only personnel from AIHD or other academic or governmental sectors. Rather, trainers come from the local level (e.g., village headmen, district and provincial workers), and they are able to give participants a more direct and informative insights into Thailand's PHC and Quality of Life programmes.

In addition to these regularly scheduled events (although topics may change), since 1986 and through the generous support of the Japanese Government, AIHD has offered a ten-month Master of Primary Health Care Management degree programme which includes course work, fieldwork and thesis. This internationally accredited programme attracts an average of about 18 individuals per year from countries within the ASEAN, Asia-Pacific, East Asian, South Asian and North American regions. Thesis topics have ranged widely but each addresses an important PHC management issue in Thailand, and one which the students would like to pursue in their own country context. In this way, students gain valuable cross-cultural insight into the research process, itself, and the wide-range of determinants and consequences surrounding the research problem. Abstracts of their theses, moreover, are included in AIHD Clearinghouse information publications, so their results can be utilized in PHC activities worldwide.

But as noted earlier, this training programme relies heavily on regularly improving course curriculum, content and the training capabilities of instructors. Towards this end, programme evaluation workshops including past MPHM alumni as well as information elicited through written course evaluations are used as input in this process. However, there is no substitute for technical expertise beyond that possessed by AIHD personnel and their Thai counterparts. It is therefore hoped that the Japanese Government will continue to supply experts in key primary health care and information systems areas for these purposes.

And lastly, for two years now AIHD has served as one of the overseas training centres for the Master of Community Health degree programme offered by the Liverpool School of Tropical Medicine. Approximately six to eight students from African and European nations are sent to AIHD to conduct and receive guidance in practical research projects. AIHD staff function as both local tutors and clients at every stage of the research process.

More significantly, AIHD has become a major regional training centre for some of the "least developed" countries in and outside of the region. In particular, AIHD is a training node for Laos, Vietnam, Burma, Nepal and Bhutan in their attempts to increase their health manpower resources. Resulting from this effort, future cross-national training and research programmes will be developed.

In sum, information and knowledge gained through an on-going partnership between the Thai and Japanese Governments and their respective experts, therefore, will extend out even more broadly to both regional and extra-regional participants. Furthermore, this will give each partner an opportunity to extend and utilize concepts and techniques developed within each nation to the outside world. The Project's and each nation's on-going value as leaders in health manpower and human resource development, therefore, will continue and grow beyond its current state and for the benefit of many.

National Training

Numerous national training programmes are also offered which focus on the training trainers in PHC development, incorporation of PHC into many different sectors, leadership development, cooperatives and PHC, Basic Minimum Needs (BMN), rúral development funds, non-government organizations and quality of life development, religion and quality of life development, and the identification of key groups as effective PHC/QoL promoters, amongst others. The most recent addition to the national training schedule is the "Workshop on Research Methodology in Primary Health Care" begun only this year but which will be offered annually. In total, since 1986 AIHD has offered over 59 national training programmes involving over 5,000 participants.

1.2.2 *Research*

The Research Division of AIHD was also established in 1982, and its main function is to promote research activities and skills of field personnel who are currently delivering PHC services and are directly involved in PHC tasks in rural and urban areas. The goal is to provide both financial and scientific support to researchers in order to enable them to obtain and identify empirical problems for the development of current activities. The first five-year plan of the Research Division (1982-1986) was aimed at establishing various aspects of PHC research areas, including food and nutrition, environmental sanitation, health education, mother and child health, family planning, immunization, disease control, curative services, and essential drugs and the PHC model. Under this plan, 122 projects designed to develop new approaches to PHC along with health strategies for approaches to PHC along with health strategies for further improvements in the basic elements of PHC have been conducted.

The future direction of PHC research activities have already been established for the second five-year plan (1987-1992) and ten projects are in the process of completion. The new policy aims at developing various approaches for implementing conventional strategies and establishing a linkage between elements concerned in PHC work. The major activities under this policy include community financing, food sanitation, inter-sectoral cooperation, health information systems and traditional medicine. The latter is of special importance since the Thai Government has recently approved the establishment of a School for Ayurvedic medicine, and AIHD is assisting in their aim of up-dating traditional medical texts for use by modern and traditional practitioners.

In addition to funding research projects, AIHD staff members are also involved in conducting individual projects. These include investigating issues of women and development, especially regarding their health provider role, amongst urban, rural and even hilltribe societies. Furthermore, since Thailand's population, like that of Japan is aging rapidly, research into the roles and statuses of the elderly, their potential as health education leaders, and the dynamics of terminal care are also being undertaken by AIHD faculty.

Research and development efforts at AIHD are also encompassing technological advancement as well as human resource improvements. In addition to its work with the Otological Centre: Bangkok Unit, the Institute has worked in conjunction with the science workshop of Mahidol University at Salaya Campus in producing electronic training and communication materials. The most recent is a patented, two-component electronic family planning demonstration devise showing the male and female reproductive systems. This devise can operate either on AC or DC systems and comes with Thai and French language written explanatory materials. This devise is now in use in several French-speaking African nations.

In order for researchers from many countries to report their findings, AIHD has begun publishing an international journal entitled **Journal of Primary Health Care and Development**, which is both in the English and Thai languages. Thus far, volume 1, issues 1 and 2, have been printed and released; volume 2 is in press. The topics of published articles have ranged from AIDS, immunizations, urban crowding, basic minimum needs, agricultural development and the elderly as primary health care promoters to government roles in social services development, to name only a few.

1.2.3 *Model Development*

But perhaps the Institute's most significant research contributions lie in their model development projects. The Institute has operated programmes of model development for PHC services and QoL improvement in rural settings, with two main PHC model development projects having been undertaken. The aim of each project is to provide necessary information about planning, implementing and evaluating PHC and community development to strengthen existing and future inter-sectoral approaches.

Firstly, the Nakorn Sawan Project for Model Development, funded by the World Health Organization, concerned integrated health systems research encompassing social, cultural, economic and managerial aspects. The goal was to elucidate optimal ways of adding high priority elements to existing PHC schemes, especially those dealing with communicable/non-communicable disease control, through the encouragement of local initiatives. In this context, the issues of providing services, guidance, support and supervision from the formal health infrastructure and the identification of feasible ways (e.g., cooperatives) of organizing and financing the enlarged primary health care and community development schemes were investigated. Preliminary reports by local personnel revealed the crucial role Research and Development efforts can play in promoting integrated community-based health and social development as well as integrated complementary inter- sectoral leadership development. Formal project evaluations are currently being completed.

The second PHC model development project, generously supported the Japanese Government and conducted in Chantaburi Province in Eastern Thailand, tested and developed an appropriate model for maternal and child health and essential medical care through the use of a new kind of health volunteer: Graduate Health Volunteers, a strategy which is now being updated to encompass a "Graduates Return Home" (GRH) focus. These volunteers are recent university graduates who are trained to work closely with health personnel and the community in health promotion and rural development. The GHVs assist PHC activities -- both the government's and the people's -- and they also coordinate with other government officials and the research team regarding integrated community development activities. In the model development project, many PHC research and development activities were conducting, including health education training amongst primary school students and teachers; promotion of appropriate ante-natal care and delivery for pregnant women; mobile clinics; nutrition promotion;

dental health; environmental sanitation; PHC family model; strengthening community health workers and their supervision; and research and development for the health card fund model. The project's initial GHV programme worked with three separate batches of graduates. In the first batch, 585 individuals applied to participate in the project, with 15 persons being selected. Batches two and three had response rates of 1,024 applicants and 15 selected participants, and 1,260 applicants with 13 selected participants, respectively.

In evaluating the GHV programme, it was found that the university graduates would work more effectively if they were encouraged to return to their natal villages and conduct PHC/community development work, rather than being implemented in unfamiliar village settings. Moreover, the sustainability of the project on a long- term basis would be improved if the GHVs had village-based occupations on which to rely (the project provided short-term occupational apprenticeships where necessary). This year 40 university graduates applied for the new GRH project with 14 individuals being selected. It is hoped that the graduates' increased sensitivity and familiarity with their own communities will increase their effectiveness in planning, implementing and evaluating community-based health and development projects through active leadership, community participation and self-reliance.

One over-arching benefit of the Chantaburi project, though, is not simply research/model development. Rather, this Project serves as a major training ground for many of AIHD's national and international programmes. Scholars, students at all levels, and visitors to the Institute have an opportunity to visit and learn from this project's experiences and management. Moreover, the project will also soon serve as a testing ground for new primary health care management information system modules being developed by AIHD and the Aga Khan Network (discussed subsequently). In each case and as noted earlier, the Chantaburi model development project is an ideal working example of how new concepts and techniques can be refined and shared with PHC and community development specialists as well as students worldwide.

Lastly yet most recently, the Graduate Volunteer model developed out of the Chantaburi experience is also being extended to Thailand's national development efforts. Specifically, AIHD has become an integral research and development center for Thailand's national "Green Northeast" programme, using the lessons learned from PHC/QoL as the model process for application towards community health, environmental and socio-economic development. Specifically, the GRH model developed in the Chantaburi project is being refined whereby the graduates' roles are

extended to community development in an inter-sectoral sense, rather than solely health. Under the operational supervision of AIHD staff, 50 recent university graduates (out of a total of 443 applicants) will be sent to 17 different Northeastern Thai provinces to begin community social development work in selected communities.

1.2.4 *Information and Documentation*

AIHD's Information and Documentation Section has the objective to collect, store, retrieve and disseminate information relevant to the development of PHC/QoL on a national and regional basis. In January/ February 1985, an Intercountry Conference on PHC was held at the WHO/ SEARO office, New Delhi. The conference recommendation was to develop network systems with clearinghouse activities for promoting and sharing PHC information. With this aim, a PHC information system, consisting of a network of national focal points in the SEARO region, was established. Additionally, this network is supported by two PHC Information Resource Centres (PIRCs). One is located at the National Institute of Health and Family Welfare, New Delhi, India, and the other at AIHD. This network is to identify, collect, process, store and disseminate information relevant to the eight major PHC areas and supportive activities of community participation, involvement of managerial processes, appropriate technology, biomedical and health services research, health manpower development, PHC financing, intra- and inter-sectoral linkages and collaboration, and referral systems. Information is disseminated through regular Clearinghouse publications and the provisioning of documents (e.g., conference, workshop and training programme proceedings) as resources permit.

As a result of its efforts, AIHD has been designated as a World Health Organization Collaborating Centre with the following terms of reference :

1. To serve as a resource centre for "Clearinghouse activities for PHC information in the region;

2. To organize intercountry training courses on subjects relating to PHC development and Health for All efforts as required by the organization;

3. To provide expertise for intercountry collaborative research projects on Primary Health Care Development as required by the organization;

4. To provide technical support in monitoring PHC development as required by the organization.

Also in 1985, an information clearinghouse subproject for the Asia-Pacific Academic Consortium for Public Health (APACPH) was established at AJHD. Its aim is to compile and disseminate training and educational materials in PHC management development for PHC trainers, managers and affiliated institutions. Both clearinghouse projects, PIRC and APACPH, are sources of reference materials and referrals for PHC education, development and management in the hope of reducing the current gaps in availability and accessibility of PHC and QoL information and related areas. Where possible, the Clearinghouses also work with overseas institutions in jointly publishing documents of interest. Currently, the AIHD APACPH Clearinghouse is collaborating with the Australian Developmental Studies Network in publishing a text entitled "**The Political Economic of Primary Health Care in Southeast Asia**". The book is now in press and will be released later this year.

A part from Clearinghouse activities, research on a national basis, and regional information as well, is collected via participants in international consultative meetings. Information is stored at AIHD for training purposes as well as disseminated upon request to interested parties.

In terms of facilities, the library has also been collating publications related to health and development both in Thai and English, and is disseminating a list of current publications on a regular basis. Through its position within Mahidol University, the library can also access computerized information from other Thai and overseas universities and governmental agencies.

AIHD's Data processing facilities include an NEC System 100/85 mini-computer with over 20 work stations. Through the continued acquisition of PC computers, all of AIHD's organizational section are computerized, which increases work quality and efficiency.

Information collation and publication is also facilitated by Apple McIntosh computers with laser printer is utilized to assist in the desk-top publishing of reports and other relevant documents. All necessary equipment for AIHD to begin in-house publishing have also been purchased for use in AIHD's new publication facility. Further, extra-institutional interest in using AIHD's publishing potential has already been expressed by such organizations as the Aga Khan Network and Save the Children Fund, Thailand.

Likewise, a broad range of up-to-date sophisticated audio-visual equipment are also utilized, including advanced video, photographic, graphic and sound production, editing and broadcasting equipment. The trained staff has also assisted in media production for communication and public relations purposes. Emphasis this year is tentatively aimed at developing audio-visual modules on child survival and development. Technical assistance for this project has been requested from UNICEF.

1.3 International Affiliations and On-Going Pursuits

At present, AIHD is also actively pursuing several separate areas for educational, research and technological advancement in PHC and QoL, while strengthening AIHD's position within international development networks.

1.3.1 *Primary Environmental Care*

From 8 - 10 May 1989, AIHD conducted an inter-sectoral consultative workshop on "Primary Environmental Care," actively supported by the United Nations Environment Programme. The aim of this workshop was to explore national guidelines and identify a model process for community-based environmental preservation based on the lessons learned from Thailand's PHC and QoL programmes. From this workshop, a model research development project is expected to be developed which, according to UNEP's Regional Director, shows great promise in being transferred to other ASEAN member- nations.

1.3.2 *Primary Ear Care*

AIHD -- as a World Health Organization Collaborating Centre -- is currently working with the Otological Centre: Bangkok Unit (also a WHO Collaborating Centre) in conducting community-based hearing impairment research and services provisioning. The project's objectives are to bring advanced diagnostic techniques (e.g., computerized brain stem testing) to villagers, especially children; provide preventative and promotive hearing health care; educate people on ear care and hearing impairment; and conduct a population-based survey on the extent of deafness and hearing impairment in Thailand. To improve current efforts, a national seminar on "Primary Ear Care" was held at AIHD on the 5th of July 1989 to gain input from outside experts on how best to integrate this programme into the national PHC system. Steps are also being taken by AIHD staff in developing health education materials on hearing impairment as well as community-based rehabilitation covering several physical handicaps. The latter is being promoted and supported by the Save the Children Fund, Thailand, and is expected to be implemented in Northeast Thailand (i.e., Khon Kaen and/or Nakhon Phanom provinces).

1.3.3 *Mid-Management Training*

The area involves a grant from CIDA ASEAN to develop a "Mid-Management Training and Programme Development" course (number A88-031). This project, jointly undertaken by AIHD and the University of Calgary, will respond to a perceived need for inter-sectoral management

training for junior and mid-level personnel employed in social development programmes. The project's objectives are: a) to bring together key experts in the region whose task will be; b) to elaborate the specific managerial skills required at the mid-management level for effective project implementation; and c) to design an appropriate educational programme including the preparation of relevant courses.

1.3.4 *Canada Asia Partnership (CAP)*

AIHD is also working closely with the University of Calgary in formulating a "Canada Asia Partnership for Education and Research in Rural Community-based Development". This project's original proposal is classified as a CIDA Programme for Centres of Excellence for the Advancement of International Development and was submitted to CIDA in December of last year. From discussions held with University of Calgary and CIDA representatives, it appears this proposal will be funded and an announcement is due at any time by the Canadian Prime Minister and other relevant political figures.

Overall, this initial five-year Partnership will provide leadership in education and research directed towards the human resources required for rural community-based development. It aims to train appropriate leaders, sensitize policy-makers to the problems of rural communities, and develop new tools for evaluation of health, quality of life, environment and community development programmes. Four major programmes will be developed through the CAP Partnership : a) Education (discussed above) -- for development field staff, planners and administrators; b) Research -- for training in methodology, the conjoint development of research projects and evaluation strategies; c) Development Education -- for public awareness; and d) Seminars and Colloquia -- for policy-makers and organizational leaders.

The three main Partnership institutions include AIHD; the University of Calgary; and the Institute for Primary Health Care at Ateneo de Davao University, the Philippines. Other Canada-based institutions include Athabasca University, The University of Lethbridge, Medicine Hat Community College, Mount Royal Community College, Red Deer Community College, and the University of Regina. Once the programmes are developed, Tribhuvan University in Kathmandu, Nepal, will also become a recipient, and later an active, member.

In addition to CIDA support, different educational modules under this proposal have also been proposed for funding from other sources. Thus far, the management module will be covered by AIHD's CIDA ASEAN money, and AIHD's primary health care module has been proposed to the

Max Bell Foundation, Calgary. Funding has also been sought for the environmental, education, micro- economics, and research & evaluation modules. The former two modules will be offered by the University of Calgary, while the latter will be given by the Institute for Primary Health Care at Ateneo de Davao, the Philippines.

1.3.5 *Aga Khan Network and the Primary Health Care Management Advancement Project*

The final area involves a collaborative project between AIHD, the Aga Khan Network and the Primary Health Care Operations Research (PRICOR) group. The proposed project is entitled, the "Primary Health Care Management Advancement Programme" (PHC MAP) and is designed to improve management information systems for health and quality of life. The principal objective is to advance the state of the art, science, and practice of PHC programme management at all organizational levels by providing PHC managers with tools to assess the management of their programmes, identify areas that need strengthening, develop and implement management improvement plans, and adapt practical pre-packaged management information modules designed to improve PHC programme management and, thereby, the equity, effectiveness, and efficiency (e.g., cost-effectiveness) of PHC programmes within and outside the Aga Khan Network and the ASEAN region.

Overall, the project will produce approximately seven to eight management assessment and programme improvement modules to be used for self-instruction, formal training and coursework, in-service training, and on-the-job reference. AIHD is expected to take responsibility for developing a programme module on integrated multi-sectoral development based on the Basic Minimum Needs and Quality of Life indicators and approaches. All modules will be field tested in up to five countries, i.e., Thailand, Bangladesh, Kenya, India, and Pakistan. Funding for this project will come from the Aga Khan Network and other co-donors.

In summary, all of these cases indicate AIHD's on-going efforts to integrate its research, model development, training and information functions. This entails refining and expanding upon the original PHC concept into areas not previously addressed, but which are nonetheless crucial in achieving the Health for All goal.

1.4 Future Directions

Under its new title of the ASEAN Institute for Health Development, the Institute is broadening its scope to include a more comprehensive approach to health development beyond that of only primary health care. In part and in total, AIHD's activities are not viewed as ends in themselves, but merely the means to a healthy and well-developed end. Our present and future emphasis is placed on a two-fold strategy of human resource development and appropriate technological advancement both within Thailand and as a regional network node. AIHD's training, research, model development and information activities will be continued with a focus on adapting their content, where feasible, to meet newly arising development priorities.

The Institute's main on-going aim, therefore, is to coordinate its activities more closely with those of the national government, especially as a research and development arm of the Ministry of Public Health; its regional counterparts; as well as academic, governmental and non-governmental agencies within and outside of the ASEAN and Asian regions. For international development agencies, in particular, AIHD views itself as a training, research and information centre for strengthening human resource development and programme management in countries without such existing or well-developed capabilities.

We look forward to working much more closely with the Japanese Government in continuing the ATC/PHC Project's, and now AIHD's, success. The friendship and mutual cooperation which has been built over the past years will hopefully remain true as, in the spirit of true collaboration, AIHD and JICA continue to pledge themselves towards human resource development in the ASEAN region and a drive forward to attain health for all by the year 2000 and beyond.

Part II

Summary of Activities During October 1987 - August 1989

2.1 Training

2.1.1 *International Training and Seminar*

During October 1987 - August 1989, AIHD has conducted 13 courses of international training and Seminars for 271 foreign and Thai participants from 12 countries. Details of each training programme is listed in Table 1 and 2.

Table 1 International Training Seminar (Under JICA sponsorship)

No.	Period	Title	Participants	Budget (Baht)
1	1-31 Oct. 87	Fourth International Training Programme on : Information Systems for Primary Health Care/Quality of Life Development.	5 Thais 10 Foreigners	935,275.00
2	2-6 Mar. 87	Fifth International Consultative Meeting on : community Resource Mobilization for PHC Development.	6 Thais 12 Foreigners	502,130.00
3	7-11 Mar. 88	Sixth International Consultative Meeting on : "Appropriate Technology for PHC/QoL : The Challenge for Management Information Systems.	5 Thais 11 Foreigners	522,495.00
4	14 Nov. 88 - 9 Dec. 88	Fifth International Training Programme on : Primary Health Care Development and Management.	7 Thais 9 Foreigners	751,272.00
5	20-24 Mar. 89	Seventh International Consultative Meeting on : "A Decade of Primary Health Care Development in the ASEAN Region : Progress and Prospects for an Integrated Future.	5 Thais 16 Foreigners	506,112.00
6	22 May 89 - 16 June 89	Sixth International Training Programme on : Training of the Trainers in Leadership Development for Health for All.	5 Thais 16 Foreigners	826,399.00
7	1-3 Aug. 89	International Experts Symposium on : Leadership Development for Quality of Life in the Asia and Pacific Region: The Challenge of a New Decade.	10 Thais 19 Foreigners	1,395,673.00
	Total 7 Programmes		43 Thais 93 Foreigners	5,439,356.00

Table 2 Other International Training and Seminar
(not under JICA sponsorship)

No.	Period	Title	Participants	Sources
1	20-31 Mar. 88	Health and Social Development in Thailand.	20 Japaneses	Self Sponsored
2	31 July - 10 Aug. 88	Health and Social Development in Thailand.	29 Japaneses 6 Thais	Self Sponsored
3	14 Sep. - 4 Nov. 88	Planning and Management for Health and Development. (III)	10 Foreigners 4 Thais	Bread for the World, WHO.
4	23 Feb.- 4 Mar. 89	Health, Environment and Social Development in Thailand.	19 Japaneses 5 Thais	Self Sponsored
5	31 July - 9 Aug. 89	Health and Social Development in Thailand.	35 Japaneses 7 Thais	Self Sponsored
6	16 Oct. - 8 Dec. 89	Planning and Management for Health and Development. (IV)	-	-
	Total	6 Programmes	22 Thais 206 Foreigners	

Besides conducting international training and seminar, AIHD also welcomed many foreign visitors. During this 2 years, AIHD has welcomed 143 visitors from 32 countries.

Future Prospects

Future prospects associated with Training Section should include the strengthening of linkages between the ASEAN member countries sharing-in together in terms of financial commitment and AIHD acting as a host (venue) for future training and consultative meetings in the region.

It is advisable that these training programmes be open for other developing as well as developed countries who would like to join through other sponsor agencies, NGOs as well as GOs.

All foreign/national post graduate students who are not with the government organizations and wish to attend these training programmes should be given a concession.

2.1.2 *National Training*

During October 1987 - August 1989, AIHD has conducted 23 courses of training, workshop and seminar for 1031 participants. Details of each training programme is listed in Table 3 and 4

Table 3 National Training Workshop and Seminar During October 1987 - August 1989 (Under JICA Sponsorship)

Topics	Period	Place	No. Participants
I. Leadership Development for PHC/HFA			
1. Leadership Development for the elderly in PHC	20-22 July,1988	AIHD	30
2. Leadership Development for School Masters in PHC and Community Development	1-3 Oct.,1988	Institute of Educational Administrator Development Ministry of Education	73
3. Leadership Skills for Working with Grassroots Communities	18-19 April,89	AIHD	35
II Intersectoral Collaboration for HFA			
4. Roles and Collaboration from Monks in Promotion of Traditional Medicine and PHC	17-21 Oct.,88	Phra Phuttabat Bua Bok Temple, Udon Thani Province	60
5. Roles and Collaboration from NGO's and Community Leaders in Liver Flook Control Programme	9-10 June,89	AIHD	73

Topics	Period	Place	No. Participants
III Participatory Research			
6. Workshop on Participatory Research and Evaluation of Dental Health Element in PHC	19-23 Dec.,88	AIHD	30
7. Research on Appropriate Life-Style after Retirement from Government and Private Sectors	28-29 Nov.,89	Department of Public Relations, Prime Minister Office	30
IV Techniques for Community Research and Intervention in PHC/HFA			
8. Techniques and Experiences in Organizing Community Funds for Promotion of PHC and Community Development	19-21 Feb.,88	AIHD	40
9. Models for Community Interventions for Prevention and Control of Narcotic Problems in Urban Congested Communities	23-24 Mar.,88	AIHD	40
V Development of Training Methodology to Promote PHC and QoL			
10. Workshop for Identifying Appropriate Roles of VHVs by VHVs	16 Sept.,88	Suan Sida, Nakornnayok Province	20
11. A Training Model for Health Center Staff in Occupational and Environmental Health	18-19 Oct.,88	Ayudhaya PCMO, Ayudhaya Province	30

Topics	Period	Place	No. Participants
12. A Training Model for VHV in Identifying Handicapped Persons in the Community	26-29 Nov.,88	Sri Bun Ruang Community Hospital, Buriram Province	30
VI <u>Travelling Seminar for PHC</u>			
13. Observation Tour to Study the Roles of Research and Development Institute on PHC and Rural Development	25-27 Oct.,88	RDI, Khon-Kaen University, Khon-Kaen Province	20
14. Observation Tour to Study the Roles of Asian Institute of Technology on Environmental Protection and Rural Development	9 Nov.,1988	AIT, Patumthani Province	15
15. Observation Tour to Study the Roles of Population Development Agency on PHC and Community Development	10 Nov.,1988	PDA, Bangkok	15

Table 4 National Training, Workshop and Seminar During October 1987-August 1989 (Non-JICA Sponsorship)

Topics	Period	Place	No. Participants	Sponsor Ship
1. <u>Training for Promotion of PHC/QoL</u>				
1. Training for Public Health Officers for Promotion of PHC/QoL in Bangkok Metropolitan Area (BMA)	7-9 Sept.,87	AIHD	95	BMA/ AIHD
2. <---- Same Title ---->	2-4 Nov.,87	AIHD	90	"
3. <---- Same Title ---->	9-11 Nov.,87	AIHD	90	"
4. <---- Same Title ---->	18-19 Nov.,87	AIHD	95	"
2. <u>Development of Training Packages</u>				
5. Workshop for Training and Implementation on Primary Environmental Care	8-10 May,89	AIHD	30	UNEP/ AIHD
6. Workshop for Training and Implementation on Primary Ear Care	5 July 1989	AIHD	40	Otological Center/ AIHD
3. <u>Follow-up, Planning and Evaluation for AIHD Activities</u>				
7. Workshop for Expected Roles, Functions and Management of AIHD in the Comming Decade	18 Aug.,89	AIHD	20	AIHD
4. <u>Innovation Training Programmes</u>				
8. Workshop for the Training of Foreign Graduated Thai Physicians	2 June 1989	AIHD	30	AIHD

2.2 Research

2.2.1 *Research and Evaluation*

Summary of Research Division Activities
(October 1987- August 1989)

Activities (1987/2530)	Budget (Baht)	Unit of Output	Remarks
1. Supporting Research Project	400,000.-	10 (Projects)	Series 6/2530 (on going)
2. PHC Journal	77,500.-	1,000 (copies)	Published in December, 1988; Vol.1, No.2
3. Evaluation & Promulgation	116,000.-		
3.1 Meeting with Research Grantee		30 Persons	Researcher & Commentator
3.2 Organize the Meeting for Research Presentation		30 Persons	
3.3 Follow-up and Evaluation		1 Project	Sample Size [Research = 100, Community Leader = 100, Supperior (boss) = 100 (Estimate)]
3.4 Research Report Publication		500 Copies	
4. Bibliography in English	100,000.-	1,000 Copies	On going
5. Data Base Design	25,000.-	1 Programe	On going
6. 1 st National Symposium	172,000.-	1 Time	16-17 Aug. 88 (350 Participants)
7. Miscellanous (Research Publication)	67,500.-		
- Manual of Research Grantee		100 Copies	Done
- Summary of Research finding (For 3.1,3.2,3.3)		100 Copies	Done
Total	958,000.-		

Summary of Research Division Activities

Activities 1988/2531	Budget (Baht)	Unit of Output	Remarks
1. Supporting Research Project (Situation Analysis of PHC in Thailand)	250,000.-	-	Evaluation of PHC Research Projcets (5 Projects) (On going)
2. PHC Journal	195,000.-	10,000 Copies	Published in June 1989 : Vol. 2; No. 1 (On going)
3. Evaluation & Promulgation	200,000.-		
3.1 Organize the Meeting for Research Presentation		30 Participants	To be Presented Principle Investegtor of Research Projects Series 6/2532 (On going)
3.2 Follow-up and Evaluation of on going granted research projects		10 Projects	To Follow-up and Evaluating Research Management
3.3 Research Report		-	500 Copies (On going)
4. Production of English Research Abstract Publication (5 Report; 200 Copies/1Report)	250,000.-	1,000 Copies	Fives Series of Research Summary Report from 1982-1987 will be Published (Series 1/1982 - Series 6/1987)
5. 1st Training Workshop in PHC Research Methodology	400,000.-	31 Participants 20 Lecturers	51 Participants 2 weeks

Future Prospect of Future Activities

1. Organize 2nd Training Workshop in PHC Research Methodology (30 Participants : 20 Lecturers)
2. Produce PHC Journal (Vol.2, December 1989)
3. Conduct Research Projects about PHC/QoL Development Support the by Royal Thai Government
4. Organize 2nd National Research Symposium

2.2.2 Chantaburi Model Development

Overview Started since 1985, the Chantaburi Model Development Project has gone through its I Phrase (January 1985-March 1988) to almost 3/4 of its II Phrase (April 1988-March 1990) During its I Phrase, the Chantaburi Model Development Project had emphasized on research and development in the areas of MCH and Essential Medical Care, and Primary Health Care (in both rural and urban settings) and training of Graduate Health Volunteers (GHVs). In its II Phrase, the project has emphasized on training of local researchers to lift up the ability of public health officers and medical specialists to carry out further researches by themselves, and the pilot movement on Graduate Return Home (GRH) Project to secure long-term community development with minimal costs.

Activities During II Phrase (April 1988 - August 1989)

1. *Training of local researchers*

A training programme for local researchers was organized jointly by AIHD, Phra-Pok-Klao hospital and Chantaburi PCMO during 7-9 June 1988, amount 32 persons medical doctors, nurses and public health officers from Phra-Pok-Klao hospital, Chantaburi PCMO, district health offices and amount 6 persons community hospitals were trained to be able to carry out further research by themselves

2. *Promotion of social campaign and setting up of the provincial committees for the pilot movement of GRH Project*

Promotion of social campaign for GRH Project has been supported by 16 local academic and government institutes in Chantaburi province. These are Rambhai Barni College, Provincial Governor Office, Provincial Community Development Office, Non-Formal Education Center, Provincial Cooperatives Office, PCMO, Phra-Pok-Klao Hospital and others. Three provincial committees were set up to carry out the GRH Project. These are

1. GRH Advisory Committee (31 members, the Governor as chairman).
2. GRH Steering Committee (7 members, the Vice Rector of Rambhai Barni College as chairman)
3. GRH Management Committee (44 members, 4 sub-committees)
   3.1 Sub-committee on training and supervision
   3.2 Sub-committee on research and evaluation
   3.3 Sub-committee on finance
   3.4 Sub-committee on public relations

3. *Training for GRH*

Based on cooperation and concensus among 16 local institutes and the three committees, a training programme was designed to promote new social values and to strengthen capabilities of university graduates to settle down in rural areas. Number of applicants and actual GRH are summarized in the following table

GRH Project	No. Applicants	No. Orientation Attendants	No. GRH
GRH Batch I (1988-1989)	34	20	14
GRH Batch II (1989-1990)	27	13	6

For more details on the GRH project, please refer to the book "Mobilizing University Graduates for Health and Social Development : A learning experience from the GHV to GRH Projects"

4. *Publications*

I Phrase (Jan. 1985-March 1988) ....11 books and 15 research papers
II Phrase (April 1988-August 1989) .....4 books

CMD Publication No.12 The Reports of GHVs (1987-1988) : Problems, Obstacles and Recommendations for PHC,MCH and Community Development in Chantaburi Province (180 pages, in Thai)

CMD Publication No.13 From GHV to GRH Projects (204 pages, in Thai)

CMD Publication No.14 A training manual for Graduates Return Home (116 pages, in Thai)

CMD Publication No.15 Mobilizing University Graduates for Health and Social Development : A Learning Experience from the GHV and the GRH Projects (89 pages, in English)

5. *Discussion on Learning Experiences, Application of Models and Future Prospect*

Despite of many weaknesses, failures and incompleteness in many circumstances, AIHD has gained invaluable experiences through its first research and development project.

Firstly, AIHD has pioneered in launching PHC development project which covers the whole province of Chantaburi. It is the second biggest R/D projects after the Lampang Project in 1960's

Secondly, AIHD has pioneered in setting up the R/D methodology for integrated PHC development through the principles of participatory research, participatory action and pragmatic problem solving approaches. Through these principles and practices, AIHD has confirmed full participation from the local authorities. The strengths and weaknesses of the current PHC activities and strategies were reviewed, solved and revised collaboratively. As the results, several "micromodels" on training of VHV/ VHC, community MCH education, techniques on organizing community works, strengthening of the functions of health centers, collaboration of public health and medical specialists and others were gradually developed and absored to the provincial systems naturally in the process of interaction. This kind of approach and methodology seems to be the most crucial and fundamental for PHC development at any province.

Thirdly, AIHD has explored at maximum in mobilizing university graduate potentialities for PHC and social development through its GHV and GRH projects. Even many difficulties have to be faced, AIHD has already stood on the front line in this field.

Fourthly, AIHD has already secured its field areas for supporting all kind of AIHD's activities. It has used Chantaburi model development areas for training, demonstrating, field placement, research, observation tours and other purposes for hundreds of trainees, international and national participants, MPHM students, WHO visitors, Japanese-Thai student training programmes, etc. Even after project withdrawal, Chantaburi project areas will be remained as one of the AIHD field training site for all purposes.

2.3 Information and Documentation

The AIHD's Information and Documentation composed of AIHD Computer Unit, AIHD Library, PHC Information, and Audio-Visual Unit. During 1987-89 the Information and Documentation has produced the continuous progress in production, services, and physical expansion. They also improve in quantity and quality in all aspects. The summary of their progress are as follows:

1. AIHD Computer Unit

The expansion of PC and other computer equipments to match with the needed of the AIHD's activities. AIHD computer has set forth the ambitious of services and quality development. The training courses for AIHD staff had been launched to assure the competency of operating computer to suit their nature of usage. AIHD Computer also develop an effective package for internal administration. The data analysis preparation of printing work for duplication also put off.

2. AIHD Library

The enlargement of collection of texts, journals, theses, documents, and audiovisual materials plus the modernization of on-line computer search which connect with MUCC (Mahidol University Computer Center) become a library network for fast and convinience of users. The AIHD Library will perform as a PHC library rather than a general library. The MPHM students as well outside users are the priority of services. The microfisc taking of traditional medicine manuscripts is ongoing to save these valuable texts for the futher use or study.

3. PHC Information Center

The PHC information circulation among members and libraries to exchange of information and events about PHC in the country and in ASEAN region. The release of information in a printed form and audio-visual forms. The indexing and abstracting of article related to PHC also made.

4. Audio-Visual Unit

The AHID's Audio-Visual Unit is considered as one of the best equiped audio-visual aids in Mahidol University. The AV unit performs the major support to every sectors of AIHD in providing quality services and instructional material production. The collection of events in VDO, slides, photographs forms from the very beginning of AIHD's events. For special topics of production

which required highly and sophisticated artistic techiniques AIHD also request for commercial production services.

2.3.1 AIHD Computer Unit

1. Equipments.

1.1 Minicomputer NEC 100/85		1	set
1.2 Microcomputer		17	sets
1.2.1 IBM PC/AT,HD	1 set		
1.2.2 IBM PC/AT Compatible, HD 20 MB.	1 set		
1.2.3 IBM PS/2 Model 60, HD 20 MB.	1 set		
1.2.4 IBM PC/XT Compatible, HD 20 MB.	7 set		
1.2.5 IBM PC/XT Compatible, 2 Drives	5 set		
1.2.6 Apple Macintosh SE,HD 20 MB.	2 set		
1.3 Pinter			
1.3.1 NEC P5	2 set		
1.3.2 EPSON LQ1050	5 set		
1.3.3 EPSON LQ2550	1 set		
1.3.4 Lazer Printer	1 set		
1.4 MODEM Racal-Vadic MAXWELL 2400VP		2	set
1.5 EMERALD Tape Backup 60 MB.		1	set

2. Package Programmings Developed by AIHD Programmers
   - 2.1 AIHD Administration
     - 2.1.1 Account & Finance System
     - 2.1.2 Material System
     - 2.1.3 Personnel Administration System
       - Biography of AIHD's Staffs
       - Time Working of AIHD's Staffs
   - 2.2 Training System
     - 2.2.1 Biography of PHC Resource Person
     - 2.2.2 Directory of Trainees and Trainers
   - 2.3 Library System
     - 2.3.1 Abstract of PHC Text Books

2.4 Information System
   2.4.1 Geography of Thailand
      - Boundaries of Wards, Cities, Towns
      - Resources
      - Weather

3. Computer Training

3.1	Operating System on Minicomputer		
	- Material System	1 Month	1 Person
	- Personnel Administration System	1 Month	1 Person
	- Account & Finance System	1 Month	1 Person
3.2	Operating System on Microcomputer	1 Month	5 Persons
3.3	Thai-Word Processing	1 Month	8 Persons
3.4	Introduction to Microcomputer	5 Days	15 Persons
3.5	CDS/ISIS	5 Days	15 Persons

4. Network System by using Modem Racal-Vadic 2400VP
   4.1 Between AIHD and MUCC (Mahidol University Computer Center) for using Data bank of Central Library
   4.2 Between AIHD and MoPH (Ministry of Public Health) for using Epidermology Data Bank

5. Service

5.1	Data Analysis	16	Topics
5.2	Desktop Publishing		
	- Text Book	10	Volumes
	- Journal PIRC&APPACH Bulletin	8	Volumes
	- Certificate Cards	800	Pages
	- Invite Cards and Other Cards	800	pages
	- Documents	7500	Pages
	- Art Work	500	Pages
5.3	Mac-PC Link	300	Pages
5.4	General Publishing		
	- Documents	14400	Pages
5.5	Computer Laboratory	480	Hours

2.3.2 *AIHD Library*

The Primary Health Care Library of ASEAN Institute of Health Development was established in 1985 which is six years of services went mostly to university staff, AIHD staff, MPHM. students, researchers, participants and others.

PHC Library Management

PHC Library has devided into 4 part of management

1. Management and administration
2. Technical of Library system
3. Services
4. Audio-visual

Types of Publication Collected

1. Texts, research report, technical papers, official publications and thesis.
2. Continuous publications, journals, newsletters, daily newspapers, etc.
3. Audio visual materials, microfisc, cassette tape, video-tape, etc.

Activities During 1987-89

1. The application of dBase program to store and retrieve of foreign language Journals in the format of authors, title, series and condense index.
2. The application of CDS/ISIS to store data of library members as well as organizations and address.
3. Circulation of list of new collection monthly.
4. On line search system with computer connection with Mahidol University Computer Center by applied MARC System so that searching of text, articles etc., can easily be done at PHC-Library.
5. The microfisc collection of old traditional medicine of old Thai language hand written inscribe of more than 10,000 pages, The exhibition of this activity will also made in the package which is very possible to display in various sites.

Future Activities

1. The development of Thai and foreign languages indexes of Journals and reproduce in printed form for circulation.
2. The collection of Audio-visual materials in PHC.
3. The application of becoming membership of National Medical Information.
4. The exchanges of documents and publications with other libraries, both nationally and internationally.

Volume of Collection and Circulation

Items	Thai	Foreign	Total
1. Texts and other similar forms of publications	1,645	1,980	3,625
2. Journals	103	51	154
3. Newsletters/Circular	79	72	151
4.. AV materials	220	88	308

2.3.3 *PHC Information Center*

Information and Documentation
Summary of Activities
1987-1989

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ASEAN Institute for Health Development as a Primary Health Care Information Resource Centre for the South-East Asia Region, is thus a form of switching operation which provides access through referral to appropriate resources as well as serving as a collection agency for PHC information/documentation in order to redistribute such materials upon request to network members and outside institutions and health personnel. The following activities have been undertaken during 1987-1989 :

A. *Collection and Resource Sharing*

Information, hereby, means Publication, List of publications, Documentations, Public Health Statistical Data, Population Data, Social Data not at the national level but at the ASEAN level, the audio-visual materials and the list of A-V materials, the documents from the training programme including the AIHD activities.

These information have been regularly collected. Resource sharing, by linkages with units both within and outside member countries for the purposes of giving information materials on exchange, and the duplication of publications have been established. These units comprise all departments of the Ministry of Public Health; libraries and information centres of university associated with member countries; and International and Regional Organization such as JICA,SEAMIC,WHO, ESCAP, UNCIEF, UNESCO, Asian Institute of Technology, PDA.

B. *Indexing and Abstracting*

Primary health care and related materials are abstracted. Periodicals and documents are being indexed A-V materials will also be in this process.

C. *Storage and Retrieval*

In storing information through the use of computers, personal computers and the CDS/ISIS programme are develop for the publication-database with the name of author, title, subject heading, abstract, keyword and relevant information. The statistical data and beneficial data of sociology and public health, and the indexed-abstracted A/V materials will also be stored, the database and output fonn have been designed for the absolute effiency of retrieval.

D. *Dissemination*

Regular distribution of information has been maintained by the dissemination of publication to the member countries, network libraries, institute and users on request.

E. *International Collaboration*

The acquisition of pertinent information has been done by more regular meetings with relevant organizations. Means have been developed whereby direct and regular contacts can be made for formal and informal exchanges of information AIHD's yearly International Training Programme

(which in 1987 encompassed the topic of "Information Systems for Primary Health Care and Quality of Life Development") emphasized a problem-solving approach to the identification of PHC information needs and the means for information collection, storage and dissemination which were appropriate for the Southeast region.

Prospect of future activities

We will going on our PHC and related subjects collection, analysis, synthesis, database system, referral system and distribution. Establishment and strengthening national and international networks in PHC will still hold on in order to share and/or exchange resources, experiences and information in an effort to promote the development of PHC in Thailand and among ASEAN member countries.

A. Collection and Resource Sharing

List of Material	Number
Book	1551
Document-Periodical	645
A/V material	75

List of Material	Number
Book	246
Document-Priodical	601
A/V Material (Topics)	20

ASEAN Countries - Public Health & Social Statistical Data and Descriptive Data

B. Indesing and Abstracting

Indesed Documents No.

English 246
Thai 175

Abstract No.

Total 1311

C. Abstracting of Articles

The abstract of articles under the system of possibility to retrieve or sort Title, Author, Subject Heading, Keyword. This activity is on going in the trial and development process.

D. Dissemination

Publication	Number
PIRC Bulletin	300 x 6 = 1800
APACPH Bulletin	300 x 6 = 1800
Directory of Primary Health Care Information Sources	1000
List of PHC Publication by Source	12 Times / 142 Titles
List of audio-visual materials	30 Titles
Leadership Magazine	1000
ATC/PHC Bulletin	100 x 4 = 4000
AIHD Bulletin	2000
Other AIHD Publications	12 Titles
Total Number of the Dissemination Time	24 Times

Number of the receivers ~ 1800

2.3.4 Audio Visual

Summary Report of Performances
A/V Unit
(1987-1988)

	Title	Time/ mins	Version	T.V System
Video	- 7th International Consultative Meeting on "A Decade of PHC in ASEAN Region"	18	Eng.	PAL
	- Respiratory tract infection	20	Thai	PAL
	- Introduction to Moster of Primary Health Care Management Programmes	18	Eng.	PAL
	- Introduction to ATC/PHC Activities	16	Thai	PAL

Summary Report of Performances
A/V Unit
(1987-1988)

	Title	Fremes	Version	Time
Sound Slides	- Immunization	40	Thai	8
	- Fisrt Aid I	42	Thai	10
	- First Aid II	40	Thai	8
	- Nutrition Education	45	Thai	12
	- Hygienic Water Supply	41	Thai	8

Summary Report of Performances
A/V Unit
(1987-1988)

	Title	Version
Sound Cassette Tape	- Herbal Medicinal Plants and Treatment - Exercise and Res - Smoking - Safety Precantion in electricity usage - Nutritions Food	Thai Thai Thai Thai Thai

Summary Report of Performances
A/V Unit
(1988-1989)

No.	Title	Remark

1. Services	- Flim and Chemical for AIHD's activities
	- Transparency Making for AIHD staff
	- Studio Improvement (Checking and Maintainance)
	- Equipment Repaired
	  - Video Cassette Recorder 3 Pcs.
	  - Video Tape Recorder 3 Pcs.	

2. Exhibition	Permanent Exhibition
	  - AIHD Activities
	  - PHC elements and activities
		On going Process

Summary Report of Performances
A/V Unit
(1988-1989)

No.	Title	Time/ mins	Version	T.V System	Remark
1. Video Programmes	- The elderly and PHC	20	Thai	PAL	On going Process
	- Traditional health promotion and care	18	Thai	PAL	
	- Herbal plants and PHC	16	Thai	PAL	
2. Report	Publication on activities of A/V Section 1984-1989				On going Process
3. Media Contest	Cassette on Health Education				On going Process
4. Sound Slides	- Sanitary Environ-ment	45	Thai	12	
	- Common Cold	40	Thai	8	
	- Goitri	40	Thai	8	
	- Household drugs	42	Thai	10	

2.3.5 Printing House

As a part of collaboration from JICA for strengthening the documentation production ability of AIHD, the new printing house began its construction on September 1988 and completed on March 30, 1989. It is an extension of the previous printing room to the back of the administrative building with the area of 137.25 square meters. It is equipped wit necessary printing machines and equipments such as printers, cutter, plate & film processors, automatic collating machine and others. The printing house began operation partially since April 1989 and fully in July 1989. since its first operation, the printing house has produced more than 14 works;

6900 volumes of books, 56920 pieces of leaflets, 114706 pages of xeroxed papers and 39227 pages of roneo papers. The total production sale was amount to 346,062 Baht during April 1-July 30, 1989.

2.4 Graduate Studies

2.4.1 *Master of Primary Health Care Management (M.P.H.M.) Under the Third Country Training Programme of JICA*

First Academic Year (1986-1987)

During this programme's 1st year in 1986 to 1987 which started on October 27, 1986 and ended on June 30, 1987. Nine participants from 3 ASEAN countries, 7 from Thailand, 1 from the Philippines and 1 from Indonesia successfully completed their requirements for the M.P.H.M. degree. For this academic year, all participants are financial supported by ASEAN Institute for Health Development.

Second Academic Year (1987-1988)

For this academic year which lasted from August 31, 1987 to June 30, 1988 is the first year programme under the Third Country Training Programme of JICA. This year the programme admitted 22 candiates among which 4 are Thais. the other participants are from India, Bangladesh, Nepal, China, Indonesia, Yemem and the Philippines. Most of these individuals are medical doctors and the others are health professionals who are involved in the PHC field.

Third Academic Year (1988-1989)

This year the programme adamitted 20 candiates among which 4 are Thais. The other participants are from Indonesia, China, Bangladesh, Malaysia, Bhutan, Nepal, Syria, America, Canada and Myanmar. The qualification of the participants are the same in the second academic year.

Within the past 3 years, the Master of Primary Health Care Management programme are interested by many organizations which shows an actual demand for this programme among the ASEAN, Asian and Pacific and African nations. This programme is recognized by many international organizations such as World Health Orgination, UNDP/DTCP, World Bank and Private Agency as a needed and quality programme for the career development of health and related personnels.

After the Seminar on M.P.H.M. Evaluation last June, we found that the participants want to have a field study not only in Thailand, but also in other countries which include Japan in order to exchange experiences, knowledge and to development innovation ideas.

M.P.H.M.I

List of Thesis

****

1. Evaluation of the Effectiveness of Training Health Personnel at Tambon Level of Dental Scaling

2. Factors Influencing the Immunization of Children 1-5 Years of Age a Survey in Tumbol Nongrong, Panomtaun District, Kanchanaburi Province, Thailand

3. An Assessment of the Performance of Health Personnel in Promotion of Latrine Construction

4. A Study on Health Personnel Knowledge Practice and Supervision on High Risk Antenatal Care

5. A-Study on Drug Supply Management System in Chantaburi Province

6. A Study of the Appropriateness in Referring Patients of Referral System in Health Card Programme from Health Centers to Community Hospital

7. A Study on the Usefulness of Malaria Village Volunteers : A Case Finding of Malaria in Chantaburi Province

8. Strengthening of Health Manpower Development in Drug Utilization : A Case Study of Health Workers at Tambon Level in Chantaburi Province

M.P.H.M.II

List of Thesis

****

1. Assessment of Knowledge, Attitude and Communication Practice of the Health Personnel in Health Card Programme

2. The Application of MDS Technique in Analysis of Village Development Level for Health Planning and Management

3. Comparison of Male and Female Village Health Communicator's Job Satisfaction Towards Primary Health Care Activities : A Case Study of Ang Thong Province

4. A Comparative Study of Knowledge, Attitude and Practice of Women in Reproductive Age, Concerning Maternal and (Antenatal Care) Child Health Care Activities with Blue Card and without Blue Care Programme,s in Ratchaburi Province

5. Dental Needs, Demands, and Utilization of Dental Services : A Case Study of Bangkok Metropolitan Administration's Health Center Number 30

6. The Factors Affecting the Use of Sanitary Latrines of Villagers in Uthong District of Suphanburi Province, Thailand

7. Factors Affecting Achievement of Health Center Heads Regarding EPI Program

8. Factors Influencing Acceptance of the Health Care Fund Programme in Suphanburi Province

9. Factors Influencing the Knowledge and Attitudes of Village Health Communicators Toward Primary Health Care Promotion : A Case Study fo Ang Thong Province, Thailand

10. Factors Affecting Acceptance of Birth Control Methods During Postpartum Period in Chantaburi Province

11. Knowledge, Attitude and Practice of Mothers in Relation to Incidence of Diarrhoea in their Children Below Five Years of Age

12. Knowledge, Attitude and Practice of Village Health Workers in Nutritional Surveillance

13. Perceived Roles of Health Centres : A Case Study in Suphanburi Province

14. Perspectives and Potential of Graduate Health Volunteers in Expanded Programme on Immunization

15. Psycho-Social Aspect of Pulmonary Tuberculosis Patients' Regularity of Attendance at Bangkok Chest Clinic

16. The Roles of Wireless Radio Network System in Supporting Primary Health Care Delivery : A Case Study of Suphanburi Province

17. Roles of Dental Nurses in Community Dental Health : An Analysis From Dentists and Dental Nurses Viewpoints

18. A Study of the Health Card Fund and Utilization of Curative Health Services in Viset Chai Chan Community Hospital, Ang Thong Province

19. A Study on the Need of Refresher Training Programme for the Village Health workers

20. Use of Oral Rehydration Therapy By Mothers in Management of Diarrhoeal Cases in Samut Sonkram Province

21. A Study on Health Center Personnel's Knowledge on Referring Patients in the Referral System

22. Effects of Gelee Royale on Blood Transfusion Dependent Homozygous Beta-Thalassemia

M.P.H.M.III

List of Thesis

****

1. Use of Microcomputer to Improve Health Information System at District Level

2. Thai Tradition medicine System and Practice

3. The Relationship Between Psycho-Social Factors and the Level of Community Participation of Villagers in Village Drug Cooperatives : A Case Study in Amphoe Muang, Chiangmai Province

4. A Study on the Relationship Between Level of Drug Cooperative Activities and Knowledge, Attitude and Behavior of Villagers in Self Medication Treatment in Soongnern District, Nakornrajsima Province

5. Study on Factors Affecting the Use of Oral Rehydration Solution (ORS) for Treating Acute Diarrhoeal Diseases Among Children Under Five Years of Age in Rural Community

6. Study to Determine the Factors Related to Breast-Feeding Practice Among Mothers in Semi-Urban And Rural Communities

7. Factors Affecting Immunization Acceptance Amongst Mothers of One Year Old Children in Kabinburi District, Prachinburi Province, Thailand

8. Geographical Distribution of Vaccine Preventable Diseases and Coverage of Immunization in Thailand

9. Utilization Pattern and Socio-Economic and Cultural Factors Affecting Utilization of Antenatal Care Services Among the Mothers in Ratchaburi Province, Thailand

10. Factors Related to Acceptance/or Refusal for Hospital Delivery Among the High Risk Pregnant Mothers in Rural Community

11. Factors Influencing the Acceptance of Tubectomy As a part of Birth Control Methods A Study in Bangpae District Ratchaburi Province

12. The Study on Hookworm Infestation After Primary Health Care Implementation at Pong Village, Saema Sub-District, Soong Nern District, Nakhon Ratchasima
13. Determinants Affecting Practice of Tetanus Toxoid Immunization Among Pregnant Women in Rural Community in Prachinburi Province
14. Factors Influencing the Occurrence of Acute Respiratory Tract Infections in Children Under Five Years
15. The Relationship of Smoking By Karen Parents to the Mortality of their Children During the First Year of Life
16. Focus Group Study of Delivery Practices of Traditional Birth Attendants in a Karen Refugee Camp
17. Factors Affecting Health Card Program acceptance in Ratchaburi Province
18. Factors Affecting Community Hospital Services Utilization
19. Factors Associating with Raw Fresh Water Fish Consumption Among Villagers in Soong Noern District, Nakhon Rachsima Province, Thailand

2.5 ASEAN House

As a part of service facilities of AIHD, ASEAN House began its operation since July 10, 1984 up to the present. ASEAN House is a 3 storey building with 51 rooms (40 rooms are equipped with air-conditioning machines and 11 with electric fans). It can accommodate up to 102 visitors. Numbers of visitors and its income are presented in the table.

Statistics on Asean House Operation

Items	1984	1985	1986	1987	1988	Total
No. Participants	308	682	1360	861	1877	5088
Income (Baht)	140,075	546,425	1,295,776	1,103,249	1,035,387	4,120,912

Part III

Appendices

APPENDIX A

Diagram 1 Organizational Structure of AIHD

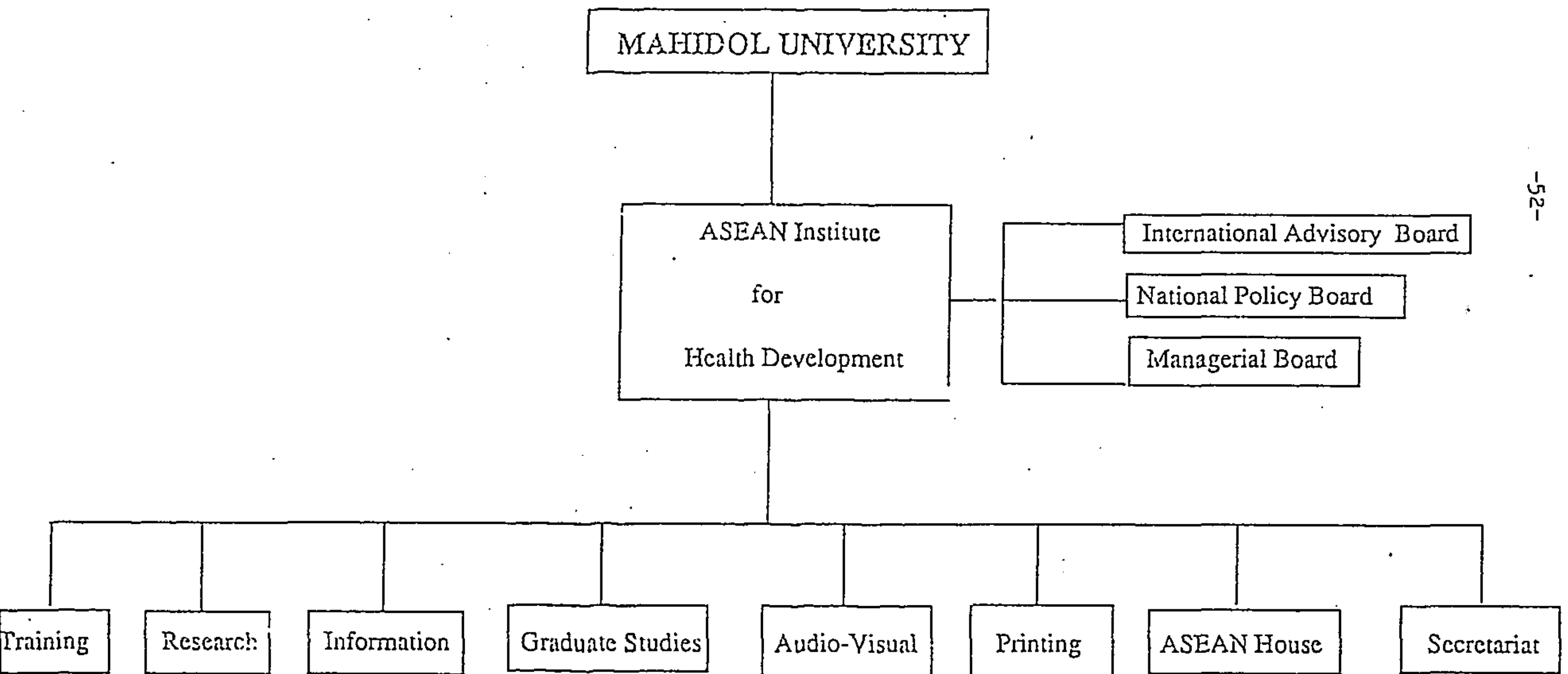


Table 1 : AIHD Personnel/Staffing (1986-1989)

Personnel Category	Actual Personnel Numbers (by year)			
	1986	1987	1988	1989
1. Rotating Professional Staff				
Director	1	1	1	1
Deputy Director	1	1	2	2
Asst. Director	5	4	4	1
2. Experts				
Thai Nationals	-	1	5	4
Foreign	4	5	4	4
3. Permanent Staff (Teaching, Research and Administration)	21	23	31	31
4. Non-Governmental Support Staff				
Full time	14	19	27	30
Part time	30	31	27	24
TOTAL	76	85	101	97

APPENDIX C

Table 2 : Financial Profile of AIHD (income versus expenditures in Baht)

Source of Income	1982	1983	1984	Year 1985	1986	1987	1988	1989
1. National Budget	-	-	-	3,103,800	2,920,400	3,217.200	3,252,100	3,484,60[illegible]
2. AIHD Services	-	-	368,729	248,682	1,599,893	5,613,442	6,873,790	3,329,107
3. International Organizations (such as JICA)	2,652,650	4,176,401	5,165,078	9,057,492	15,429,079	5,854,494	6,533,668	
TOTAL INCOME	2,652,650	4,176,401	5,533,807	12,409,974	19,949,372	14,685,136	16,659,558	
TOTAL EXPENDITURES	2,652,650	4[illegible]76,401	7,751,717	11,551,554	20,054,077	13,960,383	15,060,787	

APPENDIX D

INTERNATIONAL ADVISORY BOARD MEMBERS

to the

ASEAN Institute for Health Development, Mahidol University

Prof. Dr. Masami Hashimoto *Professor Emeritus* *Institute of Public Health, Japan*	*Honorary Board Member*
1. Dr. Somsakdi Vorakamin Permanent-Secretary Ministry of Public Health, Thailand	Board Chairman
2. Professor Dr. Natth Bhamarapravati President, Mahidol University, Thailand	Board Member
3. His Excellency Pengiran Dato Paduka Md Yassin bin Pengiran Dipa Negara Laila Diraja Pengiran Haji Abdul Momin Permanent Secretary Ministry of Health Bandar Seri Begawan Negara Brunei Darussalam	Board Member
4. Datuk Professor T. A. Sinnathuray Senior Consultant Obstetrician and Gynaecologist Faculty of Medicine University of Malaya	Board Member
5. Dr. R. Soebekti c/o Secretary, Ministry of Health Indonesia	Board Member
6. Dr. Trimidad C. De La Paz Institute of Primary Health Care, Philippines	Board Member

7. Dr. Dragan Stern World Health Organization Representative to Thailand	Board Member
8. Mr. Ahmed Mostefaoui Regional Director, UNICEF	Board Member
9. Mr. Tsutomn Saito Director, JICA Thailand Office	Board Member
10.Professor Dr. Wichit Srisa-an Permanent Secretary Ministry of University Affairs	Board Member
11.Mr. Wanchai Sirirattna Director-General Department of Technical and Economic Cooperation Thailand	Board Member
12.Mr. Saroj Chavanaviraj Director-General Department of ASEAN Affairs, Thailand	Board Member
13.Dr. Krasae Chanawongse Director, ASEAN Institute for Health Development Mahidol University at Salaya, Thailand	Board Member and Secretariat

NATIONAL POLICY BOARD MEMBERS

to the

ASEAN Institute for Health Development, Mahidol University

1. Professor Dr. Natth Bhamarapravati President, Mahidol University	Board Chairman
2. Dr. Krasae Chanawongse Director, ASEAN Institute for Health Development Mahidol University	Board Member
3. Dr. Pramulh Chandavimol Department of Health, Ministry of Public Health	Board Member
4. Dr. Pirote Ningsanonda Advisor, Ministry of Public Health	Board Member
5. Dr. Monthree Chulasamaya Dean of the Graduate School Mahidol University	Board Member
6. Dr. Debhanom Muangman Dean, Faculty of Public Health, Mahidol University	Board Member
7. Dr. Orapin Singhadej Deputy Director, ASEAN Institute for Health Development, Mahidol University	Board Member
8. Dr. Som-arch Wongkhomthong Deputy Director, ASEAN Institute for Health Development, Mahidol University	Board Member and Secretariat

MANAGERIAL BOARD MEMBERS

to the

ASEAN Institute for Health Development, Mahidol University

****

1. Dr. Krasae Chanawongse Director, ASEAN Institute for Health Development Mahidol University	Board Chairman
2. Dr. Orapin Singhadej Deputy Director, ASEAN Institute for Health Development Mahidol University	Board Member
3. Dr. Som-arch Wongkhomthong Deputy Director, ASEAN Institute for Health Development Mahidol University	Board Member
4. Dr. Boonlert Leoprapai Assoc. Professor, Institute for Population and Social Research, Mahidol University	Board Member
5. Dr. Orathai Rauyajin ASEAN Institute for Health Development Mahidol University	Board Member
6. Mr. Sommai Wansom ASEAN Institute for Health Development Mahidol University	Board Member
7. Ms. Suchinta Norattejananda ASEAN Institute for Health Development	Board Member

Mahidol University

8. Dr. Pantyp Ramasoota — Board Member
ASEAN Institute for Health Development
Mahidol University

9. Ms. Benchawan Wiwattanapapaphee — Board Member
ASEAN Institute for Health Development
Mahidol University

10. Mrs. Chirapa Srikalasin — Board Member and Secretariat
ASEAN Institute for Health Development
Mahidol University

Appendix E : Table of Japanese Experts.

Year / Area	1987.10-1988.3	1988.4-1989.3	1989.4-1989.9
Long Term Experts			
Leader	-	1	1
Public Health	1	1	1
Coordinator	1	1	1
Short Term Experts			
Public Health	2	3	-
Audio-Visual	1	1	-
Library Scicnce	-	1	-
Information Documentation	-	1	-

Appendix F : Listing of Thai Participants for Counter Part Training in Japan (1987-1989)

Name of Trainee	Period of Training in Japan	Position,THen	Position.Now
1. Ms.Boonmee	October 86 - March 87	AIHD Researcher	Same
2. Mr.Mathee Chanjarupom	January 12 - Apirl 1,87	Director of RTC . Chonburi	Same
3. Mr. Sanan Santives	January 12 - April 1,87	Director of RTC Nakomsawan	Same
4. Mr. Pornthep Muangman	June 25 - December 24,87	AIHD Audio - Visual	Songkla Univ.
5. Mr. Jiraapan Vibulwong	Sept.29 - Dec.23,87	Public Health Scientist MoPH	Same
6. Mr. Chairat Pathanacharoen	Nov. 24 - Mar. 2,88	Director of RTC Khon Kaen	Same
7. Mrs.Viraiwan Koyekaewpring	Nov. 24 - Mar. 2,88	AIHD Trainner	Same
8. Mr. Somchai Viripiromkool	Nov. 24 - Mar. 2,88	AIHD Researcher	Same
9. Mrs. Chawewan Siburapapirom	Sept. 19 - Nov. 23,88	AIHD MPHM	Same
10. Mr. Sommai Wansorn	Aug. 16 - Dec. 16, 88	Assistant Director in I & D AIHD	Same
11. Ms. Wirairat Teangwatanachot	Sept. 27,88 - Jan. 27,89	AIHD Librarian	Same
12. Assoc.Prof. Boongium Trakoolwongse	October - December, 89	Assistant Director in Foreign Affair Of AIHD	Lecturer Faculty of Public Health
13. Assoc. Prof. Dr. Orathai	October - December, 89	Lecturer and Assist. Director in Research of AIHD	Same
14. Asst. Prof. Dr. Som-Arch Wongkhomthong	October - December, 89	Deputy Director AIHD	Same

Appendix G: List of Equipment Provided by JICA

YEAR	REGIST. CODE	ITEM	AMOUNT
** YEAR 2529 (1986)			
2529	AH29M-0117-001	Air Conditioner TOYO Air	1
2529	AH29M-0119-002	Caculator--CASIO FX-501P	2
2529	AH29M-0121-002	Electric Typewriter IBM Thai-English	2
2529	AH29M-0142-001	CRT Display and Keybord NEC	5
2529	AH29M-0142-002	Disk Drive NEC	1
2529	AH29M-0206-001	Motorcycle HONDA C70	15
2529	AH29M-0401-001	Photo Cammera NIKON FA	1
2529	AH29M-0411-001	Movie Film(New Health System for the people PHC in Thailand	1
2529	AH29M-0411-002	VTR Tape (New Health System for The people PHC in Thailand)	1
2529	AH29M-0406-001	Video Recorder & Player NATIONAL NV-G10EN	2
2529	AH29M-0307-001	Radio Cassets Tape Recorder NATIONAL RX-F2F	2
2529	AH29M-0401-001	Motor Drive Camera NIKON MD-4	1
2529	AH29M-0317-002	Video Camera JVC GX-59E	5
2529	AH29M-0317-001	Portable Video Tape Recorder JVC BR-6200E	5
2529	AH29M-0403-003	Contact Printer HANSA 3"	2
2529	AH29M-0403-005	Contact Broonee HANSA 35mm	2
2529	AH29M-0704-001	Cutter HANSA 30.5x25.5	2
2529	AH29M-0403-007	Enlager Timer HANSA 220V	2

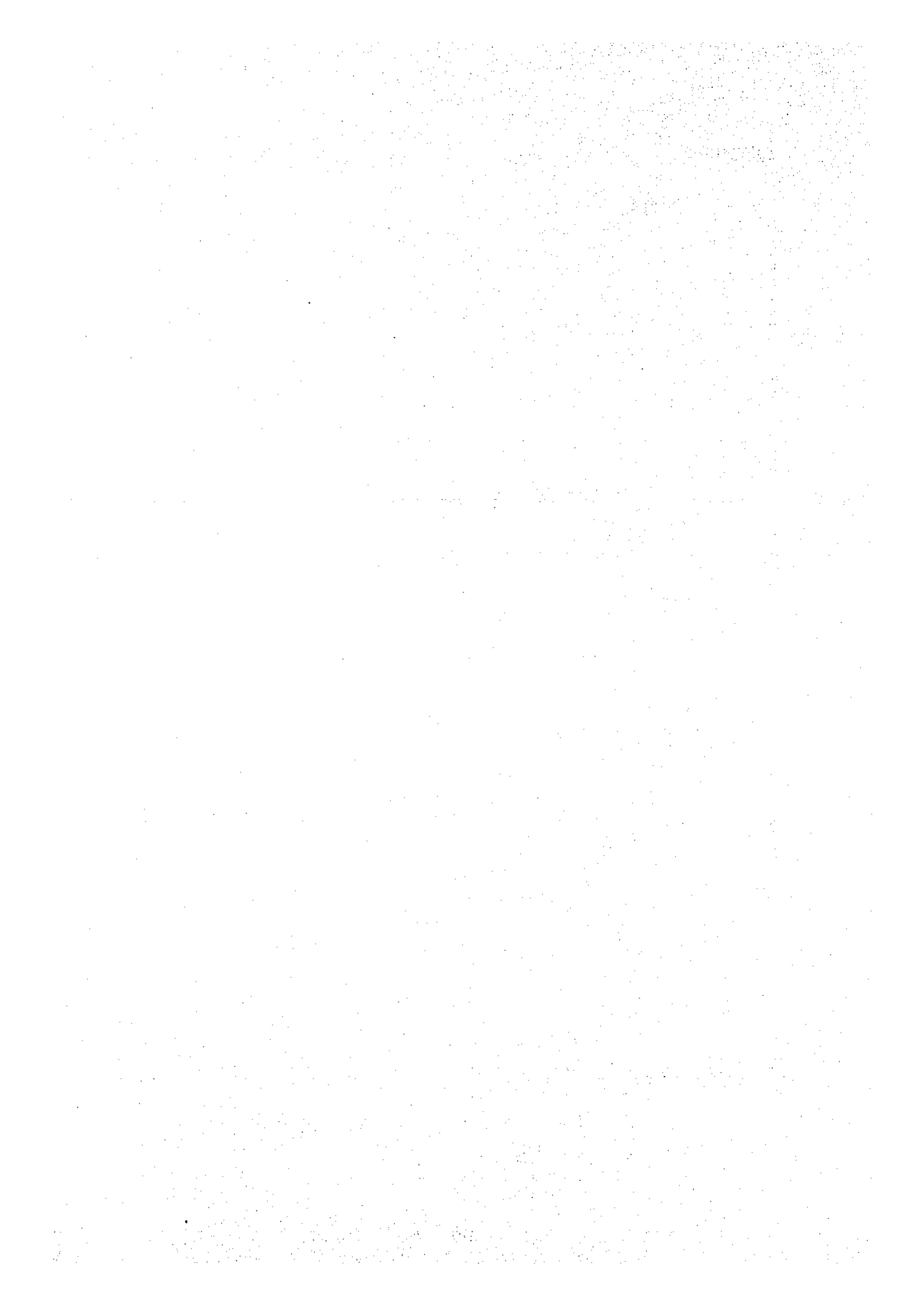
YEAR	REGIST. CODE	ITEM	AMOUNT
** YEAR 2530 (1987)			
2530	AH30M-0142-001	Micro Computer IBM,PC\XT Compatible CPU 640K	2
2530	AH30M-0142-005	Micro Computer NEC PC-98LT	2
2530	AH30M-0142-003	Micro Computer IBM,PC/AT CPU 512 KB on Bord	1
2530	AH30M-0123-001	Library Duplicator GAKKEN GOM-770	1
2530	AH30M-0142-002	Printer NEC,P-5	2
2530	AH30M-0142-004	Serial Printer NEC	1
2530	AH30M-0142-006	Printer NEC PC-PR102TL	2
2530	AH30M-0124-002	Xerox Machine XEROX 5990	1
2530	AH30M-0124-001	Xerox Machine RICOH FT 3020	1
2530	AH30M-0144-001	Laminate Machine L-320	1
2530	AH30M-0201-001	NISSAN Patrol Deisel	1
2530	AH30M-0803-001	Drum Set	1
2530	AH30M-0306-001	Conference Amp.Set PHILIPS LBB. 3351/00,3350/00,3300/00	1
2530	AH30M-0307-002	Cassets Tape Recorder NATIONAL RQ-J60	6
2530	AH30M-0406-001	Video Recorder & Player NATIONAL NV-G15EM	1
2530	AH30M-0801-003	Electric Bass Guitar PRO MAYANA	1
2530	AH30M-0804-001	Electric Guitar Amp. PRO MAYANA	2
2530	AH30M-0306-005	Equalizer NATIONAL WZ-9320N	1
2530	AH30M-0306-002	Power Amp. NATIONAL WA-1045N	3
2530	AH30M-0801-001	Electric Guitar PRO MAYANA	2
2530	AH30M-0307-001	Cassets Tape Deck NATIONAL RS-B49R	3
2530	AH30M-0306-004	Power Amp. NATIONAL WP-9201N	1
2530	AH30M-0314-001	Column Spk NATIONAL WS-910N	16
2530	AH30M-0806-001	Echo Tape KASTAM	1
2530	AH30M-0306-006	Wireless Amp. NATIONAL WX-800AC	2
2530	AH30M-0306-003	Audio Mixer NATIONAL WR-420N	6
2530	AH30M-0804-003	Electri Bass Guitar Amp PRO MAYANA	1
2530	AH30M-0804-oo4	Keybord Amp. RECORD	1
2530	AH30M-0805-001	Keybord CAS10 CZ-3000	1
2530	AH30M-0805-002	Electone YAMAHA FE-70	1
2530	AH30M-0314-003	Wall Mount Spk. WS-1650N	4
2530	AH30M-0313-002	Mic Stand NATIONAL WN-172N	15
2530	AH30M-0406-002	VHS Video Edit. NATIONAL AG6500	2
2530	AH30M-0401-001	Spot Meter PENTAX	1
2530	AH30M-0403-001	Automatic Glazing Dryer JAPO MR-3	1
2530	AH30M-0413-001	Portable Studio Set NATIONAL WVP-G1N-VS 100	1
2530	AH30M-0313-004	Wireless Mic WX-470A	8

YEAR	REGIST. CODE	ITEM	AMOUNT
2530	AH30M-0314-005	Speaker NATIONAL WZ-SS200	2
2530	AH30M-0311-003	TV Monitor 8" NATIONAL TC 800T	2
2530	AH30M-0314-006	Spk. Stand WN-200	2
2530	AH30M-0406-003	VHS Video Edit. Controller NATIONAL AG-A650	1
2530	AH30M-0314-007	Monitor Spk. WS-A10N	2
2530	AH30M-0311-002	TV Monitor/Reciver 26" NATIONAL TC AL 2600	2
2530	AH30M-0311-001	TV Monitor 20" NATIONAL BT-D200PSN	6
2530	AH30M-0310-001	Wirless TUNER national WX-D	4
2530	AH30M-0314-004	Outdoor Spk. WS-9050FN222	2
2530	AH30M-0314-008	Clear Hom Spk. Wt-715N	4
2530	AH30M-0313-003	Mic Stand NATIONAL WN-422N	3
2530	AH30M-0313-001	Dynamic Mic NATIONAL WM-D70	10
2530	AH30M-0701-001	Plate Automatic Processor	1
2530	AH30M-0701-004	Automatic Filme Processor DIANIPPONSCREN LD-220 QT	1
2530	AH28M-0701-001	Vaecum Printer DSP-73DL	1
2530	AH30M-0701-001	Printer KOMORI SPRINT-26	1
2530	AH30M-0701-002	Film Contact Printer DAINIPPON SCREEN P-617-FW	1
2530	AH30M-0302-001	Stable Electric Power Supplyer TODEN KA-100S	1

YEAR	REGIST. CODE	ITEM	AMOUNT
** YEAR 2531 (1988)			
2531	AH31M-0106-004	โต๊ะวางเครื่องคอมพิวเตอร์ ขนาด ๗๐X๗๐X๖๐	2
2531	AH31M-0106-001	โต๊ะวางเครื่องคอมพิวเตอร์ Moflex	5
2531	AH31M-0106-002	โต๊ะวางเครื่องคอมพิวเตอร์	4
2531	AH31M-0106-003	โต๊ะวางเครื่องคอมพิวเตอร์ ขนาด ๔๐X๖๐X๖๐	2
2531	AH31M-0113-002	ชั้นวางเอกสาร4ชั้น	2
2531	AH31M-0113-004	ตู้เก็บเอกสาร 12 ลิ้นชัก	0
2531	AH31M-0106-005	โต๊ะวางเครื่องคอมพิวเตอร์	8
2531	AH31M-0113-001	ชั้นวางหนังสือเอียง	2
2531	AH31M-0115-001	บอร์ดแสดงการใช้ห้องประชุม	1
2531	AH31M-0113-005	ที่วางเอกสาร	1
2531	AH31M-0113-003	ตู้เก็บเอกสาร 3 ลิ้นชัก	1
2531	AH31M-0308-001	Compact Dise Soney CDP-222ESP	1
2531	AH31M-0402-001	Video Camera NATIONAL M-5	1

YEAR	REGIST. CODE	ITEM	AMOUNT
** YEAR 2532 (1989)			
2532	AH32M-0125-001	Facimile MITSUBISHI FA 3300	1
2532	AH32M-0113-001	ตู้โชว์หนังสือขนาด .45x1.8x2 เมตร	1
2532	AH32M-0115-002	บอร์ดไม้ก๊อกขนาด 120x200 ซม.	1
2532	AH32M-0142-002	PC Multitech ACER 500+E	5
2532	AH32M-0142-001	PC Multitech ACER 500+D	6
2532	AH32M-0121-001	Type-Writer OLYMPIA SUPPERTYPE 230 BT	2
2532	AH32M-0124-001	Xerox Machine XEROX 5026	1
2532	AH32M-0142-003	Printer EPSON LQ-1050	5
2532	AH32M-0142-006	Printer EPSON LQ 2550	2
2532	AH32M-0142-007	MODEM FACAL-VADIC 2400 VP	3
2532	AH32M-0142-010	PC IBM PS/2 Model 60(041)	1
2532	AH32M-0142-009	PC Macintosh	1
2532	AH32M-0142-008	Tape Back Up 60 KB EMERAL	1
2532	AH32M-0125-002	Mobile Telephone DANCALL 7002 CK	1
2532	AH32M-0140-005	External Disk Drive 5 1/4" IBM	1
2532	AH32M-0142-004	Micro Computer ACER 910B+20	2
2532	AH32M-0142-012	PC EPSON J1 With Printer EPSON LX-800	5
2532	AH32M-0142-011	APPLE MACINTOSH FDD 3.5" Hard Disk 20 MB Screen Keybord	1
2532	AH32M-0115-001	บอร์ดไม้ก๊อก ขนาด 120x240 ซม.	1
2532	AH32M-0411-013	VIDEO(Mountain Fiolhs in Napal)	1
2532	AH32M-0411-012	VIDEO(Among the Village - People)	1
2532	AH32M-0411-011	VIDEO(Health by People in Japan)	1
2532	AH32M-0411-010	VIDEO(Grow up Children Strong and Health)	1
2532	AH32M-0411-009	VIDEO(Our Village, Our Future)	1
2532	AH32M-0411-008	VIDEO(The Struggle of Mather TB. Campaigns in Indonesia)	1
2532	AH32M-0411-007	VIDEO(And Approach to Community Development in Malaysia)	1
2532	AH32M-0411-006	VIDEO(Good Kasem and Clever Manee)	1
2532	AH32M-0307-001	TAPEDECK TESTWELL LB-02 With Headset	4
2532	AH32M-0411-005	VIDEO(Fighting on Aginst Tuberculosis)	1
2532	AH32M-0411-002	VIDEO(The Sea,Land and The People)	1
2532	AH32M-0411-001	VIDEO(Joining The People)	1
2532	AH32M-0411-003	VIDEO(For Your Beloved Baby)	1
2532	AH32M-0411-004	VIDEO(Song of Tomorow at Kilimanjaro)	1
2532	AH32M-0701-001	Automatic Colating Machine HORIZON AC-1200(120)	1

V その他



Lists of Research Projects

1982 – 1 –

	Title	Principal Investigator
01.	Nutrition Management in Densely Populated Urban and Suburb Communities.	Dr. Rujira Mangkalasiri Department of Social Medicine, Maharaj Hospital, Nakornrachasrima Province.
02.	Study on the Role of Village Health Communicators in Health Education.	Dr. Anan Menaruji Director of Ban Pai, Community Hospital, Khon Kaen Province.
03.	A Study of Methods and Approaches for Effective Community Participation in Primary Health Care.	Dr. Paichit Pawabutr Provincial Public Health Officer of Nakornrachasrima Province.
04.	Evaluation Study of the Impact of VHV's and VHC's Performance on Health Status of the Population.	Assoc.Prof.Dr. Orathai Sakdiswadi Departments of Medicine,Faculty of Medicine,Ramathibodi Hospital.
05.	Preliminary Study on the Role of Tambol Doctors in Primary Health Care.	Mr. Chairat Patanachareon Health Planning Division, Ministry of Public Health.
06.	Comparative Study on the Effectiveness of Training and Follow-up of Village Health Communicators in Nongkhai Province.	Dr. Tongchai Termprasith Director of Technical and Health Service Promotion Office, Nongkhai Province.
07.	The Role of Community Hospitals in Primary Health Care.	Dr. Samreung Yangkratoke Director of Sungnern District Hospital, Nakornrachasrima Province.
08.	Utilization of MCH Services by Married Women of Reproductive Age in Kalasin Province According to PHC Projects.	Dr. Uthane Jaranasri Provincial Public Health Officer of Kalasin Province.
09.	Provincial Health Information System Development and Provision of Primary Health Care Services through Health Volunteer System.	Dr. Thana Earkarna Provincial Public Health Officer of Samuthsongklarm Province.
10.	Study of Role Acceptance in Association with Rôle Performance Among VHV's in PHC Projects of Nakhonsawan province.	Dr. Soonthorn Tongkong Provincial Public Health Officer of Nakhonsawan Province.
11.	Collection and Analysis of Research Information on PHC Activities.	Dr. Pricha Deesawadi Director, Office of Primary Health Care Ministry of Public Health.
12.	Situation Analysis of Food & Nutrition Elements in PHC Activities.	Mrs. Vena Veravitaya Dr. Chawalit Santikitrungruang Dr. Sa-nguan Nittayarumpong Ms. Pattanee Vinitchakul

Title	Principal Investigator
13. Situation Analysis of Safe Water Supply and Basic Sanitation Elements in PHC Activities.	Assoc.Prof. Udom Kompayak Mr. Pitak Sirivatanamethanon Mr. Prateep Siripo Mr. Pulsak Pumviset
14. Situation Analysis of Health Education Elements in PHC Activities.	Dr. Banyat Atiburanagul Mr. Chamnong Aimsomboon Assist.Prof. Boonyong Kiewkarnka
15. Situation Analysis of MCH & Family Planning Elements in PHC Activities.	Assoc.Prof.Dr. Orapin Singhadej Dr. Vallop Thaineua Miss. Uthai Sirivattanan
16. Situation Analysis of Essential Drugs Elements in PHC Activities.	Assist.Prof. Romsai Klasoontorn Mr. Somporn Uthisampankul Mr. Kitti Pitaknitinan
17. Situation Analysis of Immunization and Control of Locally Endemic Diseases in PHC Activities.	Assist.Prof.Pornpan Boonyarattapan Dr. Swadi Ramabutr Mr. Chamroon Thammakrang
18 Situation Analysis of the Treatment of Minor Ailments and Simple Wounds in PHC Activities	Dr. Surakiet Archananupaph Mr. Sompong Chandharakun Dr. Wiputh Poolcharoen
19. Situation Analysis of Mental Health Elements in PHC Activities.	Dr. Supattana Dechatiwonges Na Ayudhaya Dr. Thanu Chatthananon Dr. Amporn Otakul
20. Situation Analysis of Dental Health Elements in PHC Activities.	Dr. Udom Tumkosit Dr. Radar Kasetsuwan
21. Screening, Follow up and Promulgation of Research Projects	Dr. Orapin Singhadej Dr. Sumlee Pleinbangchang Dr. Kraisid Tontisirin
22. Primary Health Care Care Strategies in Korat	Dr. Savai Bhramanee Vice Governor, Nakornrachasrima Province.
23. Research Publications	ATC/PHC

1983 – 1

	Title	Principal Investigator
01.	The Effectiveness of the Wire Broad-casting in Nutrition and Health Education : A Case Study of a village in Ubol-Rachathani Province.	Miss. Karnikar Omunae Department of Public Relation,Institute of Nutrition, Mahidol University.
02.	Comparative Study of Health Education through Mass Media and Individual Communication.	Dr. Paungpol Patrakorn Provincial Chief Medical Officer, Phetchabun Province.
03.	Outcome of Primary Orientation for VHV & VHC in PHC Programs of Kabinburi District, Prachinburi Province.	Dr. Somsak Narischat Director, Kabinburi Hospital, Prachinburi Province.
04.	The Effect of Fat Supplementation on Nutritional Status of Pre-school Children in Rural Southern of Thailand.	Miss. Sauvanit Ong-Roongruang Community Medicine Department, Faculty of Medicine, Songkla University.
05.	A Study on Excrets Disposal by Twin Chamber Digesters with Sand-bed.	Mr. Chaiwath Anantarungsee Chief; Sanitation Center Region 1, Saraburi Province.
06.	Identification of Simple Indicators for Use in PCM Surveillance at the Local Level.	Dr. Mandhana Prateepasaen Assistant Professor, Department of Nutrition; Faculty of Public Health Mahidol University.
07.	The Study of Alternative Nutritional Supplementary Programmes.	Dr. Wibhut Pulcharoen Director, Community Hospital, Dansai District, Loei Province.
08.	Current Situation of Selected Profile of Thai Mothers and Children in the Poverty Area of Amphur Doi-Saket ,Chiang-Mai Province.	Miss. Suntaree Panutat Department of Nursing, Faculty of Medicine,Ramathibodi Hospital, Mahidol University.
09.	The Cost-Effectiveness of Contraceptive Methods in Rural Communities.	Mrs. Kusol Soonthornthada Assistant Professor; Institute for Population and Social Research, Mahidol University.
10.	The Campaign of Basic Immunization Program in Ratchaburi Province.	Dr. Pramate Chayinda Provincial Cheif Medical Officer, Ratchaburi Province.
11.	Directed PHC Concept to the People through the National Broadcasting (1983). (1st year)	Dr. Supat Wanichakarn Department of Medicine, Faculty of Medicine, Mahidol University.
12.	The Impact of Mobile Health Unit on Primary Health Care Services.	Dr. Prapat Phisalaphong Chief; Social Medicine; Rajvithi Hospital

	Title	Principal Investigator
13.	A Study of Referral System through Primary Health Care in Nakornrachasrima Province.	Dr. Wichai Kattiyawitayakul Director; Community Hospital Jakkaraj District, Nakornrachasrima Province.
14.	Pilot Production and Distribution of Essential Drugs at Local VS. Central Level.	Mr. Somporn Utissampanthakul Pharmacist, Prakonchai Hospital, Burirum Province.
15.	Pilot Production Distribution of Anti-Flatulents at Local VS. Central Level. is her own problem.	Ms. Nanthana Pruekkumvong Assistant Professor, Department of Pharmacy, Faculty of Pharmacy, Mahidol University.
16.	Surveillance of Common Endemic Diseases in Nakorn-Pathom Province.	Dr. Pleng Thongsom Provincial Cheif Medical Officer, Nakorn-Pathom Province.
17.	Monitoring of the Community Mental Health Services in Nakornrachasrima Province.	Dr. Supol Rujirapipat Director, Jittavech Hospital, Nakornrachasrima Province.
18.	Appropriate Model and Technology of Common Intestinal Worms Control in Haadyai Villages.	Dr. Dilok Puvanan Cheif, Social Medicine, Haadyai Hospital
19.	Directed PHC Concept to the People through the National Broadcasting (1984). *(Secord year)	Dr. Supat Wanichakarn Department of Medicine, Faculty of Medicine, Mahidol University.
20.	Community Drug Dispensary 1983.	Mr. Vitaya Kulasomboon Pharmacist,Sungnern Hospital, Nakornrachasrima Province.

1984 — 1

	Title	Principal Investigator
01.	Acceptability and Nutritional Assessment of Supplementary Foods prepared from Banana and Legumes.	Mrs. Parichart Boonpikum Department of Nutrition, Faculty of Public Health, Mahidol University.
02.	The Effectiveness of Health Education on Changing of Knowledge, Attitude and Practice of Post-Partum Sterilization.	Ms. Pranee Soonthornsaduog Faculty of Public Health, Mahidol University.
03.	Measles Immunity after Vaccination in Thai Children at 9 months VS. 13 months of age.	Mrs. Pagakrong Lumbikanon Faculty of Medicine, Khon-kaen University.
04.	Evaluation of Basic Immunization and Motivation Technology for High Coverage of Immunization.	Dr. Sanga Boon-Umrung Director of Paholpolpayuha-Sena Hospital, Kanchanaburi Province. on going(change-office)
05.	The Appropriated Model for Controlling of Anemic Status of the Hook-worm Infested Children of various Degree.	Dr. Sri Srinophakun Department of Parasitology, Faculty of Public Health, Mahidol University.
06.	Study of Malaria Vector Control by Improving Sanitary Environment.	Dr. Chirasak Rojanapremsak Department of Parasitology, Faculty of Public Health, Mahidol University.
07.	Control of Liver Fluke Infestation by Community Participation at Kalasin Province.	Dr. Boonyium Keittivuti Department of Parasitology, Faculty of Public Health, Mahidol University.
08.	The Effectiveness of Training Para-Medical Personnel and Village Health Volunteer in Wound Care by Surgeon in General Hospital.	Dr. Vara Rojanahasdin Director of Ban-Pong Hospital, Ban-Pong District, Ratchaburi Province.
09.	Development of Essential Drug from Traditional Service (Canum Seeds as a Bulk Laxative).	Dr. Chanta Chaipanich Deputy Dean, Faculty of Phamacy, Mahidol University.
10.	Herbal Extract for Diarrheal Treatment.	Mrs. Malin Choolsiri Department of Microbiology, Faculty of Phamacy, Mahidol University.
11.	Study of Health Information System in the Committee of Sub-district Councils planning.	Dr. Samak Srichariya PCMO; Loei Province.
12.	Study of Basic Minimum Need as an Indication for Development of Urban Community.	Dr. Rujira Mongkalasiri Head, Community Medicine, Maharaj Hospital, Nakornrachasrima Province.
13.	The Development of Reactive Paper of Testing of Cholinesterase Activity in Blood Sample.	Dr. Chin-Osoth Husbumroe Director, Occupational Health Division, Ministry of Public Health.

1984 – 2

	Title	Principal Investigator
14.	Role of Health Volunteers in Immunization Programs.	Dr. U-Thai Chindapon PCMO, Pang-nga Province.
15.	The Study of the Development of Herbal Plants in School.	Mrs. Oranuch Puapatanakul School Health Division, Department of Health, Ministry of Public Health.
16.	Study of Effectiveness and Efficiency of IUD Campaign in Nong Khai Province.	Dr. Pichaiyo Wanasiri PCMO, Nong-Khai Province.
17.	Screening, Follow up and Promulgation of Research Project.	Dr. Orapin Singhadej ATC/PHC
18.	Study on Effectiveness of Training Tambol Doctor for PHC Service.	Dr. Prakrcm Woothipongse Director of PHC DIVISION,MOPH.
19.	Study on Surveillance of Diseases by Village Health Volunteers.	Dr. Prakorm Woothipongse Director of PHC DIVISION,MOPH.
20.	The Information Education, and Communication Development System the Primary Health Care Approach.	Dr. Prakrom Woothipongse Director of PHC DIVISION,MOPH.
21.	Case Study of Community Participation Approach in PHC.	Dr. Samreung Yang-Kratoke Director of Sung-Nern Hospital, Nakornrachasrima Province.
22.	Development of Teaching Module for Promoting of Breast Feeding in Songkhla Province.	Ms. Permsiri Nitimanop Prince of Songkhla University.

(Waiting for the complete report.)

1985 — 1

Title	Principal Investigator
01. Problems and Needs of Nurse Leaders in Supporting the Primary Health Care.	Miss. Jintana Uniphan Department of Nursing Education, Faculty of Education, Just on going Chulalongkorn University.
02. Factors Influencing the Progress Performance of the Community Fund to Primary Health Care Development.	Miss. Poonsuk Chanpen Regional Public Health Centre, Amphur Phra Phutthabat, Saraburi Province.
03. Comparision of Practical Model of Health Volunteer in the Primary Health Care in Urban of Nakornsawan.	Dr. Veera Phupattanakul Head of Social Medicine Division, Sawanpracharak Hospital, Nakornsawan province.
04. Study on Acceptance of Muslim Villagers Toward Oral Rehydration Salt (ORS) in Diarrheal Treatment.	Mr. Somsak Butaraj Director, General Communicable Diseases Centre, Songkhla Province.
05. Campaign for Prevention and Treatment Chronic Otitis Media in Buriram Province.	Dr. Siripongse Ekakhatajit, Otolaryngolegical Surgurly Buriram Hospital, Buriram Province.
06. A Case Study of Selected Agricultural in relation to Social Welfair Business with Special Reference to Supplementary Food for School Children.	Mrs. Suparb Maneemuang Chief; Research Section, Technical Division Co-operative Promotion Department.
07. Shallow Wells Water Quality Pesticides Cintaminated Area.	Mr. Suvich Emngem Sanitation Centre, Region 2, Cholburi Province.
08. Strengthening of Referral System for Supporting of PHC in Bua Yai District.	Dr. Sanguan Nittayarampong Director, Bua Yai Hospital, Nakornrachasrima Province.
09. A Pilot Study on the Utilization of Slow Sand Filtration as Appropriate Method to Treat Pond Water for Rural Community Water Supply..	Assoc.Prof. Udom Kompayalk Department of Environment Health Science, Faculty of Public Health, Mahidol University.
10. Surveillance and Control of Diarrheal Disease by Village Health Volunteers and Communicators in Samut-Sakorn Province.	Dr. Somkiart Cheaupetcharasopon Director, Kratumban Hospital, Samut-Sakorn Province. change office and stadying in U. S. A.
11. The Study of Health Card System Capacity on MCH Aspect..	Dr. Sompon Kusonlertchariya Director, Maternal and Child Health Center, Amphur Phol, Khonkaen Province.

	Title	Principal Investigator
12.	Follow-up Study and Promulgation of Research for PHC Development.	Assoc.Prof.Dr. Orapin Singkadej Deputy Director,Research Division ATC/PHC
13.	A Study on Operability and Water Quality of P.V.C. Hand-Pump Wells at Chana District, Songkla Province.	Assoc.Prof.Dr. Siwapon Uboncholakate Department of community Medicine, Faculty of Medicine, Prince of Songkla University.
14.	Effectiveness of Dental Health Behavior Between Two Models of Urban Primary Health Care in Nakhornsawan.	Dr. Duangpon Suntarajarn Dentistry Division, Sawan Pracharak Hospital, Nakornsawan Province.
15.	The Role of Hospital in Resolving Nutritional Problem among Pre-School Age in Urban-Slum Areas.	Dr. Vanlee Sattayasai Social Medicine Division Bhuddachinnarat Hospital, Pitsanuloke Province.
16.	*A Study on Perception of Illness, Health Service-*Seeking Behavior and Referral System in Government Health Services in Pitsanuloke Province.	Dr. Chatchawal Weeraphan Provincial Chief Medical Officer, Pitsanuloke Province.
17.	Health Education in Primary Health Care. (Mr. Boonyong, a mamber of ATC/PHC, takes responeibility)	Mrs. Orawan Sunwan. Cheey Technical-Services, Chaiyapum Provincial Public Health Office.
18.	Food Behavioral Patterns That Effect Opisthorchis Viverrine Infection in Northeastern Thailand.	Assist.Prof. Walaitip Sacholwijarn Department of Nutrition, Faculty of Public Health. Mahidol University.
19.	Development of Village Health Information Model for Primary Health Care by Family Head Reporting.	Dr. Arun Saiphet. Samutsongkram Provincial Chief Medical Office. they are wailing for pressentation.
20.	Knowledge, Perception, Congruency of Expected Role and Actual Role of the Nurses in Primary Health Care.	Mrs. Nanthana Rangchangkul Health Training Division, Ministry of Public Health.
21.	Work Load Study of Tambon Health Worker in Supporting Primary Health Care : Preliminary Study.	Dr. Pricha Deesawasdi Principle Medical Official, Office of Permanent Secretary of State, Ministry of Public health. (Mr. Angart Take Reposibility)

	Title	Principal Investigator
22.	Values and Other Psychological Factors and Primary Health Care Service Involvement and Utilization Among Thai Rural Villagers.	Assoc.Prof.Dr. Prapapen Suwan Department of Health Education, Faculty of Public Health, Mahidol University.
23.	A Study on the Control of Malaria Vectors by Means of Environmental Modification and Manipulation.	Assist.Prof.Dr. Jirasakdi Rojanapremsuk Department of Parasitology, Faculty of Public Health, Mahidol University.
24.	Public Health in Thailand : Its Problems and Solution.	Dr. Prapont Piyaratt NESDB, Office of Prime Ministry.
25.	Simplified Index for Assessment of Dental Caries Status. （決定後に放棄した）Canceled	Dr. Tui Youngnoi Lecturer, Department of Epidemilogy Faculty of Public Health, Mahidol University.
26.	Utilization Behavior in Community Essential Drugs Fund : A Case Study.	Mr. Udom Sritipayas Faculty of Tropical Medicine, Mahidol University.

1986－1 Title	Principal Investigator
	(Problom in research tools)
(01) Development of Siam Cardamom in Pharmaceutical Preparations.	Mrs. Pisamai Thiptanasup Department of Pharmaceutical Chemistry Faculty of Pharmacy, Mahidol University.
02. A Study of the List and Usage of Essential Drugs from the Medical Cooperative in North-Eastern Region, Thailand.	Mr. Wimol Pukwilai Health Worker School, College of Public Health Khon Khaen Province.
03. The use of Family Folders as the Source of Health Information at Community Level.	Dr. Tawekiat Boonyapaisarncharoen Somdej Prasunkaraj Hospital, Ayudhaya Province.
04. A Comparative Study of Knowledge, Attitudes, and Practices of Villagers toward Health Education through the Village's Spread News Center, the Village's Reading Center, and the People Who realize about Health in Kalasin Province.	Dr. Yingson Srithong Provincial Chief Medical Officer, Kalasin Province. Pooblem:Now, studying for doctoral degree U. S. A.
(05) Pattern and Determinants of Medical Case Service Utilization in Rural Thailand : A case study in Nakorn Sawan Province.	Assist.Prof. Uraiwan Kanungsukkasem Institute of population and Social Research, Mahidol University.
06. The Provision of Essential Drugs at Community through Medical Cooperative.	Dr. Sompong Sudsog Provincial Chief Medical Officer, Angthong Province.
07. Study on Effectiveness of Dental Health by Community Organization.	Dr. Paitoon Saisanguansat Maechan Hospital, Chiangrai Province.
08. The Comparison between the New Model of Health Service the Extended O.P.D. and 10-bed Community Hospital.	Dr. Samreung Yangkratoke Director of Sungnem District Hospital Nakornrachasrima Province.
(09) Village Organization Networking as a Strategy to Increase the Efficiency of Primary Health Care Implementation.	Mr. Somporn Fuangchan 脳梗塞で病臥中 Faculty of Management Sciences, Prince of Songkla University.
10. Measurement of Health Level in Health Card Fund Project Samutsakorn province.	Mrs. Yupaphant Janmaeka Chief of Advertise Training and Service Promotion Section, Provincial Health Office, Samutsakorn Province.
11. Effects of Efficient Tooth-brushing that Combined with Scaling Compare to Efficient Tooth-Brushing alone in Decreasing Gingivities of the Rural Primary Student.	Dr. Sunee Wongkongkathep Phon Hospital, Khon-Khean Province.

1986 – 2 Title	Principal Investigator
12. Method Developing Administration System of District Health Office. Chanyed reseach design	Dr. Ruangrith Kasemsup Provincial Chief Medical Officer Lopburi Province.
13. Efficiency of Postural Correction and Early Self Treatment of Agriculture Low Back Pain in Donjang Village Ratchburi Province.	Mr. Suchai Tummahagin Physical Therapist, Physical Therapy section, Ratchburi Province.
14. The Role of the Buddist Monks in Health Education and Primary Health Care Activities Supports.	Dr. Chamaiporn Santikarn Director of Community Hospital, Hod Hospital, Chiangmai Province.
15. The Strengthening of PHC Activities through Continuing Health Education.	Mrs. Sumarng Maneewon Nursing Department, Ramathibodi Hospital, Mahidol University.
16. A Study on Effectiveness of Trained about Physical Examination of Tambols Health Workers in Screening Patients in Health Card Project.	Mr. Suwat Tientong probloin:chanyc office Director of Technical Promoting and Public Health Service Office, Suphanburi Province
17. The Impact of Establishment of a Village Drug Fund: Case study in Krathumban District, Samuthsakorn Province.	Mr. Chaiyant Orpoom Krathumban District Health Officer, Samuthsakorn Province.
18. Follow up Evaluation and Promulgation of Research Project Funded.	Assoc.Prof.Dr. Boonlert Leoprapai Deputy Director, ATC/PHC Mahidol University.
19. The Efficiency in Management of Village Development Funds Committees : A Case Study of Phang-nga Province.	Dr. U-thai Jindapol Provincial Chief Medical Officer Phang-nga Province.
20. Work Efficiency of VHV/VHC in Disease Survillance and Vital Stratiegies Collection : A Case Study of Phang-nga Province.	Dr. U-thai Jindapol Provincial Chief Medical Officer Phang-nga Province.
21. Community Drug Dispensary 1986. Sungnern Hospital, Nakornrachasrima Province.	Mr. Vittaya Kulsomboon Sungnern Hospital, Nakornrachasrima

He concluded two year-projects togefher because

he got 2 grand aid (Separate 1st and 2ud year)

1986 — 3

Collaborative Researches with Regional Training Centre for Primary Health Care Development (RTC) in Series 5/1986

Title	Principle Investigator
22. The Behavior Performance of Drinking Water Consumers in Kalasin Province.	Dr. Yingson Srithong Provincial Health Office Director, Kalasin Provinces.
23. Comparative Study of Knowledge, Attitude, and Performance of Health Volunteers toward Expanded Programme on Immunization in Mahasarakham Province.	Dr. Paskorn Chaiyaseth Director of Chiang Yuen Hospital, Mahasarakham Province.
24. A Comparative Study of Health Education Achievement for Out-patient in Community Hospital by Audio Visual Tools.	Dr. Weraphan Suphanchaimat Director of Banphai Hospital, Khon Khaen Province.
25. Can Health Card Programme enhance the Referal System? A Comparative Assesment.	Dr. Somyos Charoensak Director, the Office of Technical and Health Service Promotion, Roi-et Province.
26. Study on Cost-effectiveness of Campaign for Latrine Construction Programme in Pang-Nga Province.	Dr. Anake Koisomboon Chief of Planning and Evaluation Division Provincial Health Office, Pang-Nga Province.
27. Comparative Study on The Influencing Factors on The Application of Health Card.	Miss. Urai Phungprasertsil Chief of Health Education and Training Unit, Provincial Health Office, Choomporn Province.
28. Mother's Food Habit in Second Half of Prenancy Effects on Infants Birth Weight.	Mrs. Warinee Opasnun Chief of Health Education and Training Unit, Provincial Health Office, Phayao Province.
29. Factors effected The Treatment of The Drug Addict in The Hilltribe of Prae Province.	Dr. Mongkol Na Songkhla Provincial Chief Medical Officer, Prae Province.
30. Factors Related to Community Participation in Primary Health Care.	Lieutenant-Colonel Dr. Thavorn Pattayarug. Provincial Chief Medical Officer Chachoengsao Province.
31. Performance of The Leaders on the Implementation of Nutrition Programme in Panatnikom District, Cholburi Province.	Mr. Punya Kerathihatayagon Director, the Office of Technical and Health Service Promotion, Cholburi Province.

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