WIEGO Women in Informal Employment Globalizing and Organizing

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Integrating Occupational Health into Public Health Provision: The Case of HomeNet Thailand

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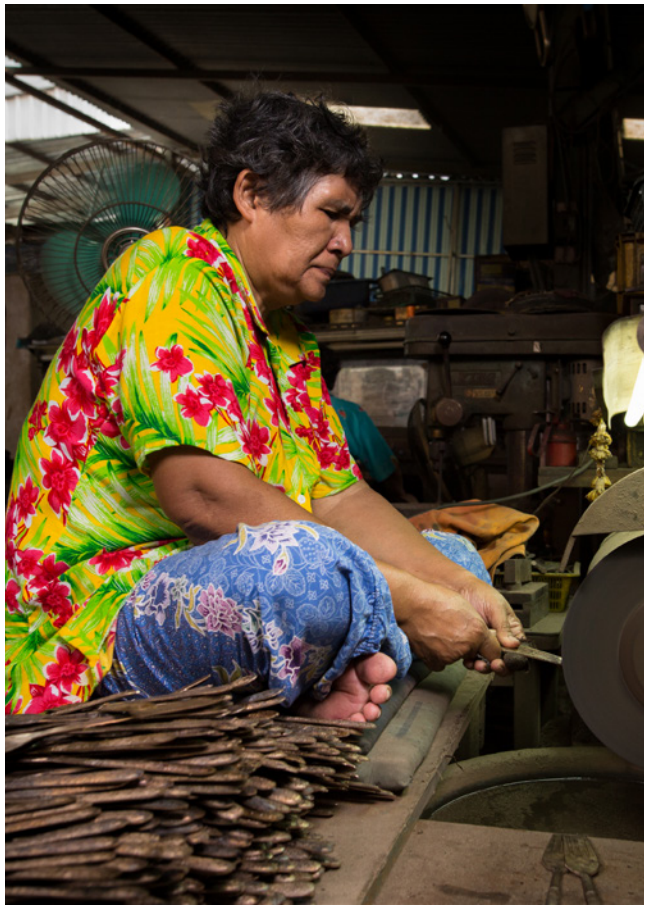
Introduction

Since the introduction of its Universal Coverage Scheme (UCS) in 2007,[2] which provides free access to health services for those without access to the national social security schemes, Thailand has been a world leader in promoting progressive and more equitable health systems (Pitayarangsarit 2005). Although the UCS is not entirely free of problems (Namsomboon 2011), it has had impressive results, with health indicators that far exceed regional averages and approach those of several developed countries (WHO 2016). Particularly striking is the high level of public support for the scheme; the results of a survey conducted by the National Statistical Office in Thailand in 2003 revealing that an overwhelming majority (97 per cent) of the sample were satisfied with the UCS, and almost 91 per cent wanted it continued (Doane et al. 2006). Recent attempts to reform the system, including greater private sector involvement, have led to widespread social mobilization in defence of the scheme.

Although improved access to health services has certainly contributed to this public support, there is another important aspect that has been integral to the scheme's success: the participatory approach to policy development and implementation that was adopted by the advocates of universal healthcare in Thailand (Alfers & Lund 2012). Civil society groups were extensively involved in the campaign for the UCS and have continued to be included in its implementation and monitoring. It was through this original civil society involvement — led by an alliance of nine civil society organizations working with academics and public health professionals — that an organization



Samnvay Tocharoen works in a small factory producing bronze silverware. The work poses a number of health and safety issues, which the group, as members of HomeNet Thailand, have been addressing. Photo by Paula Bronstein/Getty Images Reportage (2015).

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[2] The UCS was preceded by the 2002 30-Baht Scheme, which required citizens to pay a nominal fee of 30 Baht (approx. US$1) to access health services.

of informal home-based workers, HomeNet Thailand (HNT) — became involved in the UCS. The majority of HNT's members are women involved in the home-based production of goods, including, but not limited to, food, clothing, soft toys and traditional crafts.

Each of the partners brought to the alliance their specific interests which they addressed within the broader goal of pushing for universal health coverage. For HNT this was the promotion of Occupational Safety & Health (OSH) for informal workers. While formal workers in Thailand have access to OSH services under the Department of Labour, for the almost two-thirds of workers in Thailand who are informal, there are no such services available. HNT has therefore worked with the UCS and other partners to implement projects to promote the integration of OSH into health services. While, to date, the integration of OSH into the UCS system has not occurred on a large scale, HNT continues to pilot innovative ideas. This case study focuses on two of these initiatives — the setting up of an OSH "node" within the UCS at Photoram Hospital in Ratchaburi Province, to the west of the capital city of Bangkok, and assisting organizations of informal workers to access the UCS's Local Health Security Funds to promote OSH.

Staff from the Occupational Health Unit at Photoram Hospitaal collecting feedback from their network of Occupational Health volunteers. Photo: Laura Alfers

Background to the Interventions

The UCS scheme is overseen by the National Health Security Board, which is attached to the Ministry of Health. The National Health Security Board is the source of funding for the system, which is largely derived from public funds, and allocated to health facilities on a per capita basis. HomeNet Thailand members currently sit on the Board as civil society representatives. Since the start of the health reforms in the early 2000s, which ultimately led to the institutionalization of the UCS, HNT has pushed for additional occupational health benefits for informal workers. HNT's involvement in OSH began in 2001 when it was supported by the Health System Research Institute to study the OSH needs of six informal economy sectors. Later, in 2002, with the International Labour Organization (ILO) and Mahidol University, it developed a Work Improvement for Safe Home (WISH) manual to train home-based workers in basic health and safety interventions. Between 2004 and 2007, it was supported by the Health Promotion Foundation to promote OSH among home-based workers in 17 provinces of Thailand.

These projects have heightened the organization's awareness of OSH as a key issue for informal workers. It argues that, although 50 per cent of the population who benefit from UCS are informal workers, the scheme fails to see that they have special health needs related to the nature of their work and their working environments. HNT has formulated a list of worker-specific demands directed at the UCS, including:

- Annual health check-ups for members of occupational groups with high work-related risks
- A monitoring service and system for workers' health to improve data collection and surveillance of occupational ill-health

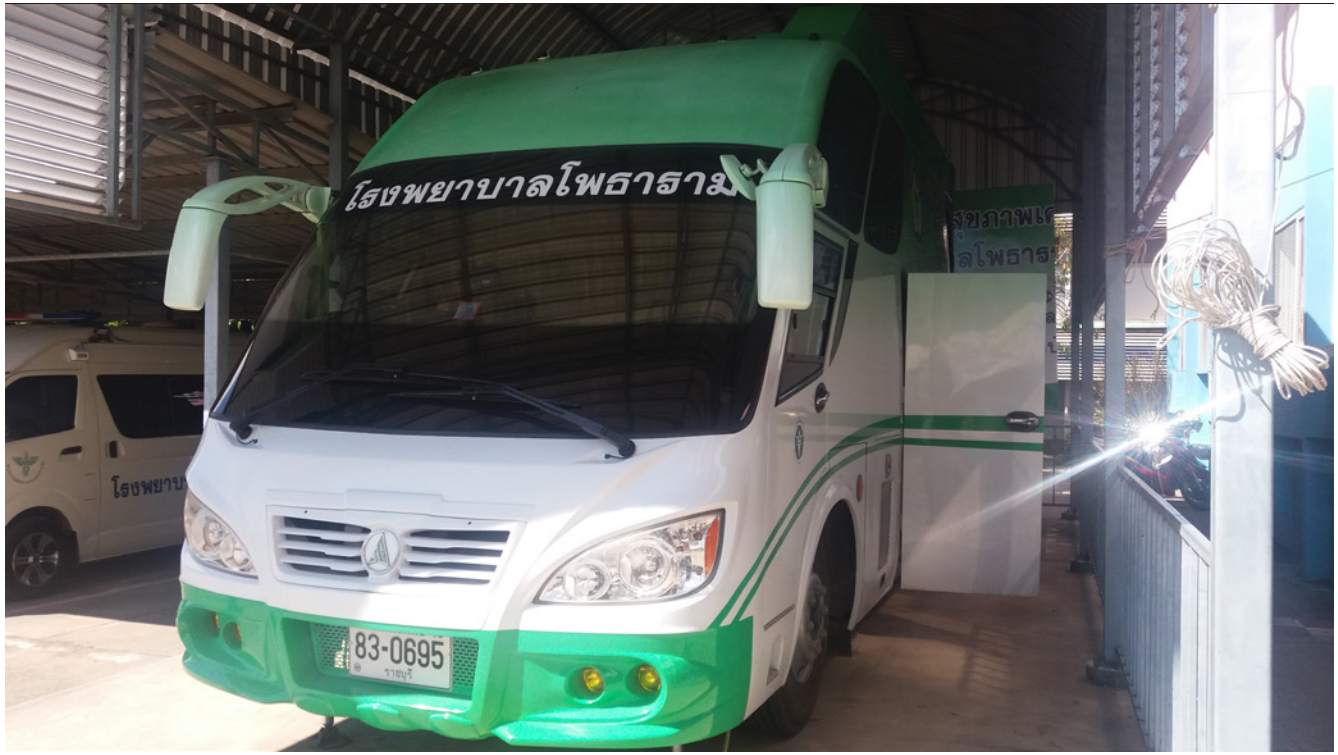
- Development of sector-specific or occupation-specific schemes providing preventive, curative and rehabilitative services to workers.

While these demands have yet to be taken up by the UCS, a pilot project on the integration of OSH was initiated between 2012 and 2014, when the National Health Security Office (NHSO) agreed to provide funding from its Health Promotion Fund (which derives its funds from "sin taxes") under a scheme called "Promotion and Prevention for Workers." The objectives of the pilot were to provide OSH knowledge and promote preventative health measures among informal workers, and to facilitate the implementation of OSH promotion activities by primary health care units in 12 district hospitals (Tulaphan 2014). A third objective was to support informal worker organizations in gaining access to Local Community Health Funds (LCHFs) so that they could promote OSH activities (Tulaphan 2014). LCHFs were set up by the NHSO, with co-funding from local municipalities, to provide funding for civil society groups interested in health promotion and prevention activities. While the pilot project is now officially completed, HNT continues to build on the partnerships developed through it.

The Photoram Hospital Intervention

HNT's first engagement with Photoram Hospital in Ratchaburi Province was in 2007 through a joint project with the local municipality to understand the occupational health risks of farmers and beauticians working in the area. This collaboration was established through the Promotion and Prevention for Workers Health Initiative. While five district hospitals actively collaborated on the original project, it was only Photoram — as a secondary level hospital with its own Occupational Health Unit — that had both the capacity and interest to act as an OSH node to support other hospitals and primary care units integrating occupational health. The hospital's goal is to become a good practice "learning station" for Thailand from which other health facilities interested in extending their OSH services to informal workers may learn. Since 2014, the hospital has successfully recruited four other district hospitals into the OH network through training and learning exchanges.

Working together with HNT's members, the hospital provides clinical services, occupational health and safety assessments, and training and support for approximately 300 to 500 home-based workers in the area. The process of engaging with the workers is structured around a model developed by the hospital, which has five key activities: "plan, do, study, check, action." This includes work site visits with staff assisting workers to do a self-evaluation of health and safety using WISH and other tools. The self-evaluation is complemented by a job analysis to understand better how the work process impacts on health. Afterwards, hospital staff and workers come together, and the hospital runs a training session on the prevention and/or mitigation of workplace risks. As often as possible, this engagement begins with a basic clinical occupational health check-up (including spirometer, hearing and vision tests, as well as tests for cholesterol, blood sugar,

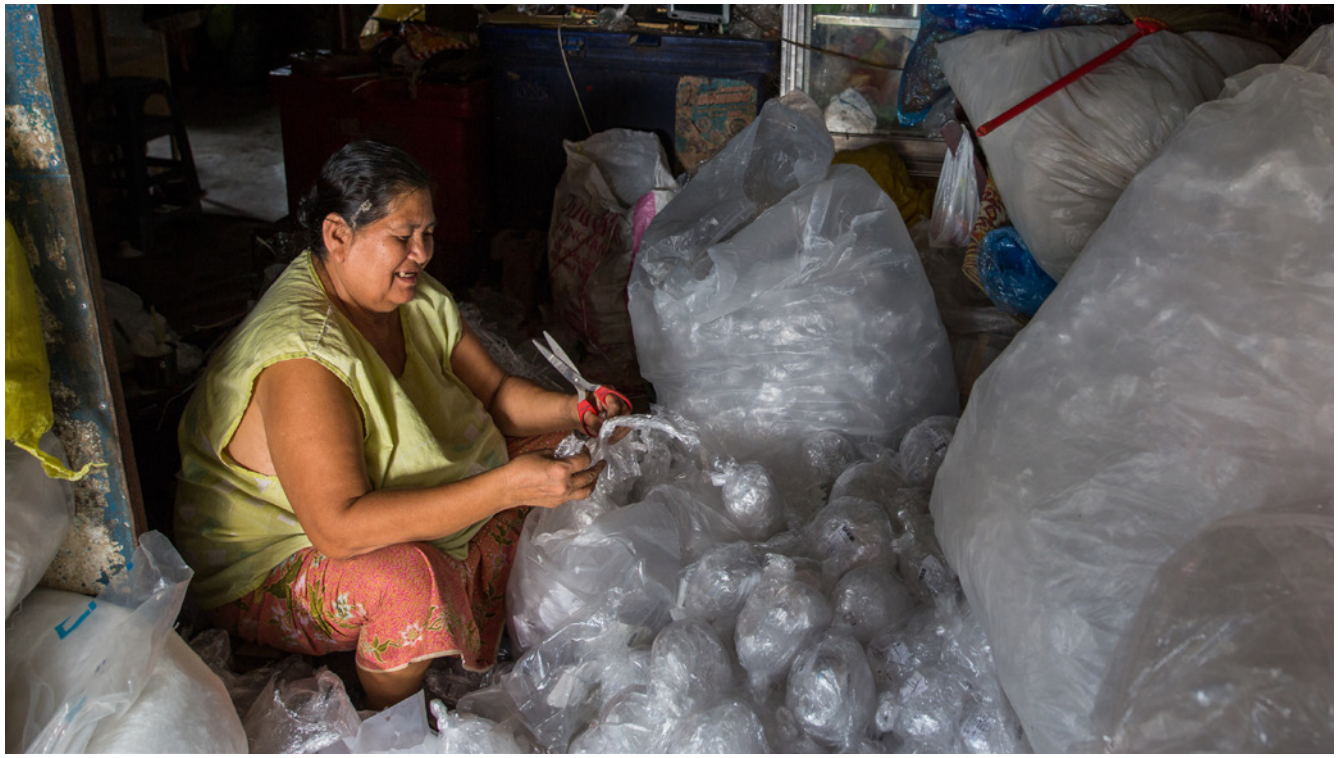


The mobile clinic which has been used by Photoram Hospital to provide basic health checks to informal workers near their places of work. Photo: Laura Alfers

blood pressure and the presence of harmful chemicals) which the hospital attempts to hold annually when funds permit. When available, the check-up is done using the hospital's mobile health unit, which means that it can be done at a location close to workplaces, rather than workers having to spend income-earning time at the hospital itself. Using these check-ups, the hospital is furthermore able to maintain a database on informal workers' health.

The hospital also coordinates and provides training and support to a network of 30 local occupational health volunteers. Health volunteers have been a part of the Thai health system for the last 20 years. These volunteers are tasked with promoting better health behaviours in their communities. There is a small stipend of 600 Baht (approx. US$20) per month attached to the role, although the monetary rewards are not the main reason why people become health volunteers. For most health volunteers the role is about a sense of duty and giving back to their communities. It also has status attached to it — health volunteers are often seen as community leaders. Occupational health (OH) volunteers are less common, and do not receive the stipend. They focus more specifically on promoting practices which reduce health and safety risks, providing basic advice, performing workplace inspections, and encouraging workers to attend medical assessments when they are available. Each of the 30 OH volunteers attached to Photoram hospital is responsible for about 10 households, meaning that they cover approximately 300 home-based workers in total.

Many, although not all, of the OH volunteers are themselves informal home-based workers and members of HNT, and they work in different ways according to their own circumstances. For example, one of the OH volunteers, who is herself a home-based worker, uses peer-to-peer learning techniques to connect with a group of eight other workers. Due to her work schedule, she goes out to see these workers about three times a month and shares her own experiences of improving her own workplace with them using peer-to-peer learning methods. Another of the OH volunteers is a successful businesswoman who owns a soft toy factory, subcontracting to about 40 home-based workers in the production process. She promotes OSH not only in her own factory, but also among her producer network, combining product inspection visits with health promotion, advice, and the provision of basic protective equipment. Her factory is now considered a "model factory" and is used by the hospital as a good practice example.



Male Chumkate sorts plastic in the garage of her suburban Bangkok home. Small waste-sorting factories are common in this remote area of the city. Ananya is required to remove tape from used plastic bags so that it can be recycled. This tedious work earns her just 200-300 baht per day and can often cause skin rashes and irritations. Photo by Paula Bronstein/Getty Images Reportage (2015).

At a report-back session run by the hospital, OH volunteers reported some successes. Despite their interactions with other workers being limited to a few times a month because of busy work schedules, these interactions happen on a sustained and consistent basis. Health messages are continually reinforced, and as a result, the OH volunteers have started to see workers recognizing the value of protecting their health and adopting safer and healthier methods. Volunteers reported that some workers had reached out to other workers to encourage better OSH. They also noted that workplace improvements and

improved health behaviours in the home protected not only the health of the individual worker, but also of their families. Healthier and safer home workplaces meant that the health of the children in the home were better protected, and improved health behaviours — such as taking light exercise — for the whole family. "It's good to see your advice being taken," said one of the volunteers.

The Photoram Hospital initiative is a good example of what can be achieved in extending OSH to informal workers. It also shows the importance of partnerships between different stakeholders — in this case, an organization of informal workers, a larger scale contractor, the national health system, and dedicated hospital staff. Staff at Photoram hospital said that they continue to be surprised by how much informal workers want to be part of health promotion efforts.

The Local Health Security Funds

The Local Health Security Funds (LHSFs) were set up by the NHSO, in collaboration with local municipalities, to provide opportunities for a wider variety of civil society groups and organizations — from public hospitals and primary health care clinics, to schools and community associations — to manage their own health-related activities.[3] Groups, including informal worker organizations, can apply directly for funds from the LHSF. In the past, several organizations of informal workers have applied to the LHSFs in order to promote OSH interventions. For example, a farmers' cooperative in Kanchanaburi Province has supported blood tests for group members to raise their awareness about exposure to chemical fertilizers and pesticides. Homeworker groups who produce fishing nets in Khon Kaen city and shoemakers in Surin province have used funds for OSH training and health check-ups. In Supanburi province, home-based workers used the fund to host aerobics classes (Samantrakul et al. 2017). This activity has not only helped to relieve work-related stress, aches and pains, it has also strengthened relationships among cooperative members and raised awareness of workplace health and safety. In this way, the LHSF represents a remarkable, decentralized mechanism for OSH promotion for informal workers.

However, it is not always easy for informal worker organizations to access the LHSFs. Indeed, few "peoples' organizations" are able to do so. Workers or other community leaders frequently lack awareness and information related to the LHSF, and others are too intimidated by the application process. Municipalities are not always helpful — some officials even discourage peoples' organizations from applying. Today, these organizations are the least likely to apply for or to access the fund, and a significant portion of the budget goes unspent each year (Samantrakul et al. 2017). Under their latest OSH initiative, HNT is trying to bridge this gap and empower informal workers to access the fund. In 2017 it trained 50 workers from 25 municipalities across Thailand's four regions on fund regulations, administration and application procedures. In 2018, 26 out of the 50 groups were successful in obtaining funding for their chosen activities — a great achievement as this is the first time that organizations of informal workers have submitted proposals.

The training courses run by HNT bring together several different groups of informal workers, from farmers to home-based workers involved in several different sectors. Most of the groups attending the training have previously been supported by HNT when diagnosing the prevalent health and safety risks in their sectors — as a result, there is a basic knowledge of intervention needs. During the training sessions, workers begin to design activities geared towards their specific occupational challenges. Also present at the training sessions are municipal representatives, health professionals from local health facilities, and sometimes a member of the LHSF management committee. These additional resource people are able to provide training and advice on the correct application procedures and offer valuable advice and feedback in advance of application submissions. HNT encourages its members to seek appointment to LHSF committees as a way in which to raise the profile of informal workers within the community.

The activities proposed by the informal worker groups varied widely. Recently, HNT has begun to work with fish snack producers. Because this is the first time they have engaged with OH issues, their group proposed an initial diagnosis of work-related hazards. Their proposal was successful and in 2019 they will collaborate with Ratchaburi Hospital to achieve their goal. Seafood shellers successfully proposed a collaboration with Photoram Hospital and experts from Mahidol University to analyze their current work postures and develop healthier alternatives. This group will now provide a model example on how to improve work postures and work stations. In Pattani province a group of women garment workers have been successful in getting approval for an OSH training targeted at their specific work practices, and in the same province rubber plant farmers will be receiving training on the prevention of chemical hazards.

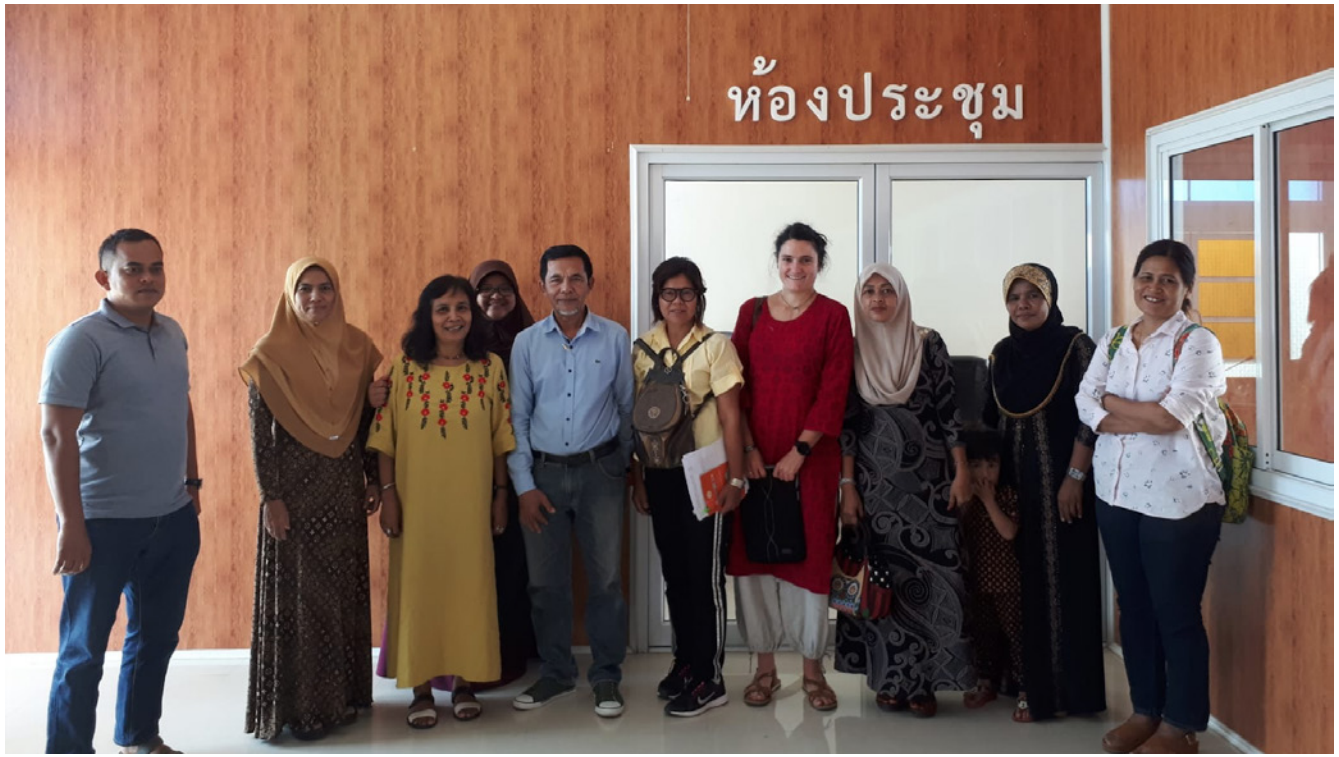
There is a lot of competition for these funds — family health care is always the priority for this funding, with 35-40 per cent of the total budget allocated to peoples' organizations. Within that 35-40 per cent there is competition between different civil society groups, which means that worker issues often struggle for priority. For example, care of the elderly is always a popular community issue and often supersedes work-related health concerns. This means that there is no guarantee that the informal worker organization will receive funding from the LCHF for their proposed activities. Furthermore, internal political dynamics within the municipality and the status of certain

[3] The LHSF only funds activities, not for equipment or supplies.

occupations has meant that not all proposals have been successful. For example, a group of blanket makers in Supanburi who put in a proposal were denied funding because their job changes with the seasons. Despite these challenges, informal workers' chances are certainly enhanced by following the correct application procedures and HNT's thorough proposal review process before the applications are finally submitted.

Challenges and Future Directions

This case study has provided a brief overview of the collaboration between an organization of informal workers — HomeNet Thailand — and the state public health system in extending OSH to informal workers. These interventions are certainly bringing practical benefits — helping to promote safer and healthier work practices among informal workers and, at the same time, bringing workers together and strengthening their organizations. However, many challenges remain. OSH is far from institutionalized within the UCS, which means that, outside of the relatively small amounts provided under the LCHF, there is no consistent source of funding for activities. While both HNT and Photoram hospital support the work through their regular budgets, there is little extra money for training and extending the network of OH volunteers to promote behaviour change, or for assisting informal workers to purchase protective equipment such as masks and gloves. It also means more expensive activities like annual occupational health checks — which are available to formal workers through the social security scheme — are not consistently available to informal workers. Without this systematization, informal workers on the whole are left without adequate OSH support, meaning that if they try to improve their health and safety at work, they bear the full cost themselves. This is difficult for informal workers, many of whom are struggling to earn an adequate income.



HomeNet Thailand and WIEGO representatives accompanying the Muslim Women's Garment Association members to their local municipal offices in Pattani Province to discuss the details of their successful grant from the Local Health Security Fund. Photo: HomeNet Thailand

HNT have for several years used their position as one of the original nine advocacy organizations, as well as their position on the NHSO, to argue for the more systematic integration of OSH for informal workers into the UCS. Every year at the NHSO public hearings, HNT has attempted to convince them of the importance of integrating a basic benefit package for informal workers, and every year they are unsuccessful. According to Suntaree Saeng-Ging, who heads up HNT's health work, the organization has faced three main challenges in this respect. The first is workers in the informal economy often do not have identifiable employers who are able to contribute financially to extending the services of the health system to occupational health. For example, it is the employers of formal workers who pay for mandatory annual occupational health check-ups through the UCS. This brings in extra income to health facilities, but as there is no such contribution from informal workers, this often makes health facilities unwilling to engage. The second key issue is that it is not possible to extend services nationally as there are simply not enough trained occupational health professionals —

doctors or nurses — within the UCS. Furthermore, primary health care units are already overloaded with work, and often cannot take on additional OSH responsibilities. This links into the third and final point — that OSH tends to be considered as a low priority within the public health profession. The NHSO prioritizes health issues such as HIV/AIDS, which are considered more high profile and interesting from a medical perspective, as well as curative interventions which can be more easily quantified. "Every year we engage at NHSO hearings on the benefit package and it's like a beauty contest," says Saeng-Ging. "We often pass the second round, but never make it further. OSH is like the ugly sister of public health."

Despite these challenges, HNT continues its mission to promote OSH. "Photoram Hospital shows us that it is possible for the UCS to work with informal workers through the ordinary system," says Saeng-Ging. This is an idea that the organization will continue to advocate for in its engagements with the health system. Ultimately, HNT would like to see the Photoram become the centre of a national OSH network. The organization also sees the importance of connecting with other state bodies. It was noted by the OH volunteers that there was a real need to draw municipalities into supporting the work. Not only are they central in controlling factors such as housing, water and sanitation, but they could also provide additional financial resources and develop local employment schemes to assist workers to purchase more expensive, but less hazardous, production inputs. Additionally, municipalities could also play an important role in developing positive reinforcement policies, for example by providing incentives to local farmers who reduce their use of the most toxic chemicals and ensuring the use of protective equipment. The Department of Labour is another state institution which could to assist with this work. Saeng-Ging believes that it is also necessary to raise the profile of OSH nationally through campaigns. "The Prime Minister promotes exercise and so on, and people now realize that not getting enough exercise is a problem. But workers are always forgotten. They're just not automatically in people's minds."

References

Alfers, L. and Lund, F. 2012. Participatory Policy Making: Lessons from Thailand's Universal Coverage Scheme. WIEGO Policy Brief No. 11. Cambridge, MA: WIEGO.

Doane, D., Ofreneo, R., Jirapatpimol, B. and Research Teams of PATAMABA and HomeNet Thailand. 2006. Social Protection for Homebased Workers in Thailand and the Philippines. REGAN, Quezon City, Philippines.

Namsomboon, B. 2011. Social Security of Women Home-Based Workers in Thailand. Unpublished PhD thesis. Asian Institute of Technology, Bangkok, Thailand.

Nitayarumphong, S. 2006. Struggling Along the Path to Universal Care for All. Nonthaburi: National Health Insurance Office.

Pitayarangsarit, S. 2005. The Introduction of the Universal Coverage of Health Care in Thailand: Policy Responses. PhD Thesis, London School of Hygiene and Tropical Medicine.

Samantrakul, C, Reed, S.O. & Saeng-Ging, S.H. 2017. "From blood tests to aerobic dance: Training improves workers' access to new Thai Health Fund – and their ideas are inspiring." WIEGO Blog Series, available at: http://www.wiego.org/blog/blood-tests-aerobic-dance-training-improves-workers%E2%80%99-access-new-thai-health-fund-%E2%80%93-and-their-id.

Tulaphan, P. S. 2014. Experiences from a pilot project on OSH promotion for informal workers under the National Health Security System in Thailand. Presentation prepared for the workshop on Approaches to Universal Health Coverage and Occupational Health and Safety for the Informal Workforce at the National Institute of Medicine, Washington DC, July 29-30th.

WHO. 2016. Global Health Observatory: Thailand. Available at: https://www.who.int/countries/tha/en/

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About HNT: HomeNet Thailand was founded in 1999 as a non-governmental organization to support home-based workers across Thailand. Today, HomeNet Thailand consists of HomeNet Thailand Association, a membership-based organization (MBO) composed primarily of home-based workers with 5,000 members and the Foundation for Labour and Employment Promotion (FLEP), an NGO which provides technical support to HomeNet Association and other MBOs in Thailand. Visit homenetthailand.org.

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