Comments Relating the Experience of Thailand in Multi-sectoral Nutrition

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Problem identification

Analysis of causes and resources

Formulating action plan

Village development plan

Community action

Subdistrict (tambol) council

BMN
Strengthen multi-sectoral interventions at the community level: From PHC to BMN

Quality of Life

- Morality
- Adequate Nutritious Food
- Proper Shelter
- Basic Social Services
- Security in Life & Property
- Adequate food productn
- Family Planning
- Participate in local Politics and admin.

Basic Minimum Need (BMN) Approach
Trend in nutritional status among Thai underfive children from national surveys

- Underfive MN rates declined substantially since mid 1980s due to strong community-based program
- While wasting and underwt declined further, stunting remains ~10-14%
Time Frame of the national food and nutrition plans and related policies (1961 - 2006)

National Economic & Social Development Plan (NESDP)


Nat’l FN Policy (NFNP) -----------------------------------------------
Primary H Care (PHC) (1979) ----------------------------------------
Poverty Alleviation Plan(PAP) ----------------------------------------
Basic Minimum Needs (BMN) ------------------------------------------
Rural Development (RD) ---------------------------------------------
Decentralization to Tambon council ----------------------------------
Low income country → Rapid economic development: nutrition transition

PEM & Clinical micronutrient deficiencies

Obesity & NCD

Stunting 8-10% & sub-clinical micronutrient deficiency

Scale-up CBP

Community-based model dev & op. res

Multisectoral FNP

PHC

BMN


4th NESDP 5th NESDP 6th NESDP 7th NESDP 8th NESDP 9th NESDP 10th NESDP 11th NESDP

Decentralization

Obesity & NCD in 10th NESDP

1997*

Fd based intervention (including fortification)

Sustainability
The Job Isn’t Done

• Enjoy the successes
• Keeping in mind there could be new challenges
• Thailand now facing double burden
• May (or may not) need totally new framework
• We are all still learning