

Thailand Physical Activity Strategy 2018-2030: Challenges and Recommendations for Improved Implementation

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Abstract

Thailand Physical Activity Strategy 2018-2030 (TPAS), endorsed by the Cabinet in 2018, aims to promote sufficient physical activity among Thai people through three strategic actions: Active People, Active Places, and Active Supporting Systems. This study reviews relevant documents and convenes a group discussion with key stakeholders to identify implementation challenges and recommends policies and actions. This study identifies four main implementing challenges. First, the prevailing attitudes towards sports for excellence, coupled with the lack of stakeholders' awareness of and commitment to a comprehensive concept of physical activity impeded TPAS implementation. Second, promoting physical activity strategies did not design to accommodate different target populations through settings-based approach. Third, key implementing agencies had limited technical and implementation capacities. Lastly, physical activity in 2020 was much disrupted directly and indirectly by the COVID-19 pandemic and government measures. To overcome these challenges, we recommend the National Steering Committee and the National Administration Committee to maximize use of TPAS as a powerful tool to accelerate national physical activity agenda, identify and upscale successful case studies of local-context and setting-based physical activity implementation, develop monitoring and strengthen implementation capacities of relevant agencies and evaluation system to track progresses, and keep vigilant and adaptive to the COVID-19 and future challenges.

Keywords: physical activity; strategy; implementation; challenges; Thailand

Introduction

The World Health Organization (WHO) defines physical activity as any bodily movements produced by skeletal muscles that requires energy expenditure⁽¹⁾. Physical inactivity is the fourth leading risk factor which contributes to premature death from non-communicable diseases (NCDs)⁽²⁾. Regular physical activity is associated with reduced risks of heart disease, stroke, breast and colon cancer and diabetes, as well as improved mental health and quality of life⁽³⁾. Increasing physical activity can prevent at least 3.2 million NCD-related mortalities globally per year⁽²⁾. Worldwide, in 2010, 23% of adults (aged 18 or above) and 81% of adolescents (aged 11–17 years) did not meet the global recommended targets of physical activity⁽⁴⁾, which meant to achieve either a) moderate intensity physical activity for at least 150 minutes per week, or b) 75 minutes of vigorous intensity physical activity per week in adults, or c) moderate to vigorous intensity physical activity for at least 60 minutes per week in children and adolescents⁽¹⁾. In Thailand in 2016, 29% of adults (aged 18–59) and older adults (aged 60 and above) and 73% of children and adolescents (aged 6–17) had insufficient physical activity⁽⁵⁾.

Globally, in response to global burden of physical inactivity, the Global Action Plan on Physical Activity 2018–2030 (GAPPA) was adopted by the World Health Assembly in 2018⁽⁶⁾, with a goal of a 15% relative reduction in the global prevalence of physical inactivity in adults and adolescents by 2030. The plan reiterates the need for a whole-of-society response to improve the social, cultural, economic and environmental sectors that are conducive to physical activity. GAPPA suggests (i) creating active societies focusing

on societal norms and attitudes which recongize the multiple benefits of regular physical activity, (ii) creating environments that promote the equitable access to safe places and spaces for physical activity, (iii) supporting active people at individuals, families and communities across different settings, and (iv) creating active systems which include good governance, monitoring and surveillance system. Domestically, the Thailand Physical Activity Strategy 2018–2030 (TPAS)⁽⁵⁾, details in Box 1, was developed through a strong participatory process in late 2015, and endorsed by the Cabinet in August 2018. The TPAS outlines 13 goals under three specific objectives to be achieved by 2030. These strategic objectives include promoting active people, creating a conducive environment for active lifestyles, and developing active supporting systems.

At the agenda setting process, Thailand plays a leading role in tabling an agenda on physical activity to the WHO Executive Board⁽⁷⁾; while at the policy formulation process, a Thai scholar secondment to WHO headquarter contributes to the design and contents of GAPPA⁽⁸⁾. The contents of the TPAS synchronizes with the contents of GAPPA. After three years of the TPAS implementation, this article aimed to assess the mandates, implementation capacity, and challenges of the TPAS implementation faced by key responsible agencies, and provide policy recommendations for performance improvement. Box 1 contains the Physical Activity Strategy in Thailand for the years 2018–2030

Methodology

We reviews relevant documents, mainly the TPAS 2018–2030, the TPAS meeting documents between

Box 1 Thailand Physical Activity Strategy 2018–2030

Thailand Physical Activity Strategy 2018–2030

Vision

To promote active lifestyles and physical activity among Thai people in conducive environments and supporting systems

Strategic objectives

1. Thai people have sufficient physical activity (Active People)
2. The environments are conducive for active lifestyles (Active Places)
3. Physical activity supporting systems are developed (Active Supporting Systems)

Goals to be achieved by 2030

1. Thai people have sufficient physical activity
 - 1.1 95% of young children (aged 0–5 years) have normal gross motor development
 - 1.2 40% of children and adolescents (aged 6–17 years) have sufficient physical activity
 - 1.3 80% of adults and elderly (aged 18 years and above) have sufficient physical activity
 - 1.4 Sedentary behaviour of people aged 6 years and above does not exceed 13 hours per day
2. The environments are conducive for active lifestyles
 - 2.1 All schools (early child development centers, kindergartens, primary schools, secondary schools, universities) promote physical activity
 - 2.2 All workplaces promote physical activity
 - 2.3 All health facilities promote physical activity
 - 2.4 All communities promote physical activity
3. Physical activity supporting systems are developed
 - 3.1 Physical activity research and development system is developed
 - 3.2 Physical activity monitoring and evaluation system is developed
 - 3.3 Physical activity capacity building (to relevant agencies) system is developed
 - 3.4 Physical activity communication and campaign system is developed
 - 3.5 Physical activity policy formulating system is developed

*adapted from the National Physical Activity Strategy 2018–2030⁽⁵⁾

2018–2020, and other domestic related–evidence. A group discussion between the researchers and the secretariat teams of the National Steering Committee (NSC), the National Administration Committee (NAC), and five subcommittees was convened in

2020. Two of the authors of the study (UA and TT), members of TPAS committees and subcommittees, also provided insightful information to the author team for further analysis. Second data and source of information used by the study was retrieved from a public website

of the Department of Health, Ministry of Public Health that do not contain personal data of population or their attributes; hence, ethics approval by the Institute for the Development of Human Research Protections was not required. The researcher followed all ethical standards in research;

Findings

1. TPAS: Implementing agencies and institutional mandates

Figure 1 outlines the main implementing agencies responsible for each of the three strategic actions⁽⁵⁾. The Active People strategic action--the main aim of

the TPAS, is supported by the two others enablers: Active Places and Active Supporting Systems. The principle of TPAS is to ensure sustainable massive social mobilization through the whole-of-society approach, including government and citizens, civil society organizations, and effective cross-sectoral actions which include transport, urban planning and infrastructure development, social and physical environment in favour of active lifestyle which finally contributes to a healthy nation.

The National Steering Committee (NSC) and the National Administration Committee (NAC) are two national coordinating bodies for implementation of the

Figure 1 Implementing Agencies and Institutional Mandates by the TPAS



* adapted from the National Physical Activity Strategy 2018–2030 (5)

Figure 2 The TPAS Implementation Mechanism



* adapted from the National Physical Activity Strategy 2018–2030(5)

Strategy⁽⁵⁾ as shown in Figure 2. The NSC is chaired by Permanent Secretary of Public Health Ministry, while the NAC is chaired by Director General of Department of Health, Ministry of Public Health. Department of Health serves as technical secretariat to both committees. Nineteen members of NSC and 26 members of NAC are representatives from all relevant Ministries, technical experts from various fields of academia, and civil society organizations. For example, Ministry of Interior is responsible for physical activity promotion in the communities, while Ministry of Education and Ministry of Labour are responsible for physical activity promotion in schools and workplaces. The NSC provides strategic advice, policy and direction, collaborates with relevant stakeholders,

appoints subcommittees, and reports the progress of TPAS implementation to the Minister of Public Health. The NAC provides a framework for implementation, collaborates with relevant stakeholders, monitors and evaluates implementation, appoints working groups, and reports implementation progresses to the NSC.

The five sub-committees were appointed to take charge of five key supporting systems, namely, (i) the Physical Activity Research and Development (ii) the Physical Activity Monitoring and Evaluation, (iii) the Physical Activity Capacity Building, (iv) the Physical Activity Communication, and (v) the Physical Activity Policy Development⁽⁵⁾ as shown in Figure 2.

2. TPAS: Implementation between 2018–2020

In 2018, a multi-sectoral Physical Activity Action Plan 2018–2020, was developed by all relevant stakeholders in parallel with the Cabinet approval of the TPAS. The action plan consolidates the ongoing physical activity promotion activities and identifies a list of 114 physical activity promotion projects to be implemented by 92 agencies⁽⁹⁾.

In 2019, a meeting of the NSC and NAC were held to acknowledge the GAPPA, discuss the TPAS and the action plan^(10,11). The TPAS implementation framework focused mostly on supporting systems as proposed by the five sub-committees after their 2–3 rounds meeting;⁽⁵⁾ while creating active societies and environments—the two strategic actions are unfortunately overlooked⁽¹²⁾. A good number of outputs contributed by the five sub-committees included reviews of domestic physical activity and research area gaps, the monitoring and evaluation framework at national level, policy recommendations on capacity building of implementing agencies, the framework of communication and campaign, and physical activity policy options^(12,13). The National Steps Challenge, a key proposal submitted by the Policy Development Sub-committee⁽¹³⁾, was subsequently implemented in 2020 by the Ministry of Public Health and other stakeholders; which was well received nationwide^(14,15).

In 2020, due to the Covid-19 pandemic erupted in February 2020, the NAC and NSC meetings were postponed to November 2020 and January 2021, respectively^(16,17). In the meetings, physical activity promotion during the COVID-19 pandemic was discussed and prioritized. Physical Activity at Home Campaign, adapted from the Thai National Guideline

on Physical Activity⁽¹⁸⁾, was adopted by the two committees and advocated nationwide. The National Steps Challenge was recognized as an appropriate physical-distancing and outcome-proven intervention to promote individual physical activities through digital platform during the pandemic^(14,15). The works of sub-committees in establishing supporting systems were the main discussion topic in the meetings. The NSC and NAC endorsed further development of the supporting systems in the coming years^(16,17).

3. Implementing TPAS: key challenges

Four challenges in TPAS implementation were identified and categorised by group discussions with key stakeholders.

First, the lack of awareness of and commitment to a comprehensive concept of physical activity. This was reflected by the twenty year National Strategy (2018–2037) launched by Prime Minister Prayut Chan-ocha⁽¹⁹⁾. The National Strategy, adopted by the Cabinet in April 2019, consists of 23 master plans responsible by all concerned sectors. The Master Plan on “sports for excellence” focuses on sports linking to competition; and quite different from the concept of daily physical activity of people for health promotion⁽²⁰⁾. Further, although members of the NSC, NAC and sub-committees had gradually gained understanding on the concept of physical activity^(9,13), the misconception, misprioritization and budget allocation in favour of sport for excellence hampers progress of improving active places, strengthening support systems for active people.

Second, there is a large room for improvement of the implementation through comprehensive approach which should tailor to suit different settings and groups

of population (such as pupils in schools, workers in workplace, urban design and infrastructure development, community-wide programme development, commuters in transport systems, and primary health-care system planning⁽²¹⁾). Our review found that only a few schools, workplaces and communities have implemented physical activity promoting programs⁽⁵⁾. Basically, physical activity in schools was promoted through formal curriculum of physical education, which allocated 0.5–1 hour per week; this is equivalent to 1.5% to 3% of total times students spent at school. In workplaces, there is no systematic support of physical activities for office employees who often have a sedentary lifestyle, sitting and working on computers or in meeting rooms all day. Physical infrastructures in local communities, including walk way, public space and public transportation, were mainly designed in favour of connectivity, ease of vehicle mobility, convenient living, and road safety. Transport systems have failed to promote active lifestyle for urban dwellers. In the report of Thailand's Voluntary National Review on the Implementation of the 2030 Sustainable Development Agenda; to achieve Goal 11.2 on inclusive transport, Thailand has yet to maximize the opportunity in support of physical activity in the design of transport systems⁽²²⁾. Moreover, even though public health facilities are the best setting where NCD patients could be mobilized to improve their physical activity, Thailand has yet to integrate counseling on physical activity and lifestyle modifications into clinical settings. Further, there was no routine assessment of physical activity level in NCD patients where counseling can be offered in these clinical settings^(5, 9, 23-25).

Third, lead implementing agencies and their staffs have limited implementation capacities and skills. At

the central level, the Division of Physical Activity and Health (DOPAH), Department of Health, Ministry of Public Health, is one of the key actors on TPAS coordination as it serves as the secretariat team of all policy and working committees of the TPAS and its action plan, including the NSC, the NAC and the five sub-committees. Given the relative novelty of such the comprehensive and multi-sectoral policy of the TPAS and lack of experience and requisite skills of the DOPAH staffs, the implementation progress has been slow. Budget constraints is another key challenge. Working through cross-sectoral collaboration, the TPAS formulation process in 2015 was mainly funded by the Thai Health Promotion Foundation (Thai-Health)⁽⁵⁾. However, since the adoption of the TPAS, there has no additional government budget allocated for its implementation yet. The DOPAH annual budget of US\$ 300,000 was enough to cover normative works, but not the TPAS implementation. The competing priorities and demands for budget across programs within the Department of Health and the DOPAH could leave TPAS an unfunded mandate.

Lastly, the physical activity has been interrupted by the COVID-19 pandemic and the social measures implemented by the government since March 2020. There was a great reduction of adequate physical activity levels among populations during the first nation-wide lockdown, during March and May 2020. Compared with the survey in 2019, there was a 7 percentage points reduction of adequate physical activity level among children aged 6–17 (from 24% to 17%), 20 percentage points reduction among adults aged 18–59 (from 75% to 55%), and 20 percentage points reduction among elderly aged 60 and above (from 73% to 53%)⁽²⁶⁾. As the pandemic may con-

tinue until vaccines are fully rolled out; the lockdowns measures, stay-at-home campaign, and the closure of public places such as recreational parks, stadiums, gyms, and other sport venues^(27,28) could still be implemented as long as the COVID-19 pandemic persists and the vast majority of Thai people are not vaccinated. Therefore, physical activity could have been hampered.

4. Effective implementation of the TPAS: the way forward

In responses to implementation challenges, a few recommendations are prioritized. First, maximize use of the TPAS and the action plan as powerful tools to accelerate implementation of physical activity and integrate them into sectoral mandates and routine activities, for example, physical activity can be incorporated into several master plans of the 20-year National Strategy as an important driver to achieve broader social, environmental, economic development, quality of life and sustainable development goals^(5, 20). Active transport promotion can reduce the use of private vehicles and emissions of carbon dioxide and particulate matter 2.5 (PM2.5) which are the major environmental problems throughout Thailand⁽²⁹⁾.

Second, identify and upscale successful local-context physical activity promotion. The assessment of twelve municipalities which implemented community-level activities^(25, 30, 31) worths mentioning as a good example. All these twelve municipalities had fully implemented physical activity promotion; by providing public parks and sport stadiums, supporting exercise clubs and local sport festivals, organizing walking, running and biking, and several traditional and

cultural festivals. Moreover, most municipalities had provided active activities in the early childhood development centers, primary and secondary schools, and informal schools for older adults. The weekly walking street markets which promote co-benefits of economics, recreational activities, and physical activity are well received by the communities.

Third, strengthen the implementation capacities among key agencies, notably adequate number of qualified and competent staff and retention, enhance effective multi-sectoral actions, improve governance, and ensure adequate budget allocation^(6, 32, 33). DOPAH, as key actor for TPAS, requires significant improvement of its capacity to be able to work in partnership with academia and stakeholders. Strengthening national monitoring and evaluation system will hold implementing agencies accountable^(6, 33) 33.

Lastly, NSC and NAC should be adaptive to the COVID-19 pandemic by implementing various physical activity at home through virtual on-line platform. There is need to explore how physical activities can be promoted under new normal context such as physical distancing and use of face masks as it is uncertain how long the pandemic will last.

To overcome the four implementation challenges, we recommend the NSC and NAC to maximize use of TPAS as powerful tool to advocate physical activity agenda, identify and upscale successful cases of local-context, setting-based physical activity promotion, develop monitoring and evaluation system to track progresses, boost implementation capacities of agencies, and keep vigilant and adaptive to the prolong pandemic.

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แผนการส่งเสริมกิจกรรมทางกาย พ.ศ.2561–2573 (แผนการส่งเสริมกิจกรรมทางกายฯ) ได้รับการอนุมัติโดยคณะรัฐมนตรีในปี พ.ศ.2561 มีจุดมุ่งหมายเพื่อส่งเสริมการมีกิจกรรมทางกายอย่างเพียงพอในประชาชนไทยด้วยสามยุทธศาสตร์คือ ประชาชนกระฉับกระเฉง สภาพแวดล้อมเหมาะสม และระบบสนับสนุนครอบคลุม การศึกษานี้ประเมินความท้าทายในการนำแผนการส่งเสริมกิจกรรมทางกายฯ ไปปฏิบัติขององค์กรหลัก พร้อมเสนอข้อเสนอแนะเพื่อให้เกิดผลลัพธ์ที่มีประสิทธิผล ด้วยวิธีการทบทวนเอกสารที่เกี่ยวข้องและการอภิปรายกลุ่ม ผลการศึกษาพบสี่ความท้าทาย ได้แก่ หนึ่ง การขาดความตระหนักและความมุ่งมั่นในหลักการการมีกิจกรรมทางกายตามค่านิยมที่ครอบคลุม ซึ่งส่งผลให้การออกแบบโครงการส่วนใหญ่ยังมุ่งเน้นเฉพาะการส่งเสริมกีฬาเพื่อความบันเทิง สอง มาตรการการส่งเสริมกิจกรรมทางกายที่ออกแบบเฉพาะเจาะจงกับแต่ละกลุ่มประชากรในสถานที่ต่างๆ ยังดำเนินการไม่เต็มที่ สาม หน่วยงานหลักในการส่งเสริมกิจกรรมทางกายมีศักยภาพด้านวิชาการและการดำเนินนโยบายที่จำกัด และสี่ กิจกรรมทางกายของประชาชนได้รับผลกระทบจากการระบาดของโรคโควิด-19 และมาตรการของรัฐบาล เพื่อให้แผนการส่งเสริมกิจกรรมทางกายฯ ก้าวข้ามสี่ความท้าทาย ผู้วิจัยเสนอแนะให้คณะกรรมการส่งเสริมกิจกรรมทางกาย และคณะกรรมการบริหารการส่งเสริมกิจกรรมทางกายใช้ประโยชน์จากแผนการส่งเสริมกิจกรรมทางกายฯ ในการขับเคลื่อนวาระกิจกรรมทางกาย ให้ยังคงเป็นวาระระดับชาติ รวบรวมและระบุการส่งเสริมกิจกรรมทางกายที่ประสบความสำเร็จในบริบทต่างๆ พร้อมขยายผลการดำเนินการให้กว้างขวางยิ่งขึ้น พัฒนาระบบติดตามและประเมินความก้าวหน้าของการดำเนินการ พัฒนาศักยภาพในดำเนินนโยบายการส่งเสริมกิจกรรมทางกายขององค์กรที่เกี่ยวข้อง และปรับโครงการและกระบวนการทำงานตามแผนการส่งเสริมกิจกรรมทางกายฯ ให้ยืดหยุ่นพร้อมรับความท้าทายในช่วงการระบาดของโรคโควิด-19 และในอนาคต

คำสำคัญ: กิจกรรมทางกาย; ยุทธศาสตร์; การนำไปสู่การปฏิบัติ; ความท้าทาย; ประเทศไทย