

International Academic Multidisciplinary Research Conference 2017

Conference Proceedings

**INTERNATIONAL BUSINESS ECONOMIC TOURISM SCIENCES TECHNOLOGY
HUMANITIES SOCIAL SCIENCES AND EDUCATION RESEARCH CONFERENCE**

*London, United Kingdom
5 – 7 April, 2017*

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The International Education Social Sciences and Humanities Research Conference

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INTRODUCTION

We would like to welcome our colleagues to the International Business Tourism Transport Technology Social Sciences Humanities Education Research Conference. It is the seven series in 2016 of Conference on Business Tourism and Apply Sciences was held in Amsterdam. As always many members of the ICBTS 2016 community look forward to meeting, sharing and exchanging their research ideas and results in both a formal and informal setting which the conference provides. Likewise, the concept of alternating the international conference every one month on April to November between Europe and the rest of the world is now well established. This year's event in London (UK) Paris (France) Munich (Germany) Amsterdam (Netherlands) Boston (USA) Toronto (Canada) London (United Kingdom) Zurich (Switzerland) Berlin (Germany) Tokyo (Japan) and another continues with the cultural following the very successful and productive event held in London-Zurich in August 2016 in the field of various types for international academic research conference on Business Economics Social Sciences Humanities Education and Apply Sciences. As usual The ICBTS 2016 brings together leading academics, researchers and practitioners to exchange ideas, views and the latest research in the field of Business Tourism and Apply Sciences.

The theme of this event The 2016 ICBTS International Business Tourism Social Sciences Humanities and Education Research Conference is "Opportunities and Development of Global Business Economics Social Sciences Humanities and Education" It is also represents an emerging and highly challenging area of research and practice for both academics and practitioners a like, The current industrial context is characterized by increasing global competition, decreasing product life cycles, Global Business, Tourism Development, Social Sciences Humanities Education Apply Sciences and Technology collaborative networked organizations, higher levels of uncertainties and, above all, and customers. In our view holding this event in Tokyo represents a timely opportunity for academics and researchers to explore pertinent issues surrounding Business Economics Tourism Social Sciences Humanities Education Sciences and Technology.

Potential authors were invited to submit an abstract to the International Conference Session Chairs. All abstracts were reviewed by two experts from the International review committee and final papers were further reviewed by this volume with 30 contributing authors coming from 18 countries. This book of proceedings has been organized according to following categories:

- Business
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PROSPECTIVE STUDY OF RABIES ELIMINATION MODEL AND STRATEGY, FORMULATED BY THE PEOPLE IN 2-EPIDEMIC COMMUNITIES

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ABSTRACTS

This research proposal aimed to find the forms and the most appropriate strategies to eradicate rabies that continue epidemic in 2 districts by the community sector, and to find out the key success factors in policy implementation. Study method is a quasi-experimental operational research. Selected a specific research area i.e. Tambon PA Kai, Amphur Muang, Ratchaburi province, western region and Tambon Mabtapud, Amphur Mueng, Rayong Province, eastern region. The main information providers are 25 in each group. They join to learn the top down policies and developed their own policies and implement them into their communities. The study is divided into 4 steps, first step is to study the data and visualization (Look), second step is to analyze, interpret the results and planning (Think), third step is follow the plan (Act) and fourth step is monitoring and evaluation (M&E) Using focus group discussion as a tool in the study. Analysis of the data is using documental analysis. Verify the reliability of the data by reflecting the comments to the group. Time of this study is 2 years. Results of this study are that two communities in different area develop rabies eradication models that are quite similar because they follow the national top down policy. But after 2 years after policies were implemented, Pakai district were free of human rabies death while Mabtapud district had one. Factors that effect the failure of Mabtapud district are the industrial area that has much migration of worker families and dogs. The key success factor of Pakai districts are (1) The community has strengthened. (2) Participation and continuous action of people in community through the arena until becoming community way of life. (3) Adequate resources support of Local and central government. (4) Many channels of communication and public relations channel in the community. (5) Community leaders and the consortium/network has strengthened. (6) The knowledge and commitment of government representatives. (7) Community regulation and law enforcement done by people in the community. (8) Accessibly of vaccine and wound care of contact rabies victims adequate.

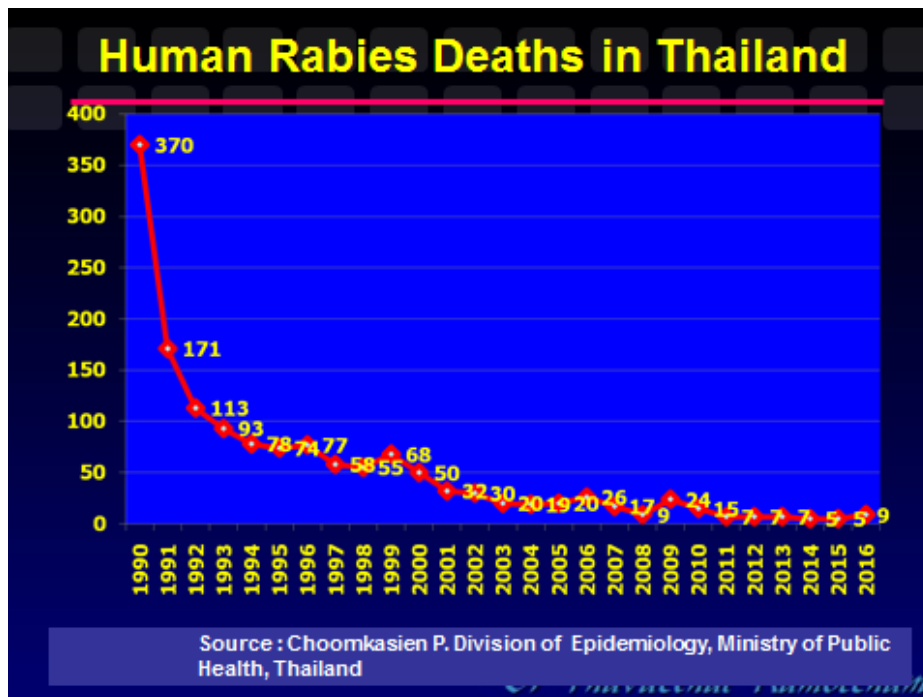
Keywords–Community model, Key success factor, Rabies elimination.

INTRODUCTION

Rabies Eradication Strategies deal with several agencies roles such as the Ministry of Public Health, the Ministry of Interior, the Ministry of Agriculture and Co-operation and the Ministry of Education but also the numbers of human rabies death in Figure 1. It shows that outcome of long term eradication strategic policy bring about only controllable of human rabies death. There is continuous human rabies death from 5-9 cases per year for more than 10 years. Eradication of rabies infection cannot achieve because the Rabies policy

formation in Thailand is compatible with Elite model which is a top down policy lack of people participation. (Sombat Thumrongchaiyawong, 2003; Utai Laohavichien, 2001) So if the policy is done by the effected people which are bottom up policy, it can be expected to be more effective implementation. (Voradej Chuntharasorn, 2003)

Figure 1
Situation of Human Rabies Deaths in Thailand 1990-2016



OBJECTIVE

1. To prove that rabies eradication policies which are formulated by effected people are the most proper policy.
2. To find a key success factors effect the results of rabies elimination

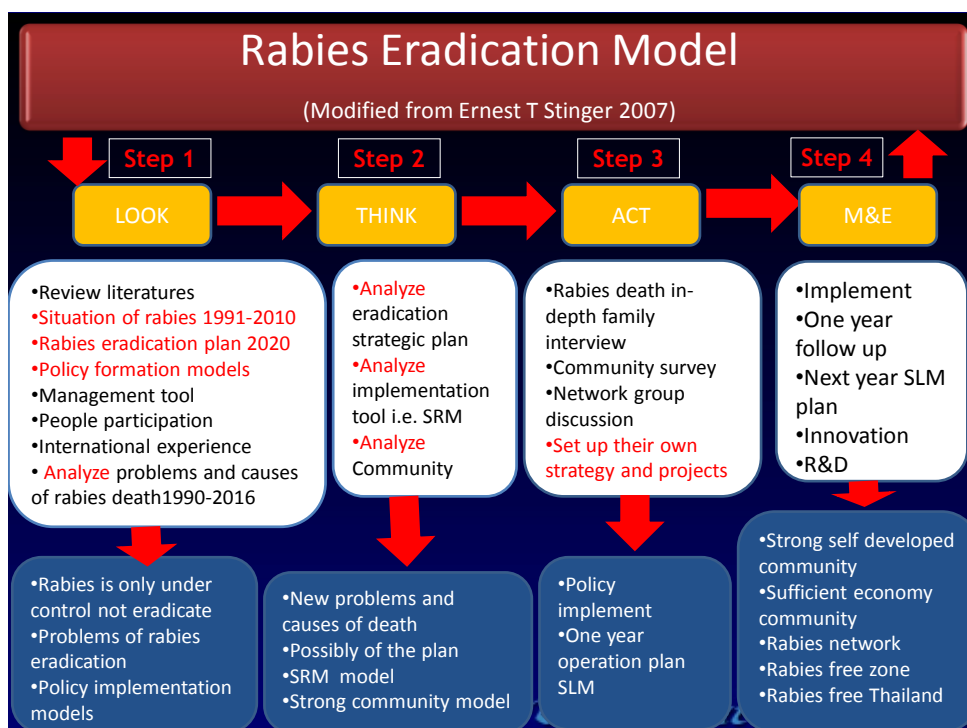
RESEARCH DESIGN

Action research using 3 steps; “Look step” i.e.: to review literatures, national policy, international experiences and situation of human rabies death from 1990-2016. “Think step” i.e.: to analyze problems and causes of rabies death, epidemiology, and prevalence of death in each province. “Act step” ie Rabies death in-depth family interview, community survey, network group discussion then set up their own strategy and projects. The process is modified from action research of Ernest T Stringer (2007) in order to set a new rabies eradication model (figure 2) Projects sat up for one year operation plan which mixed government strategy with innovative community projects. They supported budget from local government. Implementations were done and follow up for one year.

PARTICIPANTS

Two group of key performances in this study are district and level rabies network who responsible for policy implementation, rabies death family, people and community leader who live in Map Ta Phut municipality Rayong province and tombon Pakai muang district Ratchaburi province where they were endemic area of rabies that had continuous death of the rabies in this 2 area. All together are 45 participants in this study.

Figure 2
The structure of the research



RESULT AND FINDING

Step 1: After review literatures such as: problem of rabies, strategic plan of rabies, SRM tool, policy cycle, and analyzes problems of prevention and control of rabies disease in Thailand since 1990 upto 2016 from disease investigation reports of 135 deaths found Interesting finding about Human Rabies:

- Flat pattern, continuous human rabies death in Thailand almost 10 years
- 96% of the death did not see any doctors and nor vaccinated while hospital were near and treatment is free
- 26% received proper wound management
- 3.7% post exposure treatment failure
- 5% threat by quack doctor
- Most often age of death 31-40 year old
- Incubation period 3 days - 5 years and 5 months

- 12% of Rabies death without history of contact
- 6% had CAT I wound (abrasion without bleeding)

Animal factors:

- 52% of Dogs age less than 3 months
- 67% bitten and death by their own dogs
- 2.2% of rabid dogs had history of fully immunized
- Only 3% of dogs had laboratory proof rabies

From these statistic authors conclude that main cause of problems comes from the failure to cover dog vaccination and uncontrollable dog population that bring about uncertain number of dog population. Beside that surveillance system in dogs is a problem. People lack of knowledge and realized the virulent of the disease. On the other hand, rabies knowledge has changed from our previous. So that, no perfect maneuver of rabies prevention can trust.

Step 2: Community survey and field research in districts that human rabies death remains a problem at least 3 years consecutively in Pakai Ratchaburi and Map Ta Phut Rayong found interesting cause root of problems. Authors found that there are over 200 stray dogs in garbage field in Ratchaburi province and dogs migrate with worker camp in Map Ta Phut municipality Rayong province. These problems would never known by the top down policy maker people.

Step 3: Rabies Eradication plan and Strategies by Community people were formulated by method of Focal group discussion with our network and people. Community context analysis using mind mapping model, 4 perspectives were done. Data were captures and analyzed using content and Thematic analysis technique.(Berg, 2001), then all data were reflected to the group again for final agreement.

From people community and network discussion gave results (Table 1) and destination statement (Table 2)

Table 1
Problems of prevention and control of Rabies in community 2003-2009

<p>Fundamental Perspective</p> <p>Animal factors:</p> <ul style="list-style-type: none"> • Uncontrollable dog migration • Underlying population with stray dog • Stray dogs: Uncontrolled and non-vaccinated • Owner dogs: No vaccination <p>Environmental Factors:</p> <ul style="list-style-type: none"> • Garbage plants • Urbanization community • Way of life and belief • Human and dog population density 	<p>Management Perspective:</p> <ul style="list-style-type: none"> • No community regulation for rabies control • No co-ordination of network • Constrain of budgeting for dog vaccination • No dog registration system • No animal surveillance in community
<p>Network Perspective</p> <ul style="list-style-type: none"> • Lack of cooperation of network and people • Budget constrain of local government • Responsibility of camp people, school, livestock, and community people 	<p>People Perspective</p> <ul style="list-style-type: none"> • Migration, refugees • Non access to care • Lack of rabies knowledge • Miss belief in quack doctor • Lack of perception and concern of rabies danger • Poverty

Table 2
Destination statement of community

Learning and Development Perspective (Fundamental):	Management Perspective:	Stakeholder(Network) Perspective:	People Perspective:
1. Set an effective community leader 2. Take care of update rabies information 3. Dogs registration in community 4. Co-operate with outside organization of dealing with rabies.	1 Participation of community people in rabies elimination planning in the district people arena 2 Participate in rabies project implementation and evaluation 3 Using community radio, voice over community line and every district media to cover news and knowledge for everyone esp. camp people	1. District government support vaccine and wedge expense for dog vaccination 2. Teaching student at school and their parent at home. 3. Dog population control and dog registration by livestock people 4 Vaccinate and dog population survey by health volunteer once a year 5 Teaching rabies knowledge teach by monk	1. Acknowledge rabies situation of community 2. Learn how to care dog bite wounds by themselves 3. Learn how rabies free community is. 4. Set group of people for rabies surveillance 5. Increase camp people responsibility for treating the dog

What brought to results of the planning process are 6 Strategies created by the community people and their network.

1. Promote participation in planning process, implement and evaluate the outcome.
2. Promote participation in surveillance, prevention and control human and dog rabies.
3. Increase investment for dogs' vaccination coverage using district fund.
4. Set up social regulation and law enforcement in rabies and dogs control by Public Hearing in Community
5. Set up mass media communication system in community in order to advocate awareness and changing behavior.
6. Advocate people to control the stray dog and to build capacity of the network team and the people in order to access to care and vaccination.

Step 4 Strategic implementation and Evaluation

Many projects and innovation were done by community people for example: "catch pole" for catching fierce dogs, community delegate rabies health volunteer for better surveillance.

Keys of success are 7 components:

(First) Strong community: promote community to do themselves the surveillance, prevention and control human and dog rabies through public hearing,

(Second) People participation: promote participation in planning process, implement and evaluate the outcome

(Third) Central and local government support increase accessibility of treatment after bites, and increase investment for dogs' vaccination coverage and dogs control using district funds.

(Forth) Mass media communication: set up a mass media communication system in the community to advocate awareness and behavioral change.

(Fifth) Strength of community leader and their network, Intention and awareness of district officers especially their leader are very important.

(Sixth) Knowledge and willing of public officers: Increase of officer's knowledge in rabies control for health volunteers' education to bring about health literacy in rabies prevention of the people in community.

(Seventh) Social regulation and implementation: set up social regulation and law enforcement in dogs vaccination, dog registration and stray dog control.

(Eighth) Accessibility of Medical Care: build capacity in the network team and the community for access to medical care and vaccination and (seventh)

One year after implementation of this project, the number of human rabies deaths in the areas had been declined to 0 cases. Consequently, Community Model has been demonstrated to be an important and effective tool for rabies disease elimination.



CONCLUSION AND DISCUSSION

This Thailand community model in rabies eradication is an effective tool of policy for formulation and implementation because it brings participation of government officers at local level, district manager and their network, and the people who are effected. Government officers return fact to the community people and implement government plan and strategy, willingly. (Sorg, 1983). The local governor support budgets and apply people's projects as a decentralization programme implementation process occurred (Cheema and Rondimelli, 1983). The community people set up their own regulation and do what they plan to do. (Utiti Jitguern, 2551) The communities become strong and rabies can be eliminated from their community. SRM can apply in every community and require small budget but it should be done in a cyclic continuous process similar PDCA cycle of Demming. We concluded that SRM is an important and effective tool for rabies disease elimination.

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