

Statute on National Health System

Thailand (2009)



National Health Commission Office



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B.E. 2552 (2009)



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Preamble

With reference to a movement towards health system reform during the past decade, networks of participating organizations and members involved in the reform efforts have reached the following consensus. In order for the health system of the country to have a clear, correct, and forceful direction, covering all dimensions of health and involving active participation of people from all sectors, it is necessary to have in place the Statute on National Health System that expresses the will and commitment of the society and that serves as the framework and guidelines for all sectors concerned to formulate national health policies, strategies and action plans.

In the legislative process the National Legislative Assembly has approved the principles, structure, and core content of the statute, stating that the statute is to be put in place, periodically reviewed and revised at least every five years. This is to ensure that the statute continues to be dynamic, able to solve problems that may arise, and improve the national health system to appropriately address the changing situations. In pursuance to Section 46 and 47 of the National Health Act B.E. 2550 (2007), the National Health Commission has prepared the National Health System Statute, B.E 2552 (2009)

which incorporates the principle of participation and provides channels for voicing opinions and ideas from all sectors. The process is essentially based on academic and technical input, and knowledge management, to ensure that the statute truly reflects the social will and commitment and can be used as a frame of reference for society to determine the direction and objectives of the health system for the future. In this respect, local partner networks can also prepare their own statutes on a health system for their locality, provided that such statutes are not in conflict or incongruent with the Statute on National Health System. The Cabinet approved this Statute in its meeting on 30 June 2009 in order that State agencies and other related agencies can use it as a framework and guideline for determining health policies, strategies, and actions in the country as follows:

Section 1 : This statute shall be called “the Statute on National Health System B.E.2552 (2009) ”

Section 2 : The Statute shall take effect in accordance with Section 48 of the National Health Act B.E. 2550 (2007) on the day after the date of publication in the Government Gazette.

Definition

Section 3 : In this Statute,“health” refers to the perfect state of human being in physical, mental, spiritual, and social aspects which are interconnected and holistically balanced;

“wisdom” refers to comprehensive and insightful knowledge, as well as the ability to use reason to distinguish good from bad, and what is beneficial from what is harmful, leading to a good and beautiful mind, generosity and sympathy;

“State agency” refers to an agency of the central government, provincial administration, or local administration, a state enterprise, an organization overseeing professional practices, a public organization, and any other agency of the State;

“virtue” refers to merits that a reasonable person should possess in his/her mind regarding truth, goodness, and beauty which form the guiding principles for their way of life;

“ethics” refers to concepts that guide behaviours on a virtuous basis;

“humanity” refers to the virtue of man, moral principles under which people shall behave towards each other, such as kindness and compassion;

“sufficiency economy” refers to guidelines for living and acting for people at all levels, from family, community, to state levels. It is a principle guiding the direction of development and administration of the country based on the principle of the middle path, especially in the area of economic development, so that the country can progress and properly keep pace with the globalized world. Sufficiency means adequacy and rational reasoning, including the need to build immunity from negative influence so as to be able to withstand the impact of internal and external change. This will require detailed knowledge, prudence, and a very careful approach in the use of technical knowledge at every stage of planning and implementation. At the same time, the basic moral compass of the people has to be developed and enhanced, especially those of government officials, academics, and business people at every level, to possess moral conscience, integrity, and suitable knowledge that will enable them to lead their lives with endurance, perseverance, mindfulness, and wisdom in a balanced manner.

They will then be well equipped to cope with the rapid and wide-ranging changes in material, social, cultural and environmental conditions brought about by the world outside;

“good governance” refers to the type of administration or government which leads to benefits and happiness for the people, resulting in the achievement of the task at hand, with quality and cost-effectiveness, without superfluous procedures and constantly improving the work to keep pace with the current situation. Under good governance people will receive services and facilities that meet their needs, while performance will be assessed on a regular basis. Actions taken in accordance with good governance must follow the principles of participation, transparency, accountability, efficiency, effectiveness, and rule of law.

“health promotion” refers to actions that aim to promote and support people to attain physical, mental, spiritual and social wellbeing through promotion of appropriate behaviours in individuals and through management of the environment and environmental conditions in such a way as to enhance the health and quality of life of the individual, family, community, and society;

“public policy” refers to the direction or guidelines that society as a whole believes in or recognizes to be in the right direction, including written policy formulated by the State;

“participation” refers to the involvement of the people in any activity regarding information learning, thinking, planning, decision making, implementation, benefit sharing, monitoring, evaluating and auditing;

“sexual health” refers to the type of health that includes a positive attitude towards sexual relations and gender, as well as

respect for the different sexual orientations of individuals, thus forming the basis for safe sexual experience and satisfaction, free from coercion, discrimination, and violence;

“gender” refers to a state of being female or male that is not determined by the biological system, but by cultural, social, and other factors, resulting in expectations of individuals in society displaying specific female and male roles and behaviours, contributing to the shaping of beliefs, attitudes, and practices that have become social norms for females and males. Conceptions of gender vary from culture to culture and from period to period;

“reproductive health” refers to health regarding the process and function of the human reproductive system throughout one’s lifetime;

“prevention of diseases” refers to action or avoidance of action in order to prevent illnesses or diseases and their recurrence after recovery or illness. Prevention can be divided into three levels: prevention prior to having an illness or disease, prevention during the course of an illness or disease, disease prevention and rehabilitation after recovery;

“control of diseases” refers to the control of epidemics, non-communicable diseases, communicable diseases, high-risk contagious diseases, including those that arise from contamination by substances present in the environment and food and any other diseases, thus reducing the extent of the loss of health, life and resources if said diseases are detected early;

“prevention and control of health threatening factors” refers to the management of factors that are harmful to health, including the physical and biological environment, germs, chemical substances, and natural disasters, as well as various

social systems, so as to minimize harmful impacts on health, while promoting factors which facilitate good health;

“public health services” refers to services related to health promotion, disease prevention, and control of health and health-threatening factors; examination, diagnosis, and treatment of medical conditions; and rehabilitation of the individual, family, and community;

“quality of public health services” refers to the characteristics of public health services based on bodies of knowledge of human beings, society, science, technology, and other fields, as well as on morality and professional ethics, meeting the needs and expectations of the people and society in an appropriate manner;

“humanized public health services” refers to public health services that are given with compassion; taking into consideration harmonious relationships between public health personnel and the public; aiming primarily at the benefits and happiness of the service-users, family, community, and society; in accordance with professional ethics, with honesty, and without domination by business interests;

“primary health care” refers to services catering to the individual, family, and community, based on a certain level of knowledge and technology, with a focus on human and social dimensions. It is an integrated service aimed at prevention and control of diseases and other health-threatening factors, health promotion, medical care, and rehabilitation. It is a holistic service that brings closer links between service providers, service centres, community and family as well as linking with public health services at other levels and with the community to ensure that service responsibilities are beneficially passed from one to another;

“business oriented public health services” refers to public health services aimed at profit maximisation according to market mechanisms designed for the purpose of sharing the profits in a manner similar to general business operation;

“local health wisdom” refers to a body of knowledge, ideas, beliefs, and expertise on health care that have been accumulated, transferred, and developed over time, including Thai traditional medicine, indigenous medicine, and other alternative medicines that individuals and the community use in health care in congruence with local practice;

“Thai traditional medicine” refers to health care based on Thai knowledge and traditional medicinal texts that have been accumulated, transferred and developed over time or on studies carried out by educational establishments certified by the law on the practice of medical art, including the usage of certain medical scientific tools in conjunction with disease diagnosis and treatment as specified by the law;

“indigenous medicine” refers to health care which is based on knowledge accumulated, transferred, and developed over time specific to and corresponding with the local community’s culture, customs, traditions, and the resources of the community, and is accepted by the said community.

“other alternative medicines” refers to health care based on medical knowledge other than modern medicine, Thai traditional medicine and indigenous medicine.

“community” refers to a group of people with a unique identity who share interests, values, or problems, or who live in the same geographical area, or who have common interests and partake in common activities.

“local community” refers to a community living together in a village or sub-district;

“indigenous medical practitioners” refers to persons who have knowledge and capability in health care, using local indigenous medical wisdom;

“consumers” refers to those who buy or receive services, or those who are approached to buy products or receive services from those who provide products, services, or information leading to consumption. The term also includes those who use products or services legitimately even though they do not pay for them;

“sustainable consumption” refers to the response to the need to consume products and services both at present and in the future, in a way that results in a sustainable economy, society, and environment;

“health knowledge generation” refers to generation of knowledge from practice, knowledge management, exchange of learning, accumulation of learning and experience, studies and research, and synthesis of knowledge and data related to health and the health system;

“dissemination of health information” refers to presentation of health information developed by State agencies and other sectors for distribution and communication to the public, using various modes and channels;

“public health personnel” refers to public health service providers under the relevant law, rules and regulations;

“manpower in health” refers to a person or group of people who play a role in health promotion, care and treatment, disease prevention, and rehabilitation, including public health personnel, public health professionals, supporting staff, personnel involved in Thai traditional medicine, indigenous medicine, and other alternative medicines, health volunteers, health leaders and networks, and other persons working in health-related areas.

“health financing system” refers to financial and fiscal management aimed at people’s wellbeing and security in ensuring efficient and universal access to health services; “collective financing” refers to a financing system to which people contribute according to their capability to pay, under the principle of fair sharing of hardship and happiness, and in which the money collected in advance is used for collective purposes to finance the provision of public health services which are required for maintaining good health and living for all.

CHAPTER 1

Philosophy and basic concepts of the health system

Section 4 : Good health is a basic right of the people.

Section 5 : The health system comprises of all relationships concerning health, where public health services are part of the wider health system.

Section 6 : The health system is part of the social system and part of the national security system. The State and every social sector shall accord high priority to the development of the health system.

Section 7 : The health system must promote human value and dignity and must attach importance to fairness and equity in society.

Section 8 : The health system must give consideration to holistic development, encompassing the state of being human in all its physical, mental, spiritual and social aspects which are interconnected and holistically balanced.

Section 9 : The health system must give high importance to health promotion leading to sustainable wellbeing and self-reliance in the people.

Section 10 : Every sector shares a common duty of driving the development of the country away from consumerism towards the path of sufficiency economy, including a way of life in accordance with religious principles, in order to strengthen mental, spiritual and social health.

CHAPTER 2

Desirable characteristics and goals of the health system

Section 11 : The health system must be based on the principles of virtue, ethics, humanitarianism, good governance, knowledge, and wisdom.

Section 12 : The health system must be consistent with the way of life and culture of the community, both at the local and national levels, adhere to the principle of sustainable development, promote mutual help, support the idea of self-reliance, and adhere to the principle of sufficiency economy.

Section 13 : The management of the health system must abide by the principle of good governance.

Section 14 : The health system must support, promote, and facilitate the achievement of rights and duties in all aspects of health in accordance with the Constitution of the Kingdom of Thailand and the National Health Act, B.E. 2550 (2007) and other related laws.

Section 15 : The timeframe of goals set in this statute provides an overall picture of the health system up to the year 2020.

Chapter 3

Provision of health security and protection

Section 16 : Health security and protection must cover every person living on Thai soil, without discrimination regarding economic, social, or physical status, disability, sex, age, domicile, race, nationality, religion, culture, belief and political ideology.

Section 17 : The establishment of said health security and protection shall involve the participation of every sector, in a harmonious, supportive and caring manner, including state agencies, the private sector, the academic sector, the professional sector, and civil society.

Section 18 : Health security and protection must cover management of all factors which have an impact on health. This is regardless of whether they are personal factors, public health services factors which are not only confined to ensuring access to the public health services, or factors related to the environment and environmental conditions, including the physical, biological, economic and social aspects, as well as various public policies.

Chapter 4 Health Promotion

Principles

Section 19 : Health promotion must be undertaken to create holistic wellbeing for all in society, primarily to decrease morbidity, disability, and untimely death and to lessen health costs in accordance with the concept “health promotion comes before health repair”. Health promotion is to be comprehensively implemented at every level, from conception to the final moment of life, with at least the following five strategies:

- (1) Build healthy public policy
- (2) Create supportive environments
- (3) Strengthening the community according to the principle of sufficiency economy, with emphasis on participatory development
- (4) Develop health related skills of the individual, family and community
- (5) Reorient the public health services system to strengthen the health of the public.

Objectives

Section 20 : To put in place the development of concrete and participatory healthy public policy for good health.

Section 21 : Develop the environment and surroundings in a variety of tangible ways to facilitate the health of the public.

Section 22 : To put in place health promotion for individuals, families, communities and society in a balanced and interconnected manner in accordance with the principle of health promotion.

Section 23 : To put in place strong health efforts covering 80 percent of the sub-districts in the country.

Measures

Section 24 : The State shall encourage state agencies at all levels and all social sectors to develop participatory healthy public policy based on an adequate knowledge and involvement of all sectors throughout the process so as to bring about good public policy. State agencies shall arrange to develop policies and plans to accommodate the development of healthy public policy and implement them in a concrete manner on a regular basis.

Section 25 : The State shall support state agencies at all levels and all social sectors to develop the environment and environmental conditions in a healthy manner covering the physical, biological, economic, and social dimensions, e.g. management of public parks, health parks, sports grounds, community grounds, healthy workplaces, healthy urban communities, healthy town planning, safe transportation systems, good water management systems, and healthy agro-industrial systems, etc.

Section 26 : The State and various sectors shall promote and support education and exchange of learning of the individuals, families, and communities in order to generate knowledge and skills in the way of life and promotion of health. This will eventually lead to individuals, families, and communities having a greater capacity to look after themselves and becoming increasingly self-reliant on a continual basis. This will include the opening up of more public spaces and the development of tools and innovation taking into account

the social context, geo-ecological culture and local wisdom in response to changes in an informed manner.

Section 27 : The State and various sectors shall promote and support the strengthening of individuals, families, communities, and networks, including promotion of the distribution of medicines, medical supplies, knowledge and technologies in a sufficient and all encompassing manner. This aims to encourage self-care and self-reliance in the health of individuals, families, and communities.

Section 28 : The State shall promote and support public participation and capacity building towards the preservation and protection of natural resources, as well as the environment and environmental conditions, in a healthy manner.

Section 29 : The State and various sectors shall develop financial and fiscal measures to support the promotion of health and quality of life of children, youths, women, people with disabilities, the elderly, and the socially disadvantaged. This will be done with an emphasis on management at the community level for sustainable development, including promoting the development of a community welfare system, community funds, and various community activities aiming at the promotion of holistic health.

Section 30 : The State and all social sectors shall promote knowledge generation and management, research, technology, capital and marketing in order to develop healthy and environmentally friendly agriculture, industry, business, and services, with an emphasis on social responsibility, such as promotion of organic farming using chemical free pesticides, promotion of community-friendly and environmentally-friendly

industry, and the promotion of businesses and services that do not have negative impacts on health.

Section 31 : The State shall arrange to develop strategic plans on sexual health and reproductive health on a participatory basis and support their implementation in a concrete manner. The State shall support the development of laws pertinent to the development of sexual health and reproductive health.

CHAPTER 5

Prevention and control of diseases and health-threatening factors

Principles

Section 32 : Persons have the right to live in a healthy environment and environmental conditions and receive up-to-standard and timely services for the prevention and control of diseases and health-threatening factors. This is considered the shared responsibility and duty of every sector at every level of society, carried out with pro-active measures governed by good governance, on the basis of economic, social, and environmental equilibrium under the principle of the sufficiency economy.

Objectives

Section 33 : The State is to have unifying measures to prevent and control diseases and health-threatening factors in an interconnected and coordinating manner at every level.

Section 34 : The community is to be strong and able to participate in the prevention and control of diseases and health-threatening factors at the local level.

Measures

Section 35 : The State shall arrange for the preparation of participatory strategic plans to prevent and control diseases and health threatening factors that are interrelated and consistent at the national, provincial and local levels. The state will set up mechanisms consisting of state agencies, non-governmental organizations, academic organizations, and

civil society in an appropriate balance, taking into account the need to coordinate with the international community, particularly with neighboring countries.

Section 36 : The State shall support the decentralization of power, while strengthening the capacity of local governmental organizations with regards to structure, manpower, and budgetary support so that they are equipped and prepared to carry out their assignments according to the strategic plans for the prevention and control of diseases and health threatening factors.

Section 37 : Local governmental organizations at every level shall prepare plans involving participation from all sectors in order to accommodate the strategic plans to prevent and control diseases and health-threatening factors at the national and provincial levels.

Section 38 : The State shall arrange to put in place a mechanism to assess health impacts deriving from public policies, projects, or activities that may affect health in accord with the provisions of the Constitution of the Kingdom of Thailand and other related laws. The State shall enhance the capacity of local governmental organizations to carry out health impact assessments when required, to formulate a policy, develop a project, issue permission to carry out a project or activity with possible health impacts, and monitor the project implementation to ensure that the State and private sectors concerned implement the projects in a responsible manner.

The State shall promote organization by the people and their participation in the process of health impact assessment to protect the rights of the community from the

impacts of public policies, projects and activities to be implemented in the community. It shall also arrange for the establishment of a mechanism to receive complaints from people who have been affected and to solve problems in a timely manner.

Section 39 : The State shall accelerate efforts to develop an efficient surveillance system and mechanism in the state agencies and other sectors to prevent and control diseases and health-threatening factors, with proper integration and connection between relevant state agencies at all levels.

Section 40 : The State shall use tax measures in the effort to prevent and control diseases and health-threatening factors, such as environmental taxes and import taxes for hazardous objects or toxic waste.

Section 41 : The State shall develop laws to protect rights as stated in Section 32 and laws on procedures for cases or disputes regarding the environment and environmental conditions. These will include creating mechanisms for mediation, remedy and compensation for people who have been affected and who seek settlement in the dispute.

Section 42 : The State shall promote campaigns to disseminate information and positive values to the public on a continual basis including strengthening the community to become self-reliant and develop immunity from negative influences. The state will support the networking of communities in order to promote a healthy way of life and the practice of behaviors which help prevent diseases and reduce factors that cause threats to good-health.

CHAPTER 6

Public health services and quality control

Principles

Section 43 : Public health services must be high quality, efficient, effective, and inexpensive, focusing on support for and investment in services and technologies with high returns in health.

The public health services must be in harmony with the desirable health system, and the State should primarily support a humanized public health service system. It should not support those with business interest orientation.

The organization of public health services must help to enhance good health for all, with emphasis on health care for the people on a continual basis, linking various kinds of public health services to ensure joint responsibility. In this respect, encouragement and support shall be given to local governmental organizations and the community to participate and play a role in providing primary health care, including simultaneously promoting the concept of self-reliance in health matters amongst the people.

Objectives

Section 44 : The primary health care service system is to be well received, respected, trusted and primarily sought by the people. It is to be efficiently linked with other public health service systems, aiming at providing support for the local community in their ability for better health promotion and self-reliance.

Section 45 : There is to be put in place concrete humanized public health services at every level.

Measures

Section 46 : the State shall promote a primary health care service system provided by doctors or family public health personnel to ensure comprehensive services for all in both urban and rural areas. The primary health care service centres must support health promotion efforts and proactive work in preventing and solving health problems of the people through cooperation with the locality, community, and agencies concerned. It must link with public health service systems at other levels through an efficient referral system.

Section 47 : The State shall promote and support local governmental organizations so that they have the capability to take up the responsibility of providing public health services, especially at the primary health care level. The State shall also transfer control of public health service centres to local governmental organizations. This must take place through systematic and step-by-step preparation and implementation, on a voluntary basis and must take into account the readiness of local governmental organizations, public health personnel, the community and public participation. The primary focus must be the benefits for the people.

Section 48 : The State shall promote the development of public health services for specific target group populations in a systematic, integrated and efficient manner, particularly for those with limited access to public health services, including children, youth, women, people with disabilities, the elderly, and the socially disadvantaged,.

Section 49 : The State and all sectors shall work together to develop a concrete humanized public health service, placing importance on the public's participation in the provision of public health services in the form of volunteers or others and focusing on public health services for public benefit.

Section 50 : The State shall support campaigns to disseminate information and promote positive values to the public and public health personnel on a continuing basis in order to foster good relationships based on mutual understanding of the limitations of public health services and possible causes of undesirable occurrences. The State shall also promote cooperation from all sectors to lessen such undesirable occurrences and remedy problems together in a harmonious way.

Section 51 : The State shall not render support or special tax or investment privileges to public health services which are business interest oriented.

Section 52 : The State shall arrange to put in place a national mechanism to oversee the direction and development of public health service systems, mechanisms to control, supervise, and develop the quality of public health services, and mechanisms to control, monitor and develop an appropriate application of scientific knowledge and technology, as well as other necessary mechanisms.

CHAPTER 7

Promotion, support, use and development of local health wisdom, Thai traditional medicine, indigenous medicine, and other alternative medicines

Principles

Section 53 : The promotion, support, use and development of local health wisdom, Thai traditional medicine, indigenous medicine, and other alternative medicines should be based on the following principles:

(1) Harmony with the community's way of life, culture, traditions, beliefs, and religion, leading to a state of self-reliance in health.

(2) Promotion of all systems of medical care on an equal basis in order to strengthen the overall health system.

(3) Considerations that people have an equal right to choose and access various different medical systems for their health care and that of their families and that they have sufficient knowledge and receive protection as consumers through a health information system that is accurate, objective and accessible.

(4) Use of wisdom, knowledge, rational thinking in developing academic knowledge and building on the existing body of knowledge on a continual basis, for maximum benefit, cost effectiveness, efficacy and safety.

Objectives

Section 54 : The community as a whole and the local community are to realize the value of, and to play an important role in promoting, supporting and using local health wisdom,

Thai traditional medicine, indigenous medicine, and other alternative medicines in the health care of the people and community in an appropriate manner.

Section 55 : Thai traditional medicine, indigenous medicine, and other alternative medicines are to be promoted and supported so that they have sufficient mechanisms and resources to perform their functions and so that their development can proceed in a systematic and holistic manner in the following areas: generation and management of knowledge, creation and development of the health system and public health service system, public health personnel, the system of Thai medicines and medicines developed from herbs. Arrangements are to be made to have in place the system, mechanisms and adequate budget to support hospitals of Thai traditional medicine and to protect Thai traditional wisdom.

Section 56 : A list of Thai medicine and medicine developed from herbs is to be included in the national list of essential medicines, at the proportional rate of at least 10 percent of all the medicines contained therein, and Thai medicine and medicine developed from herbs are to be promoted and used in the public health service system, with a view to the country's greater self reliance in medicine.

Section 57 : There is to be a robust system with mechanisms to protect local health wisdom, Thai traditional medicine, and indigenous medicine at the community, national and regional levels.

Section 58 : There is to be a robust independent and neutral system, alongside mechanisms with a strong technical base, for screening and promoting alternative medicines. This combination will be an effective, economical,

cost-effective, and safe manner to protect consumers and gain the maximum benefit for people's health care

Section 59 : There is to be sufficient allocation of the budget to support the development of local health wisdom, Thai traditional medicine, indigenous medicine, and other alternative medicines. This is in order to systematically generate and manage knowledge, as well as to support research and study, produce and develop personnel, and to develop textbooks.

Section 60 : There is to be at least one Thai traditional medicine hospital in each region serving as a standard model for service delivery, research and study, and the training of personnel.

Measures

Section 61 : The Committee for the Development of Local Health Wisdom under the National Health Commission shall provide advice and recommendations to the Commission and the cabinet in the areas of advocacy, implementation, monitoring and evaluation of the national strategic plan, as well as the development of Thai traditional health wisdom and the traditional Thai-way of health. The committee shall prepare reports and recommendations on both policy and strategy for the advocacy of local health wisdom, Thai traditional medicine, indigenous medicine, and other alternative medicines. Such reports and recommendations are to be submitted to the Commission that will further submit them to the Cabinet for approval and implementation by the state agencies concerned.

Section 62 : The State shall promote the strength and participation of the community as a whole and the local community in the regeneration, continuation and utilization of local health wisdom, as well as to apply and develop local health wisdom within the changing social, economic, and cultural contexts. The State shall also promote and support the community as a whole, local community, and local governmental organizations to play a role in managing local health wisdom at the community level.

Section 63 : The State shall develop the strength and participation of the local community, local governmental organizations, and academic institutions in the locality in order to promote and support the utilization and development of indigenous medicine. This is to be done by supporting and promoting the status of indigenous medical practitioners, enhancing the capacities of the indigenous medical practitioners in the community, promoting the passing on of this tradition to a new generation of indigenous medical practitioners, encouraging a new generation of young people to appreciate the value of indigenous medical practitioners and maintain the community tradition, developing the system of knowledge management both through textbooks and through indigenous medical practitioners; and promoting research and development of the knowledge of indigenous medical practitioners. All this is designed to add on to the existing traditional knowledge and accordingly to utilize it for the health care of the people.

State agencies and the community shall promote the strengthening of the networks of indigenous medical practitioners and support the linkage among such networks at the community, regional, and national levels, through the

participation process and through horizontal coordination. State agencies concerned shall develop legal and other measures to accommodate the status of indigenous medical practitioners.

Section 64 : The State shall promote and support the utilization and development of Thai traditional medicine so that it is of a high quality and standard in the following manners:

State agencies, production institutes, and academic institutions work together to develop a system to study, research, and develop the science of Thai traditional medicine. This ranges from the basic knowledge of the human body and its functions, the pathogenesis of disease, causes of disease, methods of diagnosis, methods of medicine preparation and methods of treatment and cure, to team building to look after patients, systems of prescription, systems of medical records, systems of rectifying mistakes in treatment, systems of technical development, including organizing academic conferences and publishing academic periodicals, as well as creating and developing standards of medical practice, textbooks, and manuals.

The National Health Manpower Committee, under the National Health Commission, prepares a policy, strategy and operations plan for the development of manpower in Thai traditional medicine.

State agencies, production institutes, and academic institutions work together to develop the manpower system by setting a structure and framework for manpower in Thai traditional medicine, developing standards for manpower production for Thai traditional medicine, in which the teacher

accepts his student on a personal basis or the student formally attends an educational institution, establishing a network of institutes that produce personnel in Thai traditional medicine, continuously updating knowledge for the personnel, developing the personnel who provide Thai traditional medicine services in state-run public health centres so that they can be licensed to practice Thai traditional medicine and Applied Thai traditional medicine. Thai traditional medicine hospitals shall be established to serve as a standard model for service delivery, study and research, and the training of personnel to meet the objective in Section 60.

Section 65 : The State, state agencies and various sectors concerned shall promote and support the use of Thai medicine and herbal medicine on the national list of essential medicines and in the pharmacopoeia of hospitals.

The Committee on National Medicine System Development shall advocate the inclusion of more Thai medicine and medicine developed from herbs on the national list of essential medicines to sufficiently meet the needs for health care and treatment of the people.

State agencies and various sectors concerned shall promote the capability of hospitals and communities in the production and use of Thai medicine and medicine developed from herbs.

Section 66 : State agencies, local governmental organizations, and local communities shall together create a system and mechanisms to protect and strengthen local community health wisdom, Thai traditional medicine, and indigenous medicine so that they become more efficient and linked to one another from the community, regional

and national levels, in the following ways: building understanding and awareness within Thai society, enhancing the potential and strength of the State and local community to protect local wisdom, developing the legal system and mechanisms, and ensuring Thailand plays a proactive role in negotiations at international forums on the protection of these forms of wisdom.

The Committee to Protect and Promote Wisdom in Thai Traditional Medicine shall, in accordance with the law on protecting and promoting Thai traditional medicine, set a clear direction and work plan to manage the fund for Thai traditional medicine, adhering to the principle of good governance, incorporating participation to build a strong and efficient system and mechanisms to protect community health wisdom, Thai traditional medicine, and indigenous medicine, with linkages from the community, national to regional level, allocating money from the fund for Thai traditional medicine to support state agencies, local community, and local governmental organizations so that they can take appropriate action to strengthen the system and mechanisms to protect and promote local health wisdom, Thai traditional medicine, and indigenous medicine.

Section 67 : The State shall promote and support the use and development of other alternative medicines in an effective, economical, cost-effective and safe manner as follows:

Establish an independent national-level committee, with a strong academic base, whose functions are to screen alternative medicines on the basis of efficacy, economy, cost-effectiveness and safety for maximum benefits in health care for the people and to serve as a mechanism for consumer protection of other alternative medicines.

Set up technical networks of other alternative medicines at the community and national levels and support the creation of such networks at the regional level to promote and support the use of other alternative medicines in an efficacious, economical, cost-effective and safe manner as well as promoting self-reliance in health care.

CHAPTER 8

Consumer protection

Principles

Section 68 : The system of consumer protection must be undertaken to defend and protect the rights of the consumers with emphasis on:

(1) Establishing a learning process to enhance the capacity of the consumer.

(2) Disseminating true and comprehensive information to enable the consumer to make an informed decision.

(3) Putting in place mechanisms for surveillance, follow-up, and inspection of products and services at all levels.

(4) Supporting the participation of the consumers, consumer organizations, and networks so that products and services offered are of high standard and quality, safe and fair for all on an equitable basis; with a system of efficient and appropriate compensation for damages that may occur, free of intervention from political power, official authorities, business, or any other form of intervention.

Objectives

Section 69 : The consumer's rights are to be defended and protected in accordance with legal provisions, while efforts are to be made to develop his capability to defend and protect his rights and those of society; including providing knowledge and access to comprehensive and useful information, as well as knowledge about impacts that may result from consumption, in such a way that the consumer is able to

utilize the knowledge and information received to make an appropriate informed decision.

The consumer who is damaged as a result of product or service consumption is to be compensated and remedied in an efficient, appropriate, and timely manner.

Section 70 : Children, youths, women, the elderly, and the disadvantaged are to receive special protection in accordance with the legal provisions, and to receive the opportunity to develop life skills, media awareness, as well as the opportunity to participate in consumer protection. In this regard, communication of information must be appropriate to the age and status of the individual, easily accessible, easily understood and practical.

Measures

Section 71 : In protecting the consumer, the State shall take the following actions:

(1) Accelerate the establishment of an independent consumer protection organization in accordance with the Constitution of the Kingdom of Thailand and pass laws on the compensation and remedy for victims of products and services. Such laws must be suited to the situation and technological advancement of products and services, while the law on consumer protection must be efficiently enforced. An independent fund shall be put in place for consumer protection work with sufficient budget allocation from the State.

(2) Promote and support the organization of people as groups, clubs, societies, foundations, networks, and others, working on behalf of the consumer, and to enhance the strength and learning process of the consumer. Promote and

support the establishment of consumer protection mechanisms for the public in every province. Efforts must be made to ensure that business entrepreneurs and the mass media are socially responsible and involved in consumer protection work.

(3) Promote and support the participation of the people in the determination of policy, planning, follow up and inspection of the work for the consumer, both at the national and local levels.

(4) Control the provision of public services to children, youth, people with disabilities and the handicapped, the disadvantaged, and the elderly in a fair and comprehensive manner so that they can access and utilize them in their daily life and maintain contact with the society outside.

(5) Support the establishment of system for testing service and product quality which involves public participation, to assess the efficiency, cost-effectiveness, safety, and impact of products and services and then widely disseminates the results to the public.

(6) Promote a policy of sustainable consumption and integrate the concept into other public policies, as well as putting in place measures that promote sustainable consumption.

(7) Support and promote local governmental organizations in, surveillance, follow up, inspection, and evaluation of products and services.

(8) Support the inspection of health information dissemination to the public to ensure accuracy and impartiality and arrange for proportionally appropriate space to provide knowledge for the consumer, with emphasis on cultivating ethical mass media and responsibility in advertisement and sales promotion that have health impacts.

Section 72 : Local governmental organizations shall set policies, plans, budgets, by-laws, and mechanisms to protect the consumer, integrating consumer protection as a major component of the plans and enlisting the participation of the consumer.

Section 73 : Academic institutions, professional councils, and professional committees on public health shall work together to create and develop a strong and just system to protect the consumer, as well as to inspect, assess, and develop consumer protection mechanisms. In this regard, efforts must be made to encourage a sufficient number of consumer representatives to sit on committees in such bodies.

Section 74 : Business entrepreneurs and the mass media shall, in their work, take into consideration the safety of the consumer and their social responsibility, aiming to support sustainable consumption by working together to set and implement good practices in the production of quality products and services, and adhering to ethical principles with regard to business conduct and sale promotion. They should exercise self-regulation to ensure compliance to relevant requirements, as well as preventing and promptly remedying damages resulting from their business practices.

Section 75 : With regard to the preparation of international agreements and laws deriving thereof, in accordance with the Constitution of the Kingdom of Thailand, relevant state agencies shall take the following actions:

(1) Carefully and comprehensively consider their effects on the consumer in terms of health and wellbeing, following the procedures provided in the Constitution, seeking opinions from a wide range of consumer and civil society organizations.

(2) Create guarantees to prevent damages that may occur as a result of entering into such international agreements, as well as developing and improving mechanisms to accommodate them in such a way that they will facilitate, and not create obstacles to, the development of health and the public health of the country.

(3) Open up opportunities to facilitate discussion concerning impacts on the consumer, especially in matters of health, resulting from the implementation of international agreements in order to find ways and mechanisms to compensate for any damages that have occurred, as well as considering changing or abrogating agreements in the case of far reaching impacts.

CHAPTER 9

Generation and dissemination of a body of health knowledge

Principles

Section 76 : Health knowledge is an important element in the development of a health system. The State has a duty to support the generation of such knowledge with the participation from all sectors and to provide the opportunity for the public to learn as much about it as possible.

Section 77 : Public policy must be developed from a comprehensive, adequate and reliable knowledge base the sources of which must be openly referred to.

Section 78 : The generation, management, communication and dissemination of health knowledge must put the public interest first and foremost in tune with the important problems facing the country in order to create a learning society.

Objectives

Section 79 : The State and all sectors are to invest and play a role in the generation, management, communication, and dissemination of health knowledge in order to bring about a health system based on comprehensive and inclusive knowledge at every level.

Measures

Section 80 : The State shall allocate a budget which is sufficient to support research on health, including the health system and other necessary research fields proportionately close to the budget allocated for health research in standard international practice.

Section 81 : The State shall promote local governmental organizations to play a role in generating health knowledge and allocate an appropriate budget to groups of organizations in the locality to enable them to participate in the generation, management, communication and dissemination of knowledge.

Section 82 : The State shall promote and support the public in the generation and management of health knowledge and support the creation of appropriate and varied channels for learning in the community.

Section 83 : The State shall support and encourage the private sector, civil society, and the community to invest together in the generation, management, communication and dissemination of health knowledge.

Section 84 : The State shall promote and support investment and development of personnel and networks for the generation, management, communication and dissemination of health knowledge at all levels.

Section 85 : The State shall establish a system to inspect, screen, and monitor the communication and dissemination of health knowledge, with emphasis on participation from all sectors.

Section 86 : The State shall set measures and allocate a budget to enable all forms of mass media to allocate sufficient time or space for the dissemination of accurate health knowledge, paying attention to appropriate time periods, quality of the content, and perception of the target group.

Section 87 : The State shall arrange for a national mechanism to be set up: to set direction and policy for the generation, management, communication and dissemination of

health knowledge sufficient to develop a health system, administer, follow up and evaluate the policy on a continuing basis. The State shall also support the setting up of a network of health research organizations. In this regard, it may either develop existing mechanisms such as the Health Systems Research Institute or put in place new mechanisms as appropriate.

CHAPTER 10

Dissemination of health information

Principles

Section 88 : Dissemination and communication of health information must be impartial, fair, and comprehensive through appropriate channels so that the public can understand and use it in their decision to modify their health behaviors leading to wellbeing, with emphasis on providing opportunities for the people to easily access health information.

Objectives

Section 89 : The people are to be given protection to enable them to receive correct and sufficient health information.

Section 90 : There is to be a good health information system with networks throughout the country and with international linkages.

Measures

Section 91 : The State shall develop a health information system and develop a mechanism that can turn health information into advocacy efforts for public policy and surveillance activities to prevent and control diseases and factors which impinge on health.

Section 92 : The State shall put in place a mechanism to inspect and screen health information to provide early warnings, to protect the people, and to strengthen the public sector.

Section 93 : The State shall support local governmental organizations, the academic sector, the private sector, the civil society sector, and other sectors so that they can participate in their own management, administration, and monitoring, leading to appropriate dissemination, communication and utilization of health information.

Section 94 : The State shall put in place a national mechanism to set the direction and policy for the development of the health information system, to administer the policy, to follow up, supervise and evaluate the policy on a continual basis, as well as to support the creation of a network of health information organizations.

CHAPTER 11

Formation and development of public health personnel

Principles

Section 95 : Public health personnel, including manpower in other health areas that play a role in the health system, are an important part of manpower that drives society forward towards a desired health system.

Section 96 : It is the duty of the State to formulate policy, planning, production, development, and distribution of public health personnel in an equitable manner so as to meet the needs of the country, while ensuring that they do not mainly follow market mechanisms.

Objectives

Section 97 : Public health personnel, including manpower in other health areas that play a role in the health system, are to have quality, ethics, good social-conscience and sufficient numbers, equitably distributed throughout the whole country.

Section 98 : Public health personnel are to work and deliver health services to the public with a multidisciplinary approach, including working in close coordination with manpower in other health areas that play a role in the health system.

Measures

Section 99 : The National Committee on Health Manpower under the National Health Commission shall have the duty to oversee the direction, policy, and strategy on

national health manpower, including coordination, monitoring, follow-up and evaluation of the national health manpower system to ensure that it is in line with the desired health system.

Section 100 : State agencies concerned shall support a system of health manpower production that allows people from the local communities and other localities to have the opportunity to study and develop so that they can then go back to work as public health personnel in their localities. Emphasis shall be on close participation of the community and local governmental organizations.

Section 101 : State agencies, professional organizations, and various sectors shall support public health personnel to play their role in the promotion and support of manpower in other health areas that play a role in the health system so that the latter can perform their duties and actively participate in the movement towards the desired health system.

Section 102 : The State shall support public health personnel in all fields to achieve professional status endorsed by law and shall support the efforts to put in place a working process that links together professional organizations, as well as opening up avenues for the public to participate in the work of health professional organizations in a concrete manner.

Section 103 : The State shall support the development of mechanisms at the local level to coordinate the planning of local public health personnel and manpower in other health areas to ensure a fair and efficient distribution and utilization of health manpower in the locality.

CHAPTER 12

Financial and fiscal aspects of health

Principles

Section 104 : Health care financing must aim for the sustainability of the desired health system. The compulsory collective financing system must not be undertaken for business oriented interest.

Objectives

Section 105 : Collective financing for public health services is to be developed to achieve its objectives set for 2020 as follows:

(1) Decrease the proportion of expenditure for national public health services deriving from households spending for health services from 36 percent of total national expenditures in 2005 to not more than 20 percent.

(2) Decrease the number of households suffering from acute economic problems due to having to pay for medical services, from 2 percent of all households as recorded in 2006 to not more than 1 percent.

(3) There is to be equity in the benefits of state-supported public health services.

(4) The rate of increase in national health expenditure is not to exceed the rate of growth of gross domestic product.

(5) The compulsory collective financing system is to be correctly undertaken according to the principle that it is not oriented towards business interests.

Measures

Section 106 : The State shall organize a collective financing system from funding sources collected at a more progressive rate, including an increase in tax collected from public health services that are geared towards business interests and from products that are harmful to health. The State shall also organize the compulsory collective financing system to be undertaken according to the principle that it does not favour business-oriented interests.

Section 107 : The State shall expand the collective financing system to include people with permanent residence in the country, including migrant workers, so that they can all get access to public health services. The State shall also limit co-payment measures for the use of specific public health services to prevent people from over using services. Co-payment is not designed to bring more money to the system. If there is to be co-payment, then there must also be efficient measures to protect the poor and those with specific health needs so that they can receive the appropriate services.

Section 108 : The State shall increase investment in highly efficient public health services, comprising health promotion, prevention and control of diseases and health-threatening factors, with an increased rate not less than that of medical care and treatment. The State shall support the development of health systems that will become more important in the future, such as the primary health care service system, long-term convalescence services, rehabilitation services, Thai traditional medicine, indigenous medicine, other alternative medicines, research for health system development, and tax

measures to induce a decrease in consumption of products harmful to health.

Section 109 : The State shall improve the efficiency of financial and fiscal administration of public health services to control expenditure by using close-ended collective financing that sets the amount of expenditure clearly in advance in order to control spending, such as fixed payment per head or per illness. Attempts shall also be made to create appropriate incentives for service providers.

Section 110 : The State shall promote the establishment of a community health fund which involves participation of state agencies, local governmental organizations, and the community in order to support health promotion, prevention and control of diseases and factors which can negatively affect health, and rehabilitation. The State shall also support a system of follow-up, evaluation, and inspection to be put in place to bring about good governance in management and administration.

Section 111 : The State shall establish a national mechanism to perform long-term financial and fiscal planning in health matters, to perform monitoring and evaluation, and to support continuing research for the development of the financial and fiscal system for health on a continuing basis. The State shall provide a budget sufficient for this purpose.

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History of the Statute on National Health System B.E. 2552 (2009)

• **3rd August 2007** The National Health Commission Office appointed a “Working Group on System and Mechanism Development for Preparing The Statute on National Health System B.E.2552 (2009)”, having Dr. Amphon Jindawatthana as chairman. The committee was assigned the role of formulating the system and mechanism for preparing the National Health System Statute. Special emphasis was to be placed on maximizing the participation of the various relevant sectors of society. This was to be achieved using a basis of academic knowledge combined with social-management as was employed in the drafting of the 2007 National Health Act.

• **1st – 2nd November 2007** An event, entitled ‘Driving forward and learning together: The Process of Preparing Statute on National Health System B.E.2552 (2009)’, was held in order to present the proposed system and mechanisms for preparing the Statute. Around 1000 people attended the meeting at the United Nations Conference Centre, Bangkok. The meeting agreed the draft system and mechanism that was presented.

• **23rd November 2007** The National Health Commission approved the draft system and mechanism for the Statute and appointed the ‘Committee for drafting National Health System Statute ’ with Dr. Banloo Siripanich, former committee member of the National Health System Reform Committee, as chairman. The Secretary-General of

the National Health Commission was appointed as a committee-member and head of the secretariat. The Director of the Health System Research Institute and the Director of the Bureau of Policy and Strategy, Ministry of Public Health were appointed as assistant-members of the secretariat, with 30 further committee members coming from different sectors of society. The National Health System Statute Development Committee further appointed six sub-committees made up of 6 the following.

(1) Subcommittee for drafting the overview framework of section 47 (1) (2) (3) having Professor Dr. Vicharn Phanich as chairman, Dr. Pongpisut Jongudomsuk, Director of the Health System Research Institute, and the National Health Commission Office as secretaries;

(2) Subcommittee for drafting the significance of section 47 (4) (5) (6) (12) having Dr. Narongsakdi Angkasuvapala as chairman, with the secretariat led by Dr. Samrit Srithamrongsawat, Director of the Health Insurance System Research Office and drawing officers from the Department of Health (Ministry of Public Health) as well as the International Health Policy Program.

(3) Subcommittee for drafting the significance of section 47 (9) (10) (11) having Dr. Somsak Chunharas, M.D. as chairman, and staff of secretaries consisting of Dr. Ladda Damrikarnlurt from the Health System Research Institute and staff from National Public Health Foundation;

(4) Subcommittee for drafting the significance of section 47 (7) having Dr. Vichai Chokevivat as chairman, and staff of secretaries consisting of Dr. Prapod Patragas, Deputy Director-General of the Department for Thai Traditional and Alternative Medicine, and staff from the Thai Traditional Health Institute;

(5) Subcommittee for drafting the significance of section 47 (8) having Dr. Chuchai Supawong as chairman, and staff of secretaries consisting of Assistant Professor Wanna Sriwiriyapap and a team drawn from the Health Consumer Protection Project at Chulalongkorn University;

(6) Subcommittee for social communication and organising public hearing having Mr. Somchai Sawankarn as chairman and Mrs. Kannikar Bunteongjit as secretary. Three further working-groups were appointed, made up of Working Group on Communications (having Mr. Suriyong Hoontasarn as chairman), Working Group on Public Hearing (having Mr. Phichai Srisai as chairman), and Working Group on Assessment (having Professor Dr. Jaras Suwanmala as chairman);

Each committee, subcommittee and working group was composed a wide variety of members from the government sector the academic/professional sector and from the civil society, with secretariat officers drawn from amongst the organization partners.

•9th February 2008 The first workshop among the Committees and Subcommittees was held at Chulabhon

Research Institute for developing common interest in planning and working together in the same manner as that of the process of drafting the National Health Act.

•**March – April 2008** All the committees and subcommittees began working in parallel, beginning by reviewing information, the current situation and academic works relevant to each issues. The meetings of committees and sub-committees were organized in a regular basis

•**24th June 2008** The second workshop among all the Committees and Subcommittees was held at the Miracle Grand Convention Hotel, Bangkok, for collecting opinions and suggestions on shaping the frame of the Statute and drafting the significance of section 47 (1), (2) and (3) which are the parts on philosophy, main concept, desirable characteristics and target of the whole figure.

•**April – July 2008** The Subcommittee for social communication publicized the draft Statute, from the stage of shaping the frame of Statute to the stage of drafting the Statue. This was broadcast via mainstream media, e.g, TV, radio, SMS, news-scoops in newspapers and magazines and by poster. Beyond this, information was posted on webboards of various websites and campaigning activities were held in communities. At the same time, opinions on the main points of the Statute were sought through the following sources:

- Interviews of 50 scholars from different walks of life on their opinions towards the health system..



- Citizen dialogue events were held in 8 provinces, namely Chiang Mai, Phitsanulok, Udonthani, Ubonratchathani, Rayong, Nontaburi, Nakhon Phatom and Nakhon Sri Thammarat. This was the first time in Thailand that the general public have been asked for their opinions in this way. A random sampling method was used to select representatives from every group of the public to share their opinions on the Statute. They numbered around 50-55 people per event around 500 people in total.

These events were carried out with the cooperation of Assumption University, the Political Science Faculty of Chulalongkorn University and the National Health Commission Office.

- 16 events, involving around 3000 people, were held to hear the opinions of specific target groups. These included disabled people, informal labourers, children, local governmental organizations, police, armed forces, academic/professional groups and various ministries.

- Public hearing events were held at the provincial level in 75 provinces with the cooperation of Provincial Public Health Offices and Regional Offices of the National Health Security Office. Around 7500 people expressed their opinions.

- Opinions were also collected from around 7000 people through other means including the mass-media and questionnaires at meeting events.

•**27th August 2008** The third workshop among all the Committees and Subcommittees was held at the Miracle Grand Convention Hotel, Bangkok, for considering the data collected from public hearings and brainstorming on each issue of the draft significance of the Statute.

•**27th -28th September 2008** The Subcommittee for drafting the overview framework of section 47 (1) (2) (3) hosted the workshop with the leaders of the rest Subcommittees at Mae Fah Luang University, Chiang Rai Province, for considering the significance, and examining and modifying the wordings for consistency of the whole text, in preparation for its presentation at the National Health Assembly 2008.

•**11th – 13th December 2008** The first National Health Assembly 2008, which was held at the United Nations Conference Centre, Bangkok, made up of the representatives of 178 groups of interests or constituencies totaling 875 people, together with distinguished guests, diplomats, representatives of international organizations, observers, Committees and Working Groups totaling 745 people, or overall number amounted to 1,620 people. The assembly approved in consensus the significance of the draft Statute, with certain observations in detail, and finally submitted the draft Statute to the Committee for drafting the National Health System Statute for further consideration.

•**26th December 2008** The National Health Commission approved the appointment of the “Committee for Health

System Research Development to Support Statute on National Health System B.E.2552 (2009)” having Professor Dr. Vicharn Panich M.D. as chairman, and the Director of the Health System Research Institute as member and secretary.

• **12th January 2009** The Committee for drafting the National Health System Statute convened the final meeting at the Thailand Nursing Council for consideration of the suggestions and observations of the first National Health Assembly and finally approved to submit the draft Statute to the National Health Commission for consideration.

• **23rd March 2009** The National Health Commission, with the Prime Minister (Mr. Abhisit Vejjajiva) as chairman, approved the draft Statute on National Health System No. 1, B.E., for submission to the Cabinet for approval and further proceeding in accordance with section 46 of the National Health Act, B.E. 2550 (2007). The Commission also approved the appointment of the “Committee for follow-up, support and assessment of the implementation of the Statute” with Dr. Banloo Siripanich M.D., as chairman, and the Secretary-General of the National Health Commission as member and secretary.

• **30th June 2009** The Cabinet approved the draft Statute on National Health System No. 1, B.E. without any modification.

• **7th September 2009** The House of Senate acknowledged the draft Statute on National Health System B.E. 2552 (2009) approved by the Cabinet without additional debate.

• **10th September 2009** The House of Representatives approved the draft Statute on National Health System B.E. 2552 (2009) approved by the Cabinet, having 6 members of the House of Representatives, from both the Government side and the opposition side, debated in favor and commented on practical implementation.

• **2nd December 2009** Statute on National Health System, B.E. 2552 (2009) has been published in the Government Gazette, Volume 126, Special Issue 175 d, dated 2nd December 2009.

The Statute on National Health System B.E.2552 (2009) shall as from now on be binding upon the government agencies and other agencies concerned in respect of their respective powers and duties (section 48 of the National Health Act, B.E. 2550 (2007)), and shall be the common social commitment which may be relied upon for the benefit of the development of national health system and well-being of the public and Thai society as a whole.