

The National Health Commission Office of Thailand

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Synergy to Well-Being



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Revision for APHC 2013

All about NHCO

The National Health Commission Office (NHCO) is an autonomous public agency, established in accordance with the 2007 National Health Act, to carry out the secretarial functions for the National Health Commission which is chaired by the Prime Minister.

A philosophy behind the establishment of the NHCO is that health is integrated with 4 dimensions namely physical, mental, social and spiritual well-being. A perfect health is beyond a competence of health professionals. Since it concerns Social Determinants of Health, SDH so the multilateral cooperation in society is fundamental. This requires a synergist for all parties concerned to devote efforts in drawing up healthy public policies. Hence, the NHCO is designed to undertake this function of making health in all policies, HiAPs.

The Rationale

In the past, a former Thailand national health system could not well address the health issues because it was fragmented and only focused on the treatment rather than the disease prevention and health promotion, hence the over expenditure and inefficiency. Moreover, the service quality, the unequal access to the health care service, and the changing pattern of the modern diseases made the former national health system not much effective.

In fact, the good health indicates the whole wellbeing, which means that the state of human being is perfect in physical, mental, spiritual, and social aspects. These are called holistic in balance. However, all of these four aspects were not well emphasized by the conventional health care. Hence, it is necessary to focus on the social determinants of health and to give people a chance to participate and be aware of perfect wellbeing, thus a reform on the health system gets under way.

The process of reforming the national health system came into being in 2000 which the participatory democracy and the decentralisation were

keywords, the health reform was on the horizon. The government set up the National Health System Reform Committee and the National Health System Reform Office for the secretarial functions. The National Health Bill was drafted as a tool for the National Health System Reform and proposed into the legislative process.

Finally, in 2007, the National Health Act was passed and served as an effective tool to set guidelines on the national health development in which all parties in society have a hand.

The National Health Act 2007, creates ample opportunity for all sectors in society to play a role in the national health development process through the participatory approaches. To that end, an agency acting as a coordinator needs to be committed to integrate the government, academics, private sector and people into the efforts.

The National Health Commission Office (NHCO) was set up in March, 2007, in line with the National Health Act 2007 in order to carry out various secretarial functions for the National Health Commission (NHC). The NHCO is overseen by an executive board appointed by the NHC.

The NHCO duties and responsibilities

The office has six scopes of duties and responsibilities as follow;

- Encouraging the participatory healthy public policy development on health and giving helpful advices to a cabinet, local administrations and community organizations in order for the materialization of the policies.
- Promoting the public awareness on rights and responsibilities on the health system stipulated in the Act.
- Accelerating the preparation process of the statute on the national health system so as to set guidelines on the health-related policies and strategies.
- Pushing for the social movement towards health-conscious society and public wellbeing.

- Supporting the area-based, issue-based and national health assemblies in order to provide opportunity for all pertinent parties to play a role in developing the health-related policies with knowledge base.
- Providing full support for the health impact assessment process as it is regarded as a major instrument for public policy development.

Working strategies

The NHCO adopts a so-called “Strategy on Triangle that moves the mountain”, which is a trilateral cooperation linking the political power, the social power, and the power of wisdom with the ambitious aim to achieve dynamic and sustainable implementation of participatory healthy public policies.

Triangle That Moves The Mountain Strategy

Creation of Relevant Knowledge
Health professionals/Other professionals/ Academics



Social Movement
/Public
/Private sector
/Media
/Local community

Political Involvement
/Politicians
/Local administrative organizations
/Government officials

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Encouraging the participatory healthy public policy development

According to the World Health Organization (WHO), “the healthy public policy” is characterized by an explicit concern for health and equity in all areas of the policy and by accountability for the health impact. As well, the policy is to create the supportive environment to enable people to lead healthy lives and make health choices possible for people.

The aforementioned is one of major responsibilities of the NHCO to promote the participatory healthy public policy. This means the integration of all parties concerned, not only the government. The participatory healthy public policy does not only concentrate on the health-related activities and health service, but also covers all relevant policies such as industry, energy and agriculture policies, which might have serious impact on health if the policies are pursued.

In another word, a “Health in All Policy Approach” is needed.

To promote the participatory healthy public policy, the NHCO enlists help from concerned sectors to raise awareness on the true value of health and wellbeing, provide academic information on the health impact caused by the adoption of the public policy, create a network of shared knowledge for the holistic wellbeing.

In addition, the agency gives the practical alternatives of the public policy and encourages the public participation in developing the public policy through legal, social and political mechanisms as well as emphasizes other contributory factors to public wellbeing such as society, tradition, custom, community, environment, and spirituality.

The National Health Act 2007 provides the instruments and channels to formulate the participatory healthy public policy such as the statute on the national health system, health assembly and the health impact assessment.



The NHCO is in charge of giving full support for the NHC's responsibilities on developing health-related policy by coordinating all parties concerned to develop the participatory healthy public policy and supporting the process of providing advices to a cabinet, local administrations organizations, and community organizations for the maximum benefit of all people, communities, and country.

Right to Health

According to the rights and responsibilities stipulated in the National Health Act 2007, every people have “rights” and “responsibilities” relating to health, which cover eight areas as follows;

Right of an individual to live his or her life in environment conducive to good health and responsibilities of people to create such environment.

Right of the children, the disabled, the elderly, the underprivileged and other people who have specific health needs to receive appropriate healthcare or facilities according to their health needs.

Right of an individual to own information. The individual's health information is personal confidentiality, so anybody cannot disclose such information in a manner as to cause damage to the information owner unless it is done according to his or her will.

Right of an individual to receive enough health-related information from healthcare service providers to weigh the pros and cons of medical treatment before making his or her decision on whether to receive it or not.

Right of a healthcare receiver to be informed and give a written consent if he or she becomes one part of a research project before it is carried out.
Right of an individual to gain access to information, which the government agencies are required to publicize, including preventative measures on negative impact from the health-related policy.

Right of an individual or persons to request for and participate in the health impact assessment resulting from a public policy and right to gain access to explanation from the government agencies before the health-related projects and activities are approved or adopted because they might have negative impact on people and communities.

Right of a terminally-ill person who intends to pass away naturally and peacefully, to refuse medical care that aims to prolong death and suffering. Written living will could be done to express his or her wishes in advance with a respect for human dignity at the end of life.

The NHCO is responsible for encouraging Thai people to enjoy their rights and responsibilities stipulated in the Act and giving full support for the NHC's functions through various means such as the health impact assessment, HIA and the health assemblies. Besides, the NHCO holds forum to publicize the rights and responsibilities through various media.

The Statute on the National Health System

“The Statute on the National Health System” is something of a novelty introduced by the National Health Act 2007. It serves as guidelines on the health-related policy, strategies and adoption of the policy for state agencies and public communities to shape the policies and plans into the same direction. In a legal perspective, the Statute is considered as a legal commitment among all related agencies as it is a Cabinet Resolution that must be applied to all concerned laws and regulations. On the other hand, in the social perspective, it is a public commitment as a social reference point for framing the health system towards the same direction as that of the national level.

More importantly, the public participation is the keyword to the success in improving people's health and put the statute into practice when the NHC needs to conduct the follow-ups once the statute is passed. The process of drawing up the statute is different from the policy-making procedures

previously made because it is not only determined by the authorities, politicians, vested interests, and specialists but also the multilateral sectors by means of the participatory contribution. Through transparent measures, everyone can play a part in bringing forward the statute and turning it into a major instrument for creating healthy society.

Practically, the Statute is not only done at national level but also at local level where the locality needs particular social commitment calling for healthy public policies of local government and cooperation of local community for their own sake.



In 2009, the First Statute on the National Health System mainly covers at least 12 health issues in line with the National Health Act 2007 and the Constitution of the Kingdom 2007.

1. Philosophy and main ideas on the health system
2. Desirable characteristics and objectives of the health system
3. Health security and protection
4. Health promotion
5. Disease prevention and control and determinants of adverse health
6. Health service and quality control
7. Promotion and development of local wisdom on health, Thai traditional medicine and alternative medicine
8. Consumer protection
9. Creation and dissemination the health-related knowledge
10. Dissemination of health related information
11. Production and development of health professionals
12. Health financing

The Health Assembly

The health assembly opens up an opportunity for everyone in society to contribute their input and exchange the lessons learned so as to shape the healthy public policy. The systemization and participation are a stepping stone to the health assemblies.

The National Health Act 2007 divides the health assembly into three categories. Firstly, the area-based health assembly places an emphasis on the geographical location. Secondly, the issue-based health assembly is the one that each issue is focal point regardless the areas. Lastly, the national health assembly is to devise the public policy on health issue at both local and national levels. The NHCO plays a key role in supporting the process of organizing these three health assemblies following rules and procedures formulated by NHC. According to the Act, the national health assembly is required to be organized at least once a year to formulate the healthy public policy at national levels by means of systemized mechanism. The thorough academic research is considered fundamental to get approval from pertinent sectors for the sake of healthy public policy development.

The Health Impact Assessment, HIA

The Health Impact Assessment, HIA is a key instrument developed and mentioned in the National Health Act 2007, so that the comprehensive health impact is taken into account when it comes to the healthy public policy development at the local and national levels.

According to the Act, the government agencies must publicize the information on the health impact as soon as possible if the adoption of policy backfires because everyone has right to gain access to such information, call for the health impact assessment, and also play a role in assessing the health impact triggered by the implementation of the public policy, plan and project.

The NHC has responsibility, according to the Act, for prescribing rules and procedure on monitoring and evaluation in respect of national health system and on the assessment of health impacts resulting from public policies. Meanwhile, the NHCO helps ensure the smooth running of the NHC's functions by supporting the process of assessment on the health impact caused by the policy. Those who suffer the impact can have their voice heard. Besides, the opinions from the independent organizations on environment and health issues should be sought first before the policies are put into action. These measures are also in line with the Constitution of the Kingdom of Thailand 2007.

Undoubtedly, the process of the health impact assessment provides learning opportunity for everyone to have a role in supplying relevant information that comes in useful to the policy-making process to the benefit to all citizens.

Policy and Strategy Support for the Health Promotion to Good Death: A Current Mission of NHCO

Birth, aging, illness and death are the natural stages of human life. Therefore, death is part of life as well as health so that health promotion should include the quality of death and dying keeping human dignity or “good death”. Palliative care and spiritual health promotion contribute to good death covering physical, mental, social and spiritual dimension.

Health promotion for good death requires social actions including the creation of decent thoughts about life and death, religious beliefs, education, legal enforcement, and economic and cultural development. It also requires medical actions such as the development of multidisciplinary knowledge and skills, medical service system and health-related public policies support.

There is not a single process of palliative care that suits all cases. Therefore, the care that leads to good death must respond to particular situation and requires cooperation from health personnel, care givers, relatives, volunteers and community.

In Thailand many organizations separately work on good death with their own excellences. There must be national strategies to move the society including service system to pursue good death as the whole. The National Health Commission Office (NHCO) has enacted a legal endorsement on living will or the right to refuse medical procedures those postpone natural death at the terminally-ill life. It has supported the participation of all concerned parties in drafting the national strategies for health promotion for good death. It has also promoted movements in driving right to health on good death in the society. The preliminary strategies are consisting of social movement, knowledge management, palliative care model development, human resources development, information system development and public policies support.

NATIONAL STRATEGY FOR HEALTH PROMOTION TO GOOD DEATH 2014-2016, THAILAND

PATH TO DESTINY

Cancer
Aging society
Incurable illness
Terminal illness
Health security system
Health care system
Social awareness

RIGHT TO HEALTH
— Legal Support —

QUALITY OF LIFE
— Care Provision —

SOCIAL INVOLVEMENT
— Societal Support —

**Human Resources
and Capacity Building**

**IT Support System
for Palliative Care**

**Policy, Mechanism
and Legislative Support**

**Proper
and Right**

**Create and
of Know**

**Services
and Model**

**Attitude
Understanding**

**Management
ledge**

**System
Development**

**WELL-
BEING**

Physical
Mental
Social
Spiritual



**GOOD
DEATH**





Living Will through National Health Act 2007:

Allows patients' wishes to be honored

The rights to die peacefully surrounded by relatives and friends have been honored for centuries, in line with the beliefs and religions of families and communities. Over the past century medical sciences have replaced humanized health care. While modern medical services can save lives, they often merely extend the process of dying. The living will have been introduced to practice in Thailand over the past 20-30 years. The issue of 'a natural death', or 'dying with dignity', have been raised in the dispute between professional responsibilities and the last wishes of patients.

Thailand's National Health Act 2007, section 12, ensures the rights of individuals to indicate, through an advance directive or a living will, how they wish to be cared for if they became unable to communicate. The Act respects the fundamental right to self-determination. The Act gives a person the right to make a written living will which refuses some medical procedures that is provided merely to prolong the dying person who is terminally ill in order to end severe suffering from the illness. Health personnel will be protected under law. When no treatment performed in accordance with the living will it shall not be considered an offense.

In 2010, rules and procedures on written living wills was prescribed in the Ministerial Regulations according to the National Health Act 2007 and was come into force in 2011. This is a quantum leap of the Thailand Health System to honor patients' last wishes reaching dignified death or "Good Death".

Prepare to Come and Rest in Peace:

Managing my Wishes with the WISH

To let them know
that I am "Ready".

An advance directive should be
done to express my last wishes
at the terminal stages of life

■ Last Wishes:

- Which terminal conditions I do not want to continue to live with
- What I wish others to do for me
- What I wish to do for myself
- How comfortable I wish to be
- How I want to express my spirituality at the end of life
- Where I wish to be at the end of life
- What kind of care I want and don't want to receive
- Who I can trust to make decisions when I am no longer able to do so myself

■ The WISH¹

- Walk and Talk
- Interpretation Role of the Physician
- Spiritual Preparation
- Hospital to Home Support

■ Quality of Life from Womb to Tomb

".....When I die, if I happen to have some money left, I would wish the Government to take some of it, leaving an adequate amount for my widow. With this money the Government should make it possible for others to enjoy life too.

These are what life is all about, and what development should seek to achieve for all."²



¹ Patama Gomutbutra M.D. Assist. Professor and Director Palliative Care Training Program, Department of Family Medicine Chiang Mai university

² Dr. Puy Ungphakorn (1916-1999)

The National Health Commission Office (NHCO)

2nd Floor, National Health Building,
88/39 Tiwanon 14 Rd., Mueang District,
Nonthaburi 11000 Thailand
Tel: +662-832-9000 Fax: +662-832-9002
www.nationalhealth.or.th
nationalhealth@nationalhealth.or.th

หนังสือ ๘๐๐ ปี มหาวิทยาลัยมหิดล



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