



CHAPTER 1

CHAKRI DYNASTY AND THAI PUBLIC HEALTH

The development of public health in Thailand has been associated with the monarchy institution since the Sukhothai period and with that in the Rattanakosin (Bangkok) period in particular. Thus, this chapter focuses on the relationships between the Royal House of Chakri or Chakri Dynasty and the public health system in Thailand, which are phased into different eras as follows:

1. Health Development in the Chakri Dynasty: The Four Eras

1.1 The Era of Thai Traditional Medicine Revival (1782-1851)

The reigns of King Rama I through King Rama III (the first through third Kings) of the Rattanakosin period were a period of national **reconstruction** with efforts in **assembling various technical disciplines** for use as references for study and national development.

1.1.1 The Reign of King Rama I (1782-1809)

King Rama I (Phrabat Somdet Phra Buddha Yod Fa Chulalok the Great) graciously had Wat* Photharam (Wat Pho) renovated as a royal monastery, renamed it Wat Phra Chetuphon Wimon Mangklaram, and had traditional medicine formulas as well as body exercise or stretching methods assembled and inscribed on cloisters' walls. Regarding official drug procurement, the Department of Pharmacy (Krom Mo Rong Phra Osot) was established, similar to that in the Ayutthaya period. The medical doctors who were civil servants were called **royal doctors** (mo luang) and other doctors who provided medical services to the general public were called **private doctors** (mo ratsadon or mo chaloei sak).

1.1.2 The Reign of King Rama II (1809-1824)

King Rama II (Phrabat Somdet Phra Buddha Loetla Naphalai) graciously had traditional medicine textbooks gathered again by inviting all experts/practitioners to assemble indications of various medicines. Anyone having a good medicine formula was requested to present it

* Wat means Buddhist monastery.

to the King. Then the royal doctor department would select and inscribe the good ones in the **Royal Formulas for the Royal Pharmacy (Tamra Luang Samrab Rong Phra Osot)** for the public's benefits.

In 1816, the King graciously promulgated the Royal Pharmacists (Phanakngarn Phra Osot Thawai) Law, under which royal pharmacists had powers to seek medicinal plants throughout the country; and no one could raise any objection. And thus they passed on the practices to following generations.

1.1.3 The Reign of King Rama III (1824-1851)

King Rama III (Phraba Somdet Phra Nangklao Chao Yuhua) graciously had Wat Phra Chetuphon renovated and had traditional medicine formulas inscribed on marble tablets affixed to the walls of the temple and cloisters, describing the causes and cures of illnesses. Rare medicinal herbs were planted so that the people could study and use for self-care without confining them for use only in any particular family. The Wat is thus considered the "first open university" in Thailand.

In 1828, the fifth year in the reign of King Rama III was regarded as the time that Western medicine began to play a key role in medical and health care in the country. The Western medical care including dangerous disease prevention was provided to the people. **Dr. Dan Beach Bradley**, generally known to the people as "Mo Bradley", an American Christian missionary who came to Thailand in 1835, **initiated a disease prevention** programme for the first time in the country with **smallpox inoculation**. Then, in 1838, the King advised the royal doctors to learn the inoculation techniques from Dr. Bradley in order to provide immunization services to civil servants and the public.

In 1849, Dr. Samuel Reynolds House, commonly known as **Mo House**, another doctor of the American missionary **introduced the use of ether as anaesthetic for the first time in Thailand**.

1.2 The Era of Civilization

During the reigns of King Rama IV through King Rama VI, there were diplomatic relationships with Western countries and more Christian missionaries. The Kings visited foreign countries and brought back various kinds of civilization for application in the Kingdom, which steadily became modernized; so did the medical and health system.

1.2.1 The Reign of King Rama IV (1851-1868)

During the reign of King Rama IV (Somdet Phra Chomklao Chao Yuhua or King Mongkut), the Thai medical service was divided into two systems: traditional medicine and modern medicine.

Three American doctors (Drs. Bradley, House and Lane) lived in Thailand for a long time during that period. Dr. House played an active role in the control of cholera by using water mixed with tincture iodine in effectively treating the patients orally.



Although the Western medical service was more widely provided, for example in obstetric care, it was unable to change the values of the people as Thai traditional medicine had been used culturally for several generations and was part of Thais' lifestyle.

1.2.2 The Reign of King Rama V (1868-1910)

Previously, there was no public hospital to provide curative care to sick people as only temporary hospitals were set up at various places to care for patients during epidemics. After the epidemic subsided, such hospitals were abolished. King Rama V (Phraba Somdet Phra Chulachomklao Chao Yuhua or King Chulalongkorn) graciously initiated a medical care programme for the poor by establishing a **Hospital Management Committee** in 1886 under the Chairmanship of the King's brother, Prince (Krommamuen) Siriwachsanakat. A hospital was constructed and completed in 1888 and royally named "**Siriraj Hospital**" in commemoration of his son, **Prince Siriraj Kakuttaphan**, who had died of dysentery. Later on, the King graciously established a **Nursing Department** responsible for the management of Siriraj Hospital, replacing the Hospital Management Committee in 1889. The Department was then under the Ministry of Education (Krasuang Dharmmakarn) with the King's brother, Prince (Krommamuen) Damrong Rajanuparp, as the Director-General. During that period, a number of major medical service events occurred:

In 1889, a medical school (Phaetthayakorn School) was established in Siriraj Hospital, whose curriculum included both Western and traditional medicine. And in 1895, the first **Medical Welfare Textbook (Tamra Phaetthayasat Songkhro)** covering both types of medical practices was published.

In 1896, a midwifery school was established with the personal funds of Queen Sri Patcharindra Boromarachininart in the Siriraj Hospital compound.

In 1897, a new edition of the **Medical Welfare Textbook** was published whose contents mostly dealt with Western medicine.

In 1905, a subdistrict administrative system (sanitary district) was implemented as a pilot project for the first time in Tambon Tha Chalorn (Tha Chalorn subdistrict) of Samut Songkhram Province.

In 1907, two medical textbooks (medical literature or wetchasat wanna and medical welfare or phaetthayasat songkhro) were published; both were considered the "first national medical and pharmaceutical textbooks" of Thailand.

A Medical Division was set up to take responsibility for epidemic control and small-pox inoculation for the people in the provinces.

1.2.3 The Reign of King Rama VI (1910-1925)

During the reign of King Rama IV (Phraba Somdet Phra Mongkutklao Chao Yuhua or King Vajiravudh), a number of medical and health activities were initiated as follows:

In 1911, King Chulalongkorn Memorial Hospital was built with funding from the King's personal accounts and the Thai Red Cross Society (then known as Sapha Unalom Daeng).

In 1912, the Pasteur Institute was established to be responsible for rabies prevention and control; and Vajira Hospital was established.

In 1914, under the Ministry of Interior, pharmacies (Osot Sapha) were set up to provide curative care and dispense drugs; and later each pharmacy was renamed "Health Centre" (Suk Sala).

In 1916, the Nursing Department was renamed "Public Protection Department" (Krom Prachaphiban) under the Ministry of Interior.

In 1916, His Royal Highness Prince Jainad Narendhorn (or Chainat Narenthorn) revised the medical education system by adding more clinical practices **while withdrawing traditional medicine** as the two systems were not compatible and it was difficult to identify knowledgeable Thai traditional medicine teachers who were willing to teach.

In 1917, the Army Medical School was established.

In 1918, the medical and sanitation programmes, previously under the Ministry of Interior and the Ministry of City Affairs (Nakhon Ban), were merged and named the Public Health Department on 27 November, with Prince Jainad Narendhorn as the first Director-General.

In 1920, the Queen Saovabha Memorial Institute was established; and the Thai Red Cross Society was registered as a member of the International Federation of Red Cross and Red Crescent Societies on 8 April.

In 1922, the Junior Red Cross Division and the Nursing School were established under the Thai Red Cross Society.

In 1923, **the Medical Practice Act** was promulgated to control medical services and practices so that there would be no harm done by unknowledgeable or untrained practitioners.

1.3 The Pioneering Era of Modern Medical and Health Services (1917-1929)

The King's father, Somdet Phra Mahitalathibet Adulyadej Vikrom Phra Boromarajchanok (commonly known as His Royal Highness Prince Mahidol of Songkla), was the first Thai prince to become seriously interested in medicine and public health. That was because he had deemed that the medical and health services were not modernized; and the people were highly vulnerable to illnesses, particularly communicable diseases. With his firm resolution to provide modern medical care to the people, he dedicated himself to the foundation and development of medicine by resigning from the Royal Thai Navy and then studying medicine and public health at Harvard University in the United States of America. Through his steady perseverance, he graduated with a Certificate of Public Health and a Doctor of Medicine degree (cum laude). He then returned to Thailand to perform numerous medical and health activities that were extremely beneficial to the country and Thai people. He donated



funds for such medical programmes as construction of a medical school, a hospital and a dormitory for nurses. His personal financial support was provided as fellowships for doctors and nurses to study abroad. He served as a Thai delegate in the negotiation with the **Rockefeller Foundation** on assistance for Thai medical service development. His support for medical research involved the initiation of the medical research and development programme at Siriraj Hospital. Besides, he participated in teaching medical and nursing students, and served as a medical resident at Siriraj Hospital and Chiang Mai's McCormick Hospital. He supported maternal and child health (MCH) services by drawing up a project to modify Vajira Hospital to become a large maternity hospital to serve as a training centre for nurses, midwives, public health nurses, social welfare workers and traditional birth attendants, so that there would be more MCH personnel.

Throughout his life, HRH Prince Mahidol undertook activities to promote the nation's medical and health services that are greatly beneficial to all Thai citizens. It was the foundation of the Thai public health system that has resulted in steady and sustainable development, similar to that in other civilized nations. Due to his prestige and ingenuity, he was named "**the Father of Thai Modern Medicine**"; and a university that mainly produced medical and health personnel was named "**Mahidol University**" in commemoration of his good deeds.

1.4 The Era of the Inception of the Ministry of Public Health (MoPH)

1.4.1 The Reign of King Rama VII (1925-1934)

During the reign of King Rama VII (Phrabat Somdet Phra Pokklao Chao Yuhua, commonly known as King Prajadhipok), a **ministerial rule** on modern and traditional medical practices was enacted, specifying that:

A. **Modern medical practitioners** were those who used healing arts based on knowledge from international textbooks that had progressed through studies, research, and experiments of scientific experts worldwide.

B. **Traditional medical practitioners** were those who used healing arts based on the observations and skills that had been verbally passed on from previous generations or the ancient notebooks with no scientific experiment.

In 1926, the Public Health Department was reorganized and divided into 13 divisions, namely, Administration, Finance, Advisors, Editing, City Protection, Engineering, Health, Pharmacy, Narcotics, Mental Illness Hospital, Sanitation Promotion, City Sanitary Doctors (Medical Services), and Vajira Hospital.

1.4.2 The Reign of King Rama VIII (1934-1946)

During the reign of King Rama VIII (Phrabat Somdet Phra Chao Yuhua Ananda Mahidol), the Ministry of Public Health was established as a result of the enactment of the Ministries



and Departments Reorganization Act (Amendment No. 3) of B.E. 2485 (1942). Research studies on traditional remedies were conducted in 1942 and 1943 while World War II was expanding to Southeast Asia, resulting in drug shortages. Professor Dr. Ouy Ketsingh conducted a study on the use of antimalarial herbal medicine at Sattahip Hospital. After the war had ended, the problem of drug shortages remained; thus the government decided to set a policy for the MoPH Government Pharmaceutical Organization (GPO) to also produce herbal medicines.

1.4.3 The Reign of King Rama IX (1946-present)

(1) **His Majesty King Bhumibol Adulyadej (Rama IX)**, the present King, has been interested in and concerned about of the well-being, particularly health conditions, of all citizens. His Majesty has initiated numerous projects including those on disease prevention, health promotion, curative care and rehabilitative services. All Thai citizens highly appreciate his graciousness. Even foreigners also realize and appreciate his health initiatives as evidenced by WHO's **presentation of the Health For All Gold Medal** in 1992 and the presentation of Gold Medal of Appreciation by the International Commission on Iodine Deficiency Disorder Control, for his advice on the concept and direction for disseminating iodized salt to prevent iodine deficiency among the people. Besides, in 2001 the Franklin and Eleanor Roosevelt Institute and the World Committee on Disability presented His Majesty with a Franklin Delano Roosevelt International Disability Award in recognition of Thailand's achievements of major targets of the UN's global plan of action on persons with disabilities. And on 26 May 2006, UN Secretary-General Kofi Annan visited Thailand and presented His Majesty with the UNDP Human Development Lifetime Achievement Award in commemoration of His Majesty's great intelligence and ability in initiating royal development projects aimed at improving the quality of life of Thai people in a sustainable manner throughout His reign. This was the most prestigious award newly set up and presented by the United Nations to honour His Majesty the King on the occasion of the 60th anniversary of accession to the throne of His Majesty, being the first individual to receive such an award.

Public health activities that have been graciously supported/initiated by His Majesty are numerous, the major ones being the following:

(1) **Establishment of the Ananda Mahidol Foundation**

His Majesty the King graciously had the Ananda Mahidol Foundation established to promote and support Thai nationals who have outstanding academic records to study for an advanced degree abroad in certain subjects. It is hopeful that, upon graduation, such individuals will return to serve the country as experts in their respective fields of study. On a pilot scale, the initiative was financed with the Ananda Mahidol Fund in 1955. Later, on 3 April 1959, His Majesty decided to change the Fund's name and status to "The Ananda Mahidol Foundation" and donated 20,000 baht of his personal funds as an endowment, in commemoration of his elder brother, the late King Ananda



Mahidol (King Rama VIII), and awarded a first scholarship for studying medicine abroad. At present, Her Royal Highness Princess Maha Chakri Sirindhorn is the President of the Foundation.

Between 1959 and 2006, with the Foundation's fellowships, 254 individuals completed their studies abroad, while 49 were still studying. Among the returnees, 74 are medical doctors and 7 dentists; and among those studying, 5 are medical doctors and 7 dentists.

(2) Establishment of the Rajapracha Samasai Foundation

In 1954, His Majesty the King graciously granted his private funds with some public donations for the construction of the **Ananda Mahidol Building** at Siriraj Hospital in commemoration of the late King Ananda Mahidol. Upon completion of the building, there was a funding leftover of 175,065 baht. At the request for funding of the Public Health Minister for **building an institute for personnel training** and research on leprosy at Phra Pradaeng Hospital in the amount of one million baht, His Majesty gave the remaining funds to initiate such activities for leprosy patients. His Majesty graciously named the place "**Rajapracha Samasai Institute**". Besides, the King had also been concerned about the education of lepers' children who were not infected, but isolated in a nursery of the Department of Health. Then **Rajapracha Samasai School** was established for this purpose with the initial funding of one million baht from Their Majesties the King and the Queen. The King presided over the school opening ceremony and later on visited it again several times.

(3) Establishment of the Prince Mahidol Award Foundation under the Royal Patronage

To celebrate the 100th birthday anniversary of His Royal Highness Prince Mahidol, the King's father on 1 January 1992, the Mahidol Award Foundation was established under the Royal Patronage to publicize the prestige of the Prince who undertook activities greatly beneficial for the Thai medical and public health systems and made them as modernized as those in civilized nations. Later on 28 July 1997 the foundation was renamed "Prince Mahidol Award Foundation under the Royal Patronage of His Majesty the King".

The Foundation's objective is to confer an Award upon individuals or institutions which have demonstrated outstanding and exemplary contributions to the advancement of medical and public health services for humanity; two awards are given each year. The Foundation Committee is at present chaired by HRH Princess Maha Chakri Sirindhorn.

Between 1992 and 2005, Prince Mahidol Awards were conferred upon 41 individuals or institutions, 20 of whom had had outstanding contributions in the field of medicine and 21 in public health. One of the Awardees, Professor Barry Marshall from Australia, was later on a Nobel Prize laureate in medicine.

(4) Iodine Deficiency Control Project

In 1991, His Majesty the King initiated a pilot project in Samoeng District of Chiang

Mai Province to distribute iodized salt for preventing iodine deficiency disorders such as goitre and mental retardation. Furthermore, he has been interested in developing an appropriate technology for small-scale iodized salt producers and supported Chiang Mai Technical College to develop a medium-size salt iodization machine; the model is currently being used nationwide. Later, His Majesty supported a study on “**salt route**” to find out about the salt production and distribution system across the country. The results have been used by the MoPH in assisting iodized salt producers appropriately.

Major development activities of other Royal Family Members are as follows:

1) Her Majesty Queen Sirikit has always supported the King’s health development projects. **Her Majesty the Queen serves as the President of the Thai Red Cross Society** and as a patron of associations and foundations involved in medical and health activities such as the **Foundation for the Blind, the Foundation for the Mentally Retarded, and the Foundation for the Deaf**. Importantly, Her Majesty is the patron of **the Polio Immunization Campaign Project**, which has steadily reduced the polio incidence; the disease is expected to be eradicated in Thailand in the near future. Besides, Her Majesty was presented with the **Lindbergh Award** on 16 May 1995 from the Charles A and Anne Morrow Lindbergh Foundation for her internationally recognized work on “**creating a balance between technology and nature**”, being the first lady to receive such an award.

In addition, Her Majesty the Queen has been patronizing and involved in other health activities such as **the Royal Medical Services Project, the Village Doctors Project**, and support for patients with medical care under the Royal Patronage.

2) Her Royal Highness the Princess Mother (Somdet Phra Srinagarindra Boromarajajonani), the late mother of His Majesty the King, was one of the important members of the Royal Family who had undertaken or supported numerous activities related to the public health as follows:

(1) In 1956, the Princess Mother began to patronize the Foundation for Assistance of the Disabled by donating her personal funds for the operations of the Foundation and seeking support from local and international individuals as well as agencies concerned for persons with disabilities.

(2) In 1963, the Princess Mother began to patronize the Foundation for Lepers in Lampang Province by donating her personal funds for the construction of Jit Aree School building and a dormitory and providing financial support for the children of lepers as well as for the operations of the school. Consequently, the quality of life of lepers’ children and people with poverty has been much improved.

(3) In 1967, the Princess Mother accepted the New Life Foundation under her patronage in order to help rehabilitate disabled lepers.

(4) In 1969, **Mobile Medical Corps (Por Or Sor Wor mobile medical units)** were set up, comprising volunteer doctors, dentists, nurses, health workers and volunteers from both central and provincial levels. The units have been providing curative, preventive, promotive and rehabilitative care to the people in remote areas.



(5) In 1973, a **Volunteer Flying Doctors** Unit was launched and later on became a **Radio Medical Services Unit** that provided medical consultation to remote health centres via radio communications in 25 provinces. Since 1976, the MoPH had undertaken similar services for other provinces. And in 1996, they were all transferred to be under the MoPH.

(6) In 1974, the Princess Mother established the **Princess Mother's Medical Volunteers Foundation** with the first royal endowment of one million baht. Later, the Royal Thai Government as well as public and private agencies from within and outside the country has provided financial support as well as medical supplies and equipment to the Foundation.

In 1986, a specialized medical services project was initiated to provide medical/surgical care for patients with cataract, hare lip and cleft palate, congenital heart disease, impacted tooth, and those in need of prosthetic/orthotic services.

(7) Dental health services of the Mobile Medical Corps include the annual dental care campaigns and exhibitions on the National Dental Health Day, 21 October each year.

(8) In 1992, the Princess Mother donated her personal funds of 500,000 baht to establish the Artificial Legs Foundation and HRH Princess Galyani Vadhana also donated another 750,000 baht to produce/provide artificial legs for poor people free of charge regardless of race and religious belief.

In recognition of her prestige and devotion for health promotion of Thai people, in 1990 the World Health Organization presented the Princess Mother with **"The Health For All Gold Medal Award"**. Furthermore, on 21 October 2000, UNESCO honoured the Princess Mother as a person worthy of respect of the world. In addition, on the 100th birthday anniversary, the Princess Mother was named **"the Mother of Thai Public Health"**.

3) His Royal Highness Crown Prince Maha Vajiralongkorn is the Honourary President of the Crown Prince Hospitals Foundation. The Crown Prince presided over the foundation stone laying and opening ceremonies of all 21 Crown Prince Hospitals (district-level hospitals in remote areas). With great interest in health activities, the Crown Prince regularly visits the hospitals and gives advice to the MoPH on how to improve hospitals' efficiency and quality for the people's benefit.

4) Her Royal Highness Princess Maha Chakri Sirindhorn (Somdet Phra Debaratrasuda Sayamborommarajakumari) is particularly interested in improving the nutritional status of children and youths. Thus, several royally initiated projects have been launched such as the Agriculture for School Lunch Project, aiming to help improve health and nutritional status of children in remote areas particularly in border patrol police-operated schools. Later on, the Ministry of Education has adopted this approach and got it replicated in all other schools nationwide. Besides, the Princess has supported the establishment of the Toddlers Development Project and the Pre-school Child Development Centres with her personal funds, to help resolve malnutrition problem among pre-school



children, and the Nutritional and Health Promotion for Mothers and Children in Remote Areas Project.

Moreover, the Princess is the chairperson of the National Commission on Iodine Deficiency Disorder (IDD) Control, which is an important project. With the Princess' interest in seriously resolving the problem, the IDD prevalence has significantly dropped to the level that is no longer a public health problem.

5) Her Royal Highness Princess Chulabhorn has been playing an outstanding role as a scientist. Her reputation is internationally recognized and she was awarded the Einstein Gold Medal from UNESCO. The Princess has contributed to several medical and health development activities and established the Chulabhorn Foundation to assist in medical and health education. The Chulabhorn Research Institute was also established by the Princess as a centre for scientists to conduct research studies aimed at developing scientific products or findings that will be beneficial to the nation and resolve urgent health, environmental and agricultural problems. Besides, the Institute has also implemented the Chulabhorn Village Development Project in the southern provinces of Nakhon Si Thammarat and Surat Thani, whose aim is to improve environmental conditions and well-being of the people, based on the primary health care concept and self-reliance approach.

6) Her Royal Highness Princess Galyani Vadhana Krom Luang Naradhiwas Rajanagarindra, the King's elder sister, is the President of the **Kidney Disease Foundation** of Thailand that promotes and supports preventive/curative care for patients with kidney and urinary tract diseases, and research as well as dissemination of knowledge on such diseases.

Besides, the Princess has continued supporting projects initiated by the late Princess Mother. She has also served as the Honourary President of the Princess Mother's Medical Volunteers Foundation since 18 August 1995. She has also had outstanding contributions to the international mental health promotion and drug dependence prevention programmes, giving importance to young childhood development (being a patron of the Young Children in Slums Foundation and several other foundations), making donations for setting up supplementary food funds, and providing books and toys for enhancing child development according to their age. In recognition of her reputation and contributions, the South-East Asia Regional office of the World Health Organization presented her the WHO/SEARO Award on 19 August 2003.

7) Her Royal Highness Princess Soamsawali has continuously performed royal functions initiated by Their Majesties the King and the Queen, particularly those related to social development.

Regarding medical and health activities, Princess Soamsawali is particularly interested in HIV/AIDS as evidenced by the fact that she always presides over the Thian Song Chai (Candlelight in the Mind) Festival almost every year if she is not engaged in any other more important function. The festival has been held by the Thai Red Cross Society and the Wednesday Friends Club (a club of people living with HIV/AIDS) on 1 December, the World AIDS Day, every year since 1991. Her kindness has also been extended to all other Red Cross projects such as the Prevention of Mother-to-Child HIV

Transmission Project and the Friends Help Friends While in Difficulties Project.

2. Royal Activities Related to Health

Beside the aforementioned activities, there are a number of other major health activities initiated/supported by Their Majesties the King and the Queen as well as other Royal Family Members and underway during 2005-2010 as follows:

No.	Project title	Royal initiator
1	Helminthic Disease Prevention and Control in the Khwae Noi Area (10 villages in 2 districts), 2005-2008	HM the King
2	Follow-up Support for the Noise Control in Entertainment Places	HM the King
3	Campaign on the Rajapracha Samasai Week, 2006	HM the King
4	Public Participation Campaign on Leprosy Elimination for Merit-making in Honour of HM the King's 60th Anniversary of Accession to the Throne	HM the King
5	Phikun Thong Development Studies Centre (Health and Communicable Disease Control, Narathiwat Province)	HM the King
6	Community Health Situation after the Construction of Khwae Noi Dam, Phitsanulok Province	HM the King
7	Food Safety in Chitlada Palace, Kai Kangwon Palace, Sukhothai Palace, and the Royal Folk Arts and Crafts Centre 904	HRH the Crown Prince
8	Helminthic Disease Prevention and Control in Children under the Child and Youth Development Plan in Remote Areas (48 provinces); Phu Fa Helminthic Disease Prevention and Control in Nan Province (62 villages)	HRH Princess Sirindhorn
9	Mosquito Vector Control: Impact of the Construction of Khwae Noi Dam, Wat Bot District, Phitsanulok Province	HRH Princess Sirindhorn
10	Evaluation of the Helminthic Disease, Dengue Hemorrhagic Fever, Hearing-loss Prevention and Control Project in Schoolchildren of Rajaprachanukhro School 33, Lop Buri Province	HRH Princess Sirindhorn
11	Malaria Surveillance, Prevention and Control under the Child and Youth Development Project in Remote Areas	HRH Princess Sirindhorn
12	Ban Khun Poom Building, Phuket Province	

No.	Project title	Royal initiator
13	Promotion of Nutrition and Maternal and Child Health in Remote Areas	HRH Princess Sirindhorn
14	Healthy Child Care Centre under the Ban Thung Rak Development Project of the Chaipattana Foundation, Phang-nga Province	HRH Princess Sirindhorn
15	Agriculture for School Lunch	HRH Princess Sirindhorn
16	Iodine Deficiency Disorder Control	HRH Princess Sirindhorn
17	Toddlers Development and Promotion	HRH Princess Sirindhorn
18	Plant Genetic Conservation (Medicinal Herbs and Fragrant Plants)	
19	Caravan on Mother-to-Child Love Breastfeeding Promotion in Commemoration of the 1st Birthday Anniversary of HRH Princess Dipangkorn Rasmijoti, the King's Nephew	HRH Princess Srirasm

2.2 Health activities implemented in honour of HM the King and Royal Family

Members

No.	Project	Implemented in honour of
1	Cervical Cancer Screening among Thai Women in Commemoration of HM the King's 60th Anniversary of Accession to the Throne	HM the King
2	Royal Denture for the Elderly in Commemoration of HM the King's 80th Birthday Anniversary	HM the King
3	Development of Emergency Medical Services of Thailand in Commemoration of HM the King's 60th Anniversary of Accession to the Throne	HM the King
4	Development of Excellence in Hearing and Communication in Commemoration of HM the King's 60th Anniversary of Accession to the Throne	HM the King
5	Holistic and Sustainable Development for Buddhist Monks and Novices in Commemoration of HM the King's 60th Anniversary of Accession to the Throne	HM the King
6	Development of 80 Health Centres in Commemoration of HM the Queen's 60th Birthday Anniversary	HM the Queen
7	Development of 40 Crown Prince Hospitals	HRH the Crown Prince



No.	Project	Implemented in honour of
8	Happy Smiles and Voice in 75 Provinces in Commemoration of the 50th Birthday Anniversary of HRH Princess Maha Chakri Sirindhorn	HRH Princess Sirindhorn
9	Milk Fluoridation for Child Dental Caries Prevention in Bangkok in Commemoration of the 50th Birthday Anniversary of HRH Princess Maha Chakri Sirindhorn	HRH Princess Sirindhorn
10	Development of Model for Oral Health Promotion and Prevention in Toddlers Development Centres in Sakon Nakhon Province	HRH Princess Sirindhorn
11	Mobile Artificial Legs in 4 Provinces	HRH Princess Galyani Vadhana
12	Mother-to-Child Love Breastfeeding Promotion under the Patronage of HRH Princess Srirasm, Royal Consort to HRH Crown Prince Maha Vajiralongkorn	HRH Princess Srirasm
13	Campaign on Dental Health on the National Dental Health Day, 21 October, as Merit-Making in Commemoration of HRH the Princess Mother's Birthday Anniversary	HRH Princess Soamsavali



CHAPTER 2

THAILAND COUNTRY PROFILE

1. Location, Territory and Boundary

The Kingdom of Thailand is situated in the continental Southeast Asia, just north of the equator, and is part of the Indochina Peninsula (Figure 2.1).

Figure 2.1 Map of Thailand



Thailand covers an area of about 514,000 square kilometres. It is the third largest country among the Southeast Asian nations, after Indonesia and Myanmar. The borders around Thailand are totally about 8,031 kilometres long, of which 5,326 kilometres are inland and the other 2,705 kilometres are coastlines (including 1,840 kilometres of coastlines of the Gulf of Thailand and 865 kilometres on the Andaman seaside).

In the North, the northernmost part of Thailand is in Mae Sai District of Chiang Rai Province, bordered by Myanmar and the Lao People's Democratic Republic.

In the South, the southernmost part is in Betong District of Yala Province, bordered by Malaysia and the Gulf of Thailand.

In the East, the easternmost part is in Phibun Mangsahan District of Ubon Ratchathani Province, bordered by the Lao People's Democratic Republic and Cambodia.

In the West, the westernmost part is in Mae Sariang District of Mae Hong Son Province, bordered by Myanmar, the Andaman Sea, and the Strait of Malacca.

The whole Kingdom is in the same time zone, seven hours ahead of the Greenwich Mean Time.

2. Topography and Climate

2.1 Topography. Thailand can be topographically divided into three different areas:

2.1.1 The plains. Mostly the plain areas are in the Central Region of the country, i.e., basins of the Chao Phraya River and its tributaries (Ping, Wang, Yom and Nan), and the Mae Klong, Phetchaburi, Bang Pakong, Thachin, and Pa Sak rivers.

2.1.2 The highlands. Highland areas are mostly in the Northeast, i.e., the Korat Plateau, and the plains along the Mun and Chi rivers.

2.1.3 The mountains. Mostly it is mountainous in the North and the Southeast which cover the Ranges of Daen Lao, Luang Phra Bang, Thanon Thongchai, Phetchabun, and Tanao Si.

2.2 Climate. Thailand has three types of climate as follows:

2.2.1 Tropical rain climate in the coastal areas in the East and the South, with heavy rainfalls all year round and tropical rain forests.

2.2.2 Tropical monsoon climate in the southwestern and southeastern coasts with monsoons and a very high average annual rainfall.

2.2.3 Seasonal tropical grassland or savannah climate with a lot of heavy rains in the southwest monsoon season and dryness in the cold season covering most regions of the country, particularly the Central Region, the North and the Northeast.

Prevailing winds include the southwesterly monsoon from about mid-May through October and the northeasterly monsoon from November through February.



In summary, Thailand has pleasant geographic and climatic conditions, without severe natural disasters like volcanic eruptions, earthquakes, or cold weather.

3. Population, Language and Religions

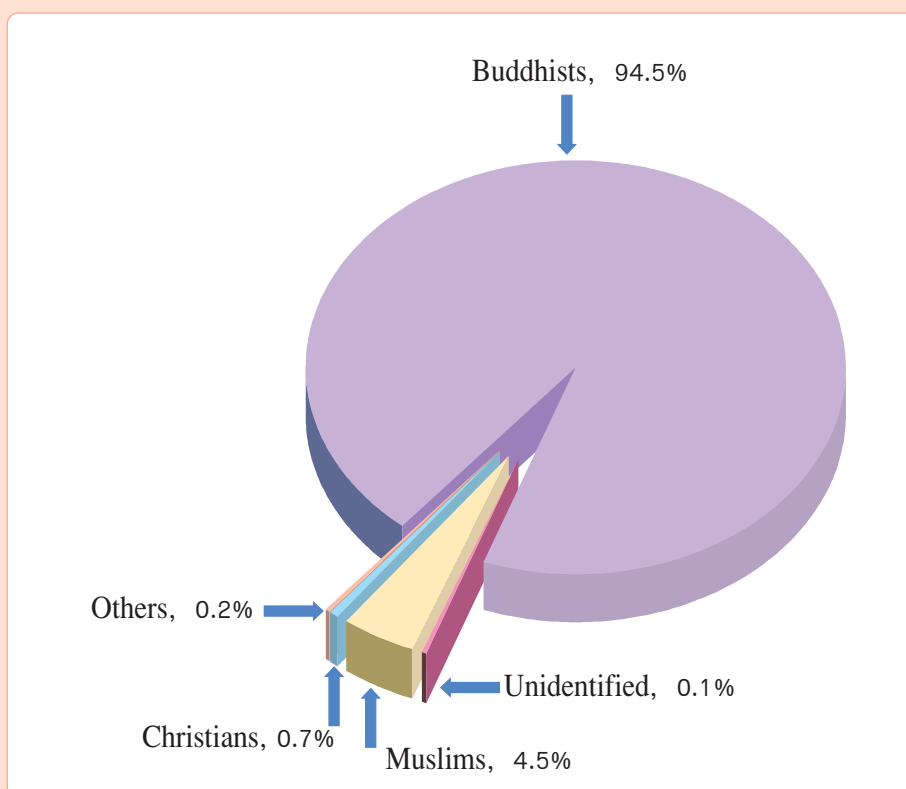
The population of Thailand is 62.83 million (2007); almost all residents (98.1%) are of Thai nationality and the rest are of other nationalities such as Chinese, Myanmar and Lao.

For communication purposes, the Thai language is officially and commonly used for speaking and writing, while English tends to play a greater role particularly in the business sector.

Most of Thai people are Buddhists (94.5%), followed by Muslims (4.5%) Christians (0.7%) and others (Figure 2.2).

4. Economy

Figure 2.2 Religions of Thai People



Source: Survey on Participation in Cultural Activities, 2005, National Statistical Office, 2006.

Note: Survey on population aged 15 years and over by religion.



In the past, the Thai economy was agrarian with mostly subsistence farming for household consumption and no commercial or export purposes. Regarding industry, the production was previously of local or village handicraft type. Later on in 1856, Thailand entered into the Bowring Treaty with England and other treaties with other Western countries, economic businesses began. Since then, people's lifestyles in both urban and rural areas have changed to those of industrial manufacturing for import substitution and eventually for exports. The Thai economic system began to shift to the economic development era with National Economic and Social Development Plans, i.e., from the 1st Plan (1961-1966) through the current 10th Plan (2007-2011). Overall, Thailand is a free-market economy and has been a member of the World Trade Organization (WTO) since 1 January 1995.

As a result of economic development, the Thai economy grew at an average rate of 7.8% annually during the past three decades, particularly during the period 1986-1990 with an average annual growth of 10.5% and during the period 1991-1995 of 8.3%. The growth had made Thailand become a middle-income country. Later on during the period 1996-1997, an economic crisis erupted, and Thailand had to seek assistance from the International Monetary Fund (IMF) in the form of US\$17.2 billion loans with a number of economic structural reform terms and conditions.

During the economic crisis, the Thai economic growth contracted considerably, i.e. -1.7% in 1997 and -10.8% in 1998, but recovered to over 4% during 1999-2000 and slightly dropped to 2.1% in 2001, and most recently has been rising to over 5% since 2002. As a result, the government could repay all the IMF loans on 31 July 2003, **two years before the repayment due dates**. And the Thai economy slows down again during the period 2005-2007 to 4.5% to 5.0% (Figure 4.2) due to high oil prices, avian influenza epidemic, rising interest rates, and the unrest in the three southern most provinces.

Economic outlook for 2007

According to the forecast of the National Economic and Social Development Board (NESDB), the Thai economy will slow down in 2007 as a result of the slowdown of the world economy, particularly in Thailand's trade partners such as the USA, a decline in oil prices, baht appreciation, rising interest rates and more strict measures of trade partners. Overall for 2005, the economic growth is expected at 4.5%, the inflation at 3.5%, and a current account surplus of US\$ 3.1 billion or 1.3% of GDP.

5. Thai Administrative System

Thailand is a democratic country, having the King as Head of the State, a constitutional monarchy under the Constitution of the Kingdom of Thailand of B.E. 2540 (1997), promulgated on 11 October 1997. The Constitution is regarded as the first people's constitution of the nation.

The Constitution establishes three independent powers, namely, the Legislative, the Executive,



and the Judiciary powers. Under the Constitution, a number of independent public agencies have been established for scrutinizing and counterbalancing such powers. Such agencies include, for example, the Office of the National Counter-Corruption Commission (NCCC), the Office of the Election Commission of Thailand (ECT), the Office of the National Human Rights Commission and the Constitutional Court.

On the Legislative side, before the 2006 coup d'état or democratic reform, Thailand had 200 elected senators and 500 elected members of parliament (400 from constituencies and 100 from the party-list system). Two general elections were held under the 1997 Constitution.

Thailand's administrative system, according to the State Administration Act, B.E. 2534 (1991), as amended No. 5 of B.E. 2545 (2002), comprises three major administrative categories (Figure 2.3). The political conflict/crisis that began in early 2006 led to an administrative reform and the promulgation of the **2006 interim constitution** for use in lieu of the 1997 Constitution. Under the interim constitution, the National Assembly is composed of 242 appointed members, and the 100-member Constitution Drafting Assembly was established by the Council for National Security; the members being appointed from 200 individuals selected from 2,000 appointed members of the National Assembly.

The Constitution Drafting Assembly is required to finish the draft within six months of its establishment and the general election is expected to be held around the end of 2007.

5.1 Central Administration

5.1.1 The King is Head of the State, exercising the legislative power through the National Assembly or parliament, the administrative or executive power through the Cabinet, and the judicial power through the Courts of Justice.

5.1.2 The Cabinet or Council of Ministers is the governmental body responsible for state administrative or governmental functions.

5.1.3 The central administrative system, according to the Reorganization of Ministries and Departments Act of B.E. 2545 (2002), consists of 20 ministries as follows:

- (1) Office of the Prime Minister
- (2) Ministry of Defence
- (3) Ministry of Finance
- (4) Ministry of Foreign Affairs
- (5) Ministry of Tourism and Sports
- (6) Ministry of Social Development and Human Security
- (7) Ministry of Agriculture and Cooperatives
- (8) Ministry of Transport
- (9) Ministry of Natural Resources and Environment



- (10) Ministry of Information and Communication Technology
- (11) Ministry of Energy
- (12) Ministry of Commerce
- (13) Ministry of Interior
- (14) Ministry of Justice
- (15) Ministry of Labour
- (16) Ministry of Culture
- (17) Ministry of Science and Technology
- (18) Ministry of Education
- (19) Ministry of Public Health
- (20) Ministry of Industry

In each ministry, there are some departments and non-departmental agencies, totaling 156 in all ministries. In addition, there are another ten departmental level state agencies, not being under the Prime Minister's Office or any ministry, namely, the Office of His Majesty's Principal Private Secretary, the Bureau of the Royal Household, the Office of National Buddhism, the Office of the Royal Development Projects Board, the Office of the National Research Council, the Royal Institute, the Royal Thai Police, the Anti-Money Laundering Office, the Office of the Attorney-General, and the Office of the National Economic and Social Advisory Council.

5.2 Provincial Administration

The provincial governmental functions mean functions of various ministries and departments as delegated to the regional or provincial level, under the supervision of the provincial governor with assigned officials from various central administrative agencies. Certain provincial administrative functions only are carried out by provincial level officials with delegations from the central administration. Such functions, however, are subject to scrutiny and revision by relevant central level agencies that have the final decision-making authority.

According to the provincial administration law, the provincial administration consists of 75 provinces (Changwat), 796 districts (Amphoe) and 81 minordistricts (King Amphoe).

5.3 Local Administration

Local administration means autonomous administrative authority of the people in each administrative jurisdiction, under the law, with at least four characteristics as follows:

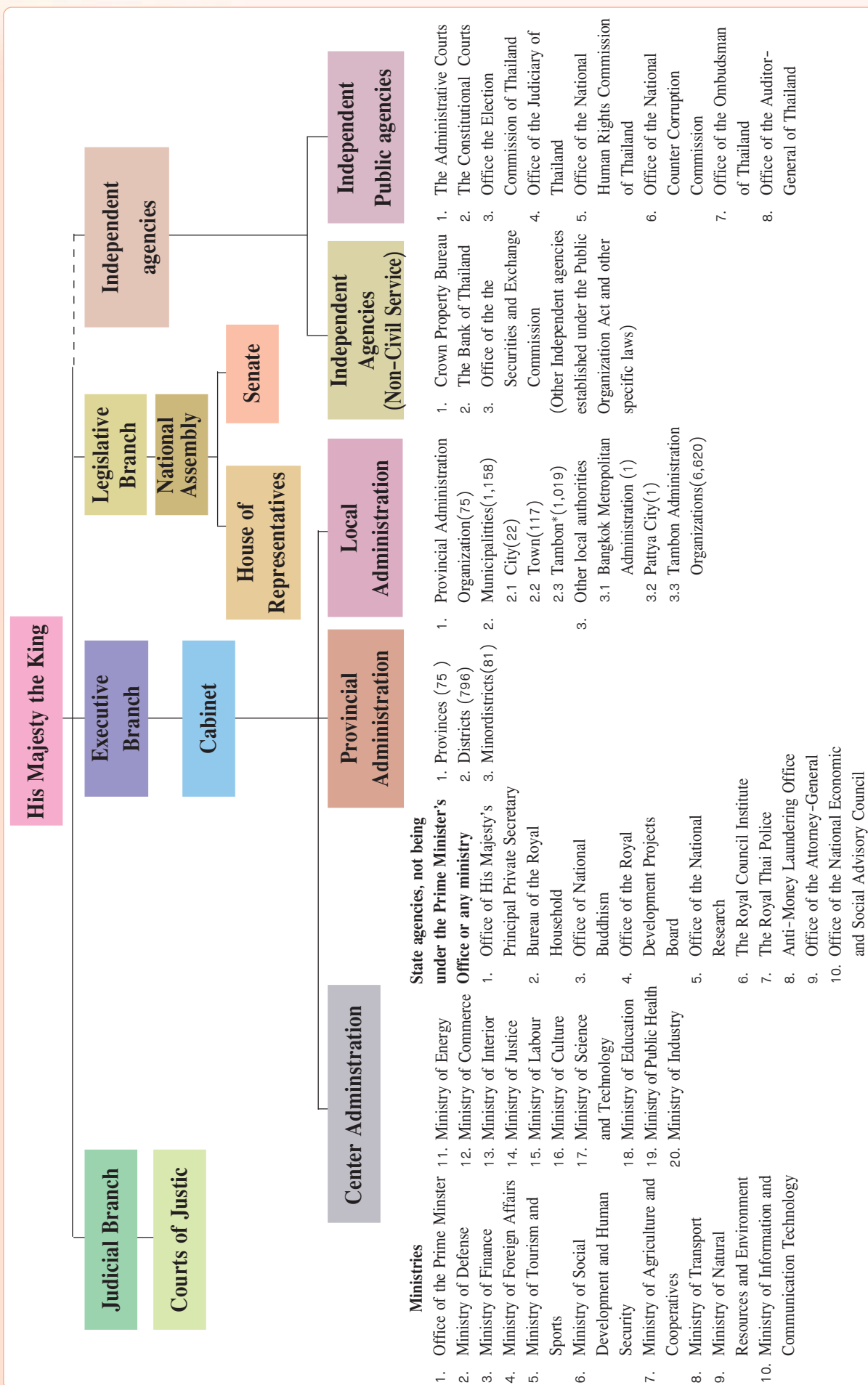
- 5.3.1 Being a juristic person.
- 5.3.2 Having all or some local administrators or local council members elected by the people.
- 5.3.3 Having their own revenue and budget.
- 5.3.4 Having administrative autonomy under the laws.



In Thailand, there are four types of local administrative bodies, namely, Provincial Administration Organizations (75), Municipalities (1,158), and special types of local administration, i.e. Bangkok Metropolitan Administration (1), Pattaya City (1), and Tambon Administration Organizations (6,620; Tambon is a commune or a group of about ten villages).



Figure 2.3 National Administrative System of Thailand (before the 19 September 2007 Democratic Reform)



Notes: *Upgraded form all Sanitary Districts in May 1999