

Chapter 8

Health Promotion System in Thailand

The history of Thai health system in the future will have to have a record saying that, during the decade of 1997–2007, the concept of “health promotion” is recognized as a significant development philosophy and strategy resulting in unprecedented changes in health model, system and status of Thai society, with such a philosophy and strategy, “health promotion” has been known and defined as “a modern public health approach that emphasizes the participation of people and all sectors in society in developing determinants of health in a holistic manner, especially social and environmental factors”.

Even through the stream of thinking on health promotion has had a long history in Thailand and overseas, the most obvious and powerful upstream events were the Primary Health Care Concept and the Ottawa Charter for Health Promotion, which defines “health promotion” as the process of enabling people to increase control over, and to improve, their health. To achieve health promotion is not just the responsibility of the health sector as the effort goes beyond healthy lifestyles to well-being. Health promotion does not only involve the change in personal health behaviour, but is also directed towards changing social and environmental conditions that are fundamental for health, such as peace, shelter, education, food, income, stable ecosystem, sustainable resources, social justice and equity.

Thailand is one of the countries that have moved and applied the health promotion strategy intensively in parallel with globalization. Over the past two decades, a number of successful and valuable lessons have been learned. Thus, this chapter covers such experiences in three aspects as follows:

1. Development of international health promotion in relation to the situation in Thailand: From Ottawa to Bangkok towards Nairobi in Kenya
2. Development of health promotion in Thailand
3. Reorientation of health promotion in the future

1. Development of international health promotion in relation to the situation in Thailand: From Ottawa to Bangkok towards Nairobi in Kenya

The global concept of health promotion is an extension of the concept of primary health care and health for all, promoted by the World Health Organization (WHO) in the late-1970s. Nearly 10 years after that, the first health promotion conference was held in Ottawa, Canada, on 17–21 November 1986, resulting in the “Ottawa Charter for Health Promotion”, which has been recognized worldwide as the bible of health promo-



tion. Since then, seven global conferences have been held to exchange experiences and synthesize lessons learned on health promotion strategies periodically among developed and developing countries: the 2nd conference in Adelaide, Australia (1988); the 3rd conference in Sundsvall, Sweden (1991); the 4th conference in Jakarta, Indonesia (1997); the 5th conference in Mexico City, Mexico (2000); the 6th conference in Bangkok, Thailand (2005 with the declaration of the Bangkok Charter for Health Promotion in a Globalized World); and most recently the 7th conference in Nairobi, Kenya (2009).

Each of the aforementioned global conferences on health promotion had a different technical focus; however, all aimed to create clarity in the five major strategies for health promotion until they have become today's clear and powerful strategies at all levels.

1.1 Ottawa, Canada, the Beginning of Modern Public Health

The first stage of the history of “health promotion” began when WHO organized the International Conference on Health Promotion in 1986 in Ottawa, Canada. The reason for Canada being the host country of the conference was the fact that it was the first country that had implemented health promotion programme since 1974 and had created health promotion strategies continually until they become the modern strategies focusing on social and environmental dimensions; so, Canada was then recognized as the leader of modern health promotion programme.

The theme of the first global conference was “**Health promotion: the move towards a new public health**”. The essence of the health promotion concept and strategy was to support the achievement of the “Health for All by the Year 2000” goal and the conference adopted the “Ottawa Charter on Health Promotion”, which defines “health promotion”

In implementing the health promotion strategies, health personnel have to play a role to advocate, mediate, and enable the people to control the determinants of health and enhance their capacity to take care of their own health to the full extent.

as the **process of enabling people to increase control over, and to improve, their health**, which requires stable basic health determinants, namely peace, shelter, education, food, income, stable ecosystem, sustainable resources, social justice and equity. Thus, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being. **The Ottawa Charter lays down five health promotion strategies** as follows:

1) Build healthy public policy: All sectors (health and non-health) have to be aware of the health consequences; so, policy-makers have to take responsibilities for health resulting from their policy decisions and identify obstacles to the implementation healthy public policies and then try to find ways to minimize and prevent such obstacles.

2) Create supportive environments: All communities at all levels (local, national, regional and global) have to jointly protect and conserve the environments and nature; the conservation of natural resources throughout the world should be regarded as a global responsibility.

3) Strengthen community actions: As health promotion has to be carried out through concrete and

effective community action, more importance has to be given to the empowerment of communities, creating their ownership and the mobilization of local resources to enhance self-help and social support.

4) Develop personal skills: Support has to be provided for personal and social development through providing information, education for health, and enhancing life skills to increase the options available to people to have more control over their own health and environments, and to make choices conducive to health.

5) Reorient health services: The health sector has to support the needs of individuals and communities for a healthier life in line with local health problems and cultural context. Reorienting health services also requires stronger attention to health research as well as changes in health professional education and training, based on the holistic healthcare approach.

The Ottawa Charter was the beginning of a “new public health” that does not only pay attention to bio-medicine, but also to the roles of all sectors in society in health promotion, taking into account a more active role of the community to take control over the determinants of health. Moreover, it also emphasizes the importance of environmental, economic and social factors affecting health. So, there is a need to link to political campaigns that will recognize the importance of desirable changes.

1.2 “Healthy Public Policy” from Adelaide’s Recommendation

Only one year after the Ottawa Charter was adopted, the World Health Organization organized the 2nd International Conference on Health Promotion on 5–9 April 1998 in Adelaide, Australia. The conference focused on the exchange of experiences in the implementation of healthy public policy, resulting in clearer strategies on how to create a healthy public policy, which is one of the five health promotion strategies according to the Ottawa Charter. The essence of the conference includes the following:

“The Health for All” will be achieved only if all public policies recognize the importance of creation and maintenance of livelihood and working conditions conducive to health.

- All public policies will have to be stated clearly to indicate the intention for health promotion and equality as well as the responsibility for health consequences that may occur.

- The creation of supportive social and physical environments for health is the major aim of healthy public policy covering four key areas for further action including supporting the health of women, especially the policy on baby delivery and child rearing by women, food and nutrition focusing on the elimination hunger and malnutrition, control of tobacco and alcohol abuse, and environments for health.

- The important factor that moves forward healthy public policy is the government’s responsibility for health. State agencies including agricultural, industrial, commercial, educational and transport sectors have to be involved; and their involvement in health should not be less than that in the economic sector as all need to pay attention to health impacts whenever they set and implement any policy.

- In implementing health promotion strategy through healthy public policy, there should be



coordination and integration of economic, social and health policies as well as integrated operations. Moreover, other sectors in society including private businesses, non-profit organizations, community organizations, labour unions, professional associations and religious leaders are to be promoted to play a role in health promotion through the formation of new health alliances.

■ Challenges in achieving success in the future include equitable resource distribution, creation and maintenance of healthy living and working conditions, promotion of cooperation for peace, human rights, justice, ecology and sustainable development. Besides, there are other challenges related to cooperation in new activities and the equitable access to medical technology.

1.3 Sundsvall Statement on “Supportive Environments for Health”

The second strategy for health promotion stated in the Ottawa Charter, i.e. to create supportive environments for health, was raised as the theme for the 3rd International Conference on Health Promotion, held on 9–15 June 1991, in Sundsvall, Sweden. The conference focused on the importance of environmental factors on health and mentioned about various environmental dimensions conducive to health, creation of a clear understanding about the fundamental scope and strategies for creating supportive environments for health. The essence of each issue discussed and endorsed by the conference is as follows:

■ The environments mean all physical and social factors surrounding us that affect health. It is necessary for the government to be aware of such facts when formulating policies on national development. However, initiatives for creating supportive environments for health must be derived with the participation of all sectors in society, including the educational, transport, housing, urban development industrial and agricultural sectors. Health promotion has to be undertaken by the people in the community, local agencies, the government, nongovernmental organizations and international organizations.

■ The dimensions of supportive environments for health include social dimension (social lifestyles, norms, values, tradition, culture and social processes affecting health), political dimension (participation in decision-making through democratic process, decentralization of power and resources, human rights protection, peacekeeping and reduction of weapon competition), economic dimension (reallocation of resources for achieving health for all, sustainable development, and safety and reliability of technology), and dimension related to the acceptance of women’s skills and knowledge by all sectors.

■ The implementation of the health promotion strategy aimed at achieving health for all must reflect two basic principles, i.e. **equity and interdependence of all living things which** are important for creating supportive environments for health. The scope of this matter comprises six elements, namely education, food and nutrition, housing and surrounding community, working and occupation, transport and social support. The strategies for implementation under such a scope are the following:

- Strengthening advocacy through community action.
- Enabling communities and individuals to take control over their health and environment through education and empowerment.
- Building alliances for health and supportive environments.

- Mediating between conflicting interests in society to ensure equitable access to supportive environments for health.

1.4 Health Promotion in the 21st Century

The 4th International Conference on Health Promotion was held in Jakarta, Indonesia, from 21 to 25 July 1997, under the theme “**New Players for a New Era – Leading Health Promotion into the 21st Century**”. That was the first international conference that had ever been held in a developing country and the first time for officials from private sector agencies to attend such a conference among the participants from 78 countries from all over the world, representing the health, economic, social and development sectors at all levels. The conference reflected the proactive direction for mainstream health promotion, which did not only include the sharing of experiences in the implementation of health promotion similar to those in the previous conferences, but also proposed recommendations to effectively implement such programmes, review and re-examine the determinants of health and to identify the directions and strategies that must be adopted to address the challenges of promoting health in the 21st century. It is regarded as another major milestone in pushing forwards the health promotion strategies at the international level. The essence of the conference is the following:

- Health promotion has been increasingly recognized that it can develop and change lifestyles and socio-economic conditions as well as supportive environments for health, create more social justice, while promoting human rights and creating social capital. So, it is a cost-effective investment.

- The implementation of health promotion should include all the five strategies in an integrated manner beginning at a community of a certain setting such as a market, a school or a municipal area. In addition, it has to support health literacy and people-centred participation for sustainable development.

- Social determinants of health vary with the surrounding conditions. Thus, it is important that health promotion should be developed according to changes that occur rapidly at present and in the future. The basic factors affecting health include food, shelter, income, education, peace, security, social relations, justice, respect of human rights, ecosystem and use of resources, etc. Besides, there are other important factors such as the rising proportion of ageing population, undesirable health behaviours, drug abuse, violence, emerging and reemerging infectious diseases, antimicrobial resistance and transnational factors such as global economy, technology and the environment.

- Health promotion in the 21st century requires new approaches for creating collaboration among relevant sectors as well as multisectoral collaboration responsibility for health. Moreover, more the attention has been paid to social responsibility for health, investments for health development of the country as a whole, strengthening and expansion of partnerships for health, enhancement of community capacity and empowerment of individuals for health promotion, and establishment of infrastructure for health promotion, which includes mechanisms for funding, resource utilization, training, and development of political, legal, educational, social, and economic environments for health promotion.



1.5 Statement on Health Promotion for Bridging Equity Gap

The 5th Global Conference on Health Promotion focusing on the theme “**Health promotion: Bridging the equity gap**” was held in Mexico City from 5 to 9 June 2000 and attended by participants from both public and private sectors from about 100 countries. The conference reviewed the importance of health promotion and determinants of health, problems of inequities in health, and made recommendations for health promotion in the following aspects:

- Health promotion is not services provided for the people; rather, it is something undertaken by and for the people either as individuals or as groups, aiming to create skills and capability for the people to take control over the determinants of health in a holistic manner. This is to create an understanding of the linkage various factors affecting health, which will lead to self-health development. It is noteworthy that health promotion is important for resolving health problems and developing humans and health. Besides, the importance of such strategies is a means for bridging social disparities, which have to be carried out using the principle of science in line with the political context and sensitivity. In this effort, it is also extremely necessary to promote the role and participation of women.

- On the road to sustainable success in health promotion, the important things to be implemented are as follows:

- **Promotion of science and art for health promotion** through policy formulation and operation based on empirical evidence, which requires investments in research and evaluation, development of the indicators of well-being and other indicators, development of interactions and collaboration among researchers, policy-makers and other relevant individuals or communities, identification of strategies for retrieving, compiling, synthesizing and communicating the findings from research and evaluation. The communication of empirical evidence has to be consistent with the social and political context. The information from the case studies presented at the conference indicated that the factors supportive of health promotion in the community include the brotherhood among practitioners and partnerships among personnel and agencies, mobilization of resources from all sectors, capacity building for communities and human resource development and networking among practitioners.

- **The creation of skills and political activities for health promotion requires the democratic process**, socio-political movements, health service reorientation, interaction development and programme/project development to enhance the potential for implementing health promotion strategies and creating driving forces at the local, national and international levels.

The four key commitments are to make the promotion of health in the globalized world:

- 1) central to the global development agenda;*
- 2) a core responsibility for all of government;*
- 3) a key focus of communities and civil society; and*
- 4) a requirement for good corporate practice.*

1.6 Bangkok Charter for Health Promotion in a Globalized World

The Bangkok Charter was adopted during the 6th Global Conference on Health Promotion,

held from 7–11 August 2005 in Bangkok, Thailand. The conference examined the determinants of health based on the context of globalization, determined guidelines for strategic actions for health promotion according to changes in the present situation, and made a declaration of health promotion aimed at achieving “health for all” as follows:

- Health promotion in the present era has to take into account new determinants of health resulting from globalization, increasing inequalities, new patterns of consumption and communication, commercialization, global environmental change, urbanization, and others such as rapid and adverse social, economic and demographic changes that affect working conditions, learning environments, family patterns, and the culture and social fabric of communities. These factors result in the rising weaknesses of the vulnerable groups. However, there are positive sides of globalization that open up opportunities for cooperation to improve health and reduce transnational health risks. Such opportunities include enhanced information and communication technology and improved mechanisms for global governance and the sharing of experiences.

- All sectors and all localities have to cooperate in the operations for further improving the strategies for health promotion. Progress towards a healthier world requires strong political action, broad participation and sustained advocacy.

1.7 Call for Action for Health Promotion

From 26 to 30 October 2009, the World Health Organization organized another Global Conference on Health Promotion in Nairobi, Kenya. More than 500 participants from 102 countries worldwide attended the conference. That was the 7th conference held at the beginning of the third decade of health promotion at the international level.

The conference reaffirmed the importance and worthiness of health promotion in improving health and quality of life of the people and reducing inequities and poverty. It also supports the call to all stakeholders to cooperate and create participatory actions in health promotion. Moreover, there is a call for action that will lead to the reduction of inequities in health, recognition of the role of health promotion, primary health care and determinants of health, which are important and can complement each other to achieve well-being of the people. The results of the conference provide the directions and strategies for the creation of health promotion that are suitable for present-day situations.

In summary, since the concept of health promotion was first endorsed by the important mechanism, i.e. international conference on health promotion, the World Health Organization has played a key role in adopting and implementing such strategies through international/global conferences continually held for sharing experiences in health promotion. To date, seven of such conferences have been held, signifying the importance of health promotion and reflecting the movements of the principles of health promotion that become clearer and clearer. Over the past two decades, the awareness of the benefit of health promotion has caused the movements at all levels of society and areas to improve people’s health with the ultimate goal of “health for all”.



2. Development of Health promotion in Thailand

Thailand has had a long experience in health promotion in parallel with health system development, especially “the management of social and environmental determinants of health in a holistic manner through community participation”, which is the essential meaning of health promotion adopted in Thailand’s public health development. Such development is divided into two major periods, before and after the period of 1997, during which the Thai Health Promotion Foundation (ThaiHealth) was established.

2.1 Health Promotion before the Primary Health Care Era

Before the period of the 1st National Economic and Social Development Plan (before 1951), Thailand implemented a number of activities, implicitly according to the meaning of health promotion, namely the management of environments for health in parallel with the provision of health services by the government. Obviously, such activities or projects involved the prevention of major disease outbreaks and environmental sanitation, the eradication of dangerous infectious diseases (yaws, smallpox and plague), the development of maternal and child health, nutrition and dental health, and the development/dissemination of modern public health technology to the communities. Moreover, there were the Rural Health Development Project that focused on the improvement of sanitation and water supply for preventing and controlling gastro-intestinal diseases including intestinal parasitic diseases. During the periods of the 1st through 3rd National Economic and Social Development Plans (1951–1976), there were several projects on health promotion and environmental sanitation implemented in a more concrete manner such as the production of nurses and midwives and those involving the development of maternal and child health, nutrition (National Nutrition Development Plan), family planning, community health, and occupational health.

2.2 Health Promotion in the Movements on “Primary Health Care” and “Health for All”

Between 1977 and 1987, the first decade of primary health care in Thailand, not only were basic health services provided (nutrition, maternal and child health, family planning, environmental sanitation essential drug, etc.) as the elements of primary health care, the training of village health volunteers (VHVs) and village health communicators (VHCs) was carried out for all villages throughout the country. That was the occurrence of community participation in health development that is extremely important and has had a long-lasting effect until today. During such a period, many community health innovations were created such as village drug funds and community funds for health development in other

Tobacco Control

is a concrete example of the health promotion process leading to changes in society beginning with the establishment of the National Tobacco Control Committee in 1989 and the Group of Health and Media Organizations Against Importation of Cigarettes in 1989 thru 1991. Such efforts brought about the promulgation of the Tobacco Product Control Act and the Protection of Non-Smoker’s Health Set in 1992 as well as the increase in tobacco tax for the first time in Thailand in 1993. The important event has reflected constant movements for tobacco control during the first phase before the Thai Health Promotion Foundation was established.

forms, resulting in the transfer of technology to communities and the development of management skills as well as community participation in self-healthcare and community health development.

2.3 Application of the Ottawa Charter

Between 1987 and 1997, even though there had been the implementation of the policy on primary health care and health for all by the year 2000 (Health for All 2000) which resulted in the changes in community participation for rural health development through VHV/VHCs and several innovations, the situation of urban health development including industries, private agencies and urban residents/communities did not show a significant role in health promotion. However, when the Ottawa Charter on Health Promotion was adopted during the last part of that Decade, the trends in implementing the charter's strategies also had an effect on urban health promotion efforts, as a result, many projects involving, for example, healthy cities, health-promoting schools, health-promoting hospitals, and health-promoting workplaces.

It can be said that decades before 1997 were the decades of health promotion nurturing in Thailand. Several rural health development policies and projects were an expansion of community participation in self-healthcare and creating supportive environments for health. Over the two decades of the implementation of the primary health care policy, opportunities were open for local communities to take care of their own health through such activities as training of VHV/VHCs and setting up village health funds. In addition, during that period there were three major initiatives and changes resulting in a clearer concept and rapid development of health promotion concepts during the following decades; such changes include the control of tobacco consumption, the running campaign against smoking, and the promulgation of the Tambon (Subdistrict) Council and Tambon Administrative Organization Act, B.E. 2537 (1994).

The first two projects were regarded as those involving social movements towards the formulation of public policy on the protection of non-smoker's health, while many tambon administrative organizations (TAOs) established nationwide by the aforementioned Act had their expanded roles covering such health activities as health promotion, disease prevention, and environmental sanitation development.

No Smoking Campaign

Thai society has been aware of the danger of tobacco and trying to campaign on non-smoking among Thais for a long time. The campaign was seriously started in 1986 through the No Smoking Campaign Project of the Folk Doctor Foundation. The project later became the Action on Smoking and Health of Thailand in 1996, which has been operational until today. Besides, the 1987 No-Smoking Campaign running events conducted by the young rural doctors was recorded as one of the landmarks for Thailand in raising public awareness about no smoking in public places and the rights of non-smokers in Thai society; the actions against smoking were quite strong during that period and became the key turning point in creating the policy and legal measures against smoking.



2.4 1997–2006: The Main Road Towards Health Promotion

Since 1997, the concept of health promotion has been most clearly and intensively adopted in Thailand; and many continual conditions and activities have occurred and become facilitating conditions for such development.

The promulgation of the 1997 Constitution of Thailand was a significant contribution to the development of health promotion strategies as it opened up a new era of participatory democracy and representative democracy which supported and facilitated the participation of all sectors in all development actions including health promotion. The Constitution had many provisions related to health and as a result, health-related activities have to seek public involvement. So health promotion require people's participation so that they will work collaboratively with health personnel as well as other sectors in society to achieve the "Health for All" goal in a more concrete manner according to the intent of the Constitution.

An annual technical conference, held on 6–8 May 2008 by the Health Systems Research Institute on "Health Promotion: A New Role of Everyone", was the first and clearest concrete action ever taken in Thailand since the concept of health promotion stated in the Ottawa Charter was adopted. The conference was attended by representatives from several sectors in reviewing the concept and lessons learned from the charter aimed at making "health promotion" the role of all sectors in society.

The conclusion made at the conference, "Thai society has to have a new imagination about health and change the strategy from defensive to proactive by giving more importance to health promotion and disease prevention as well as civil society to the maximum through the mobilization of all sectors in society at the individual, organization and policy levels", has become the concepts and movements for health system reforms on the new roads of health promotion in a concrete manner in the following phase.

Moreover, the process and products resulting from the subsequent national health system reforms are regarded as the environmental factors and an extremely important origin of present-day health promotion programmes.

2.5 Health System Reform

The national health system in Thailand originated from the "National Health Report: Recommendations for Health System Reform According to the 1997 Constitution of Thailand", prepared by a working group

The Songkhla Provincial Health Assembly

The Songkhla provincial health assembly began with the understanding the fact that health problems cannot be resolved solely by the mechanism of the Ministry of Public Health. In 2006, all sectors in Songkhla province had a consensus that it was time for them all to collaborate in moving the province towards well-being using the "Songkhla Provincial Health Plan" as the theme for provincial health assembly, which was the social forum for all public and private sector agencies to jointly learn and push the health plan to be adopted as the key health policy on moving towards their desirable direction in making Songkhla residents reach to status of well-being

The Songkhla Health Plan clearly specified that during the two-year period (2006-2007) it would be the Provincial Health Strategic Plan of Songkhla that would support the programmes of the public sector and other relevant partners through the cooperation of all public and private agencies including network members to learn and work together.

under the Public Health Commission of the Senate, Chaired by Professor Dr. Prasop Rattanakorn and the Regulations of the Prime Minister's Office, B.E. 2543 (2000), on National Health Reform, the appointment of the National Health Reform Commission (NHRC) and National Health Reform Office (NHRO). Coordinated by NHRO, the goal of health system reform was pushed forward under the philosophy "building health proactively leads fixing health defensively (building health leads fixing health)".

The movement for enacting the National Health Act to be used as a tool for health system reform was another step that significantly affected the development of health promotion. The "triangle that moves a mountain" strategy, including knowledge creation, social mobilization and linkage with the policy-making or political process, was used in drafting the legislation and pushing forward the health system reform. The process was unprecedented in terms of public participation involving all sectors at all levels and in all areas of society. Finally, it was the movement for changing the method of thinking about health, from focusing on repairing or fixing ill health to building or promoting good health. That was the opening of public forums for the people to participate in making decisions on major issues in the health system reform.

The "health assembly" process is a provision in the 2007 National Health Act which prescribes that it is a major mechanism and is efficient in moving reforming and turning the concepts of health promotion into living concrete actions.

While drafting the National Health Act, the "health assembly" defined as "the process in which the public and related state agencies exchange their knowledge and cordially learn from each other through a systematically organized forum with public participation, leading to suggestion of healthy public policy and public healthiness" played a significant role in mobilizing cooperation and generating learning for various sectors as well as a million citizens in jointly revising, developing and promoting health and extensively setting public policies. "The health assembly process helps all concerned to learn effective ways of health promotion that have an impact in the learning process within the areas of network members as civil society of well-being and supports the healthy public policy process on the horizontal scale". The success of "health assembly" has been evident in a concrete manner in several provinces as it becomes a public forum for pushing forward health development which has health promotion as the core element.

Health assembly, Nakhon Pathom province: Community learning curriculum for Nakhon Pathom residents

The health assembly in Nakhon Pathom province was originally formed in response to the water pollution problem in the Tha Chin River, which is like a blood vessel for residents of the province. The assembly was attended by representatives from “households, Wat (Buddhist monasteries), schools and communities” and emphasized public policies affecting health. The working group of the assembly presented the knowledge and situation synthesized from the real events for use in drafting the National Health Act; and several other activities were held, i.e. an exhibition on environmental conservation, talks on waterways and health, conservation tourism, and water resource management; “recommendations on health policies and strategies” were made and pushed forward for adoption for developing a teaching/learning curriculum related to health.

● ***Pushing for adoption and translation of policy into action.*** *The mechanism and action of local group leaders had led to the adoption and use of the curriculum in a concrete manner, especially in the case of “Tha Chin River”, making the process even stronger and more powerful in the movement. Besides, after the provincial health assembly, the process was adopted for other issues in almost all forums that were seeking ways to resolve local problems and draw up policies/strategies on such matters. Finally, the “community learning curriculum” was successfully drawn up by and for the communities.*

The health system reform process, especially the drafting of the National Health Act, cannot only be regarded as having resulted in the health system development, but also in health promotion relating to the rethinking of the health concept using the “building health leads fixing health” approach and the viewing of health in a broader perspective.

2.6 The Inception of Thai Health Promotion Foundation

The inception of the Thai Health Promotion Foundation (ThaiHealth) in 2001 is regarded as the most important landmark signifying the strength of health promotion in Thailand, as a result of the campaigns against smoking conducted during the previous decade. After all academic, social and public sectors had worked together for some time, they proposed that a legislation be passed to collect taxes on alcohol and tobacco and that a health promotion fund be set up as a public organization. In July 2000, the Royal Decree on Establishing Health Promotion Fund was enacted and later the Thai Health Promotion Foundation Act was enacted (on 8 May 2001); the Act prescribes that 2% excise taxes be collected on tobacco and alcohol for setting up the Health Promotion Fund. That was the formal establishment of the Thai Health Promotion Foundation.

At present, ThaiHealth is a state agency under the supervision of the Prime Minister that is not under the bureaucratic or state-enterprise system. The responsibilities of ThaiHealth are to advocate, stimulate, support and provide funding to various organizations in society for health promotion activities with no framework limitations. Rather, ThaiHealth is open to new or creative ideas or approaches that will lead to the expansion of values and creation of health behaviours for the people in an efficient and extensive manner.

It is a new model of health agency according to the resolution of the World Health Assembly on support for health promotion.

ThaiHealth operates with the vision of “Sustainable Health for Thai Citizens” and the mission “promote, support and develop health promotion process leading to sustainable well-being of Thai people and society”, with the aim of “being a small agency that carries out a big task, whose impact is the higher level of quality of life of Thai people”. It normally works with and among members of networks or partners with several mechanisms composed as “Thai health system” that has the meaning broader than hospitals and the Ministry of Public Health, but also covers other agencies of various ministries, including local government organizations, community organizations, non-governmental organizations, and other private sector agencies.

ThaiHealth operates without using state power but with a limited number of personnel and a limited budget and the three-power or “**triangle moving a mountain**” strategy. First, intellectual power including wisdom space for extensively expanding the scope of health. To make this effort efficiently, the knowledge from all sectors needs to be gathered; and it has been further developed in response to changing situations and according to the context and the needs of target groups. The body of knowledge coupled with the learning process of all sectors will expand the wisdom space and create the great intellectual power for health promotion. Second, **social power** which is the expansion of social space to extensively cover social partnerships for mobilizing power, which is necessary for working, campaigning and monitoring of health promotion activities in a continuous manner. However, such an effort needs to be made in an integrated fashion with joint actions for skill development together with all network members with the same ideology and goals; all of them have to be properly linked to expand social space and create a driving force for health promotion. Third, **policy power** which is the expansion of space of participatory policy process; policies generate systems and structures as components for health promotion that will affect the people in a broad scale with a lasting effect longer than short-term campaigns. In particular, policies that are developed with wisdom and multisectoral cooperation will be acceptable, resulting in practical cooperation and sustainability (<http://www.thaihealth.or.th/about/get-to-know>).

ThaiHealth deploys four channels in promoting health, i.e. health promotion through “issues” (such as alcohol, tobacco, food, etc), “organizations” such as educational institutions, workplaces, etc, “communities or areas”, and “target groups”. At present, ThaiHealth has 13 programmes, namely Tobacco Consumption Control; Alcohol Consumption Control; Traffic Injury and Disaster Prevention; Health Risk Factors Control; Health Promotion for Specific Population Groups; Health Promotion in Communities; Health Promotion for Children, Youths and Families; Health Promotion in Organizations; Physical Activity and Sports for Health; Social Marketing; Open Grants and Innovative Projects; Health Promotion through Health Service Systems; and Supportive Systems and Mechanisms Development for Health Promotion. Over the past decade, ThaiHealth has significantly created impacts and movements in health promotion in Thai society extensively in many dimensions/areas and all levels, for example:

- Cooperation with the Alcohol Beverage Control Committee, the Centre for Alcohol



Studies, civil society and the Stop Drink Network in pushing for the enactment of the 2008 Alcohol Beverage Control Act.

- Working, in collaboration with local and international partners and networks (the Ministry of Public Health, the National Tobacco Consumption Control Committee; the Thai Health Promotion Institute, and the Action on Smoking and Health, Thailand) on effective and powerful movements for adoption of policies, legislation, law enforcement related to tobacco consumption control. Such efforts include the establishment of the Tobacco Control Research and Knowledge Management Center (TRC) and the Thai Health Professional Alliance Against Tobacco, the drafting of the Framework Convention for Tobacco Control (FCTC) and becoming one of the Parties of the Convention, and the movement for increasing the tobacco tax to 80% in 2007.

- Support for the reduction of road traffic accidents by urging the government to adopt road accident problems as a national agenda by establishing the Road Safety Operations Centre and the Committee on Road Safety Operations to oversee activities related to road safety especially law enforcement, traffic engineering, public education, public relations, etc, as well as other proactive operations.

- Encouragement and cooperation with various sectors in establishing networks for the empowerment of families and communities for all age groups throughout the country; one of such activities was the development of systems for classifying TV programmes (TV programme rating).

2.7 Community Health Fund

Health promotion systems in Thailand during this decade are carried out through the National Health Security Act, B.E. 2545 (2002), which guarantees universal access to health care and has incorporated the “building rather than fixing health” concept into the basic benefit package for health-care recipients. Such an effort has been made by allocating budget for health facilities to carry out health promotion activities in parallel with curative care. Moreover, the Act also supports the establishment of a “Community Health Fund” at the subdistrict (tambon) level to chiefly finance health promotion activities. The “Fund” is defined as a local or community health security fund responsible for health supporting health promotion, disease prevention, rehabilitation and primary medical care essential for livelihood, according to an announcement of the National Health Security Office pursuant to the 2002 Act.

2.8 Statute on National Health System: The Future Dream

The movements on National Health Act resulted in the promulgation of the 2007 National Health Act, which prescribes that a statute on national health system be drawn up.

According to the original intent, during the National Health Act drafting process undertaken by members of all relevant partners in the health system movement during the last decade, the legislation was expected to serve as a master law on health or Health Constitution. But before the Act was actually enacted, there were revisions in certain parts of the draft law, taking out the part that dealt with desirable image and details of health subsystems, but prescribing in section 25(1) that the National Health Commission (NHC) has

duty to prepare a “Statute on National Health System” for use as a framework and guide for setting policies, strategies and procedures of various sectors of the country. This is to ensure proper directions of national health system reform with clarity and power showing the commitment of society; and the statute covering at least 12 subsystems must be reviewed/ revised at least every five years so that the framework for setting the future image of the health system will have dynamism and can be used for resolving problems and providing direction for the national health system according to changing situations. The Act also prescribes that the Statute on National Health System, approved by the cabinet, shall obligate all state and other relevant agencies to take action within their own duties, according to Sections 46, 47 and 48 of the 2007 National Health Act.

The National Health Commission prepared the 2009 Statute on National Health System, which prescribes the principles for the participation and hearings of all sectors based on technical information and the knowledge management approach so that the Statute will reflect the joint intent and commitment of society to use it as a reference in setting their directions and goals until the year 2020. The 2009 Statute on National Health System was endorsed by the Cabinet on 30 June 2009 and then submitted to members of the National Assembly (both the House of Representatives and the Senate) and published in the Government Gazette Vol. 126, Part Special 157 D (Ngor) on 2 December 2009.

In the Statute on National Health System, health promotion is one of the 12 essential matters required by law and elaborated in Chapter 4 of the Statute with principles, objectives and measures. The principles specified in the Statute are as follows:

Health Promotion must be undertaken to create holistic well-being for all in society, to primarily 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) Building healthy public policy
- 2) Creating supportive environments for health
- 3) Strengthen the community according to the principle of sufficiency economy, with emphasis on participatory development
- 4) Developing health-related skills of the individual, family and community
- 5) Reorienting public health services system to strengthen the public’s health.

Under the aforementioned principles, the four goals or objectives specified for accomplishment by 2020 are as follows:

(1) To put in place the development of a concrete and participatory healthy public policy for good health.

(2) To put in place the environment and surroundings in a variety of tangible ways to facilitate the public’s health.

(3) To put in place health promotion for the individual, family, community and society in a balanced and interconnected manner in accordance with the principle of health promotion.



(4) To put in place strong health efforts covering 80% of all the subdistricts in the country.

The future scenario and direction of health promotion in Thailand prescribed in the 2009 Statute on National Health System shall be legally binding, according to the social intent, upon relevant state agencies, partners and civil society organizations in the performance of health promotion activities of their powers and duties in a unified and forceful manner.

Statute on National Health System, B.E. 2552 (2009)

Chapter 4: Health Promotion

Measures: 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.

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.

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.

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

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. 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.

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.

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.

3. Reorienting Health Promotion in the Future

According to the past and present-day experiences, the health promotion system in Thailand has progressed a great deal with a tendency to expand or branch out into several dimensions and directions. This is due to the fact that structural and systemic conditions have been designed to facilitate such an expansion, including, the 2009 Statue on National Health System, the 2007 National Health Act, health assembly mechanisms (national and local), the Health Promotion Fund, community health funds, expanded roles of local government organizations, etc. All of these conditions/mechanisms are favourable to the strength and growth of health promotion.

Health assemblies (area-based, issue-based, and national) will be social space for the participation of all sectors in creating, monitoring or evaluating public policies and resultant effects. Meanwhile, a large number of local government organizations have taken development actions and learned to see and use health issues as their operational policies and objectives.

Nevertheless, trends in social and global changes together with intensive globalization may cause both crises and opportunities for health promotion. In the future, the social, economic and political problems and conditions of the country and the world may change in the following aspects which may require attention in dealing with health promotion in the future:

3.1 Globalization and Changes in People's Health Problems

The world including Thailand, in the not-too-far future, will be facing the change in the population structure, i.e. ageing society with fewer births, longer life expectancy and a larger proportion of elderly people. As a result, there will transboundary labour migration as well as economic, cultural and technological globalization, which will result in changes in lifestyles and food consumption, global climate changes, natural disasters, etc. Such conditions will be the determinants of changes in their people's health problems in the next decades. Chronic diseases such as diabetes, hypertension, cardiovascular diseases, paralysis, etc, resulting from unsuitable eating patterns and lifestyles, have become a more important health problem compared with infectious diseases. However, a number of emerging diseases (SARS, avian flu) and re-emerging diseases (tuberculosis, malaria, filariasis, dengue haemorrhagic fever, etc.) are still health problems linked to climate change and population migration, especially in the working-age group, due to international economic and political disparities and globalization, Besides, problems related to global disasters are expected to be clearly on the rise.

Such problems will be conditions and challenges to the national health problems and a proof of the worthiness of health promotion and disease prevention efforts, not merely facing new problems, which are hard to solve and complicated, but there will be factors affecting the situations in many different groups in society.



3.2 Changes in Social, Economic, and Political Context Affecting People's Lifestyles and Well-being

The intensified globalization at present and in the future will affect Thais' lives and social conditions in many aspects. Thai society is facing both crises and opportunities. The social crisis we faced in the past still prevails as called "compounding crisis", including being in a **confusion trap** (a directionless society; no one knowing when the confusion will end; unconfidence in the country's situation resulting in the slow-down of investment, consumption and employment, and inducing a vicious cycle of economic recession that might have an impact on society); a **conflict trap** (Thai society having never experienced this kind of conflict before; being divided into different groups with conflicts that may lead to violence); an **uncompetitive trap** (the country's competitiveness index having been steadily declining in terms of macroeconomic, public sector efficiency, private sector capacity and infrastructure dimensions); and a **disparity trap** (gaps between the rich and the poor, and gaps beginning to appear for power, wealth and opportunities between the informed and the uninformed). Such traps seem to have been affecting the lifestyles and rhythms of pace in the future of Thai society; and it is hard to say by how much and for how long.

The external economic and political fluctuation remains a threat to the country's economic and political stability. Even though the financial crisis and economic recession in the West have declined and the overall economy has had a sign of recovery, other forms of crisis, such as natural disasters and environmental degradation, are risk factors for political and economic stability at all times (such as the dry-up of the Me Kong River, believed to be part of large development projects in the countries upstream, affecting all the countries downstream having to face droughts resulting in a declined paddy yield and a fight for water for rice planting in all regions of the countries). Poverty and socio-economic disparities will continue to be the determinants of health, while the political conflicts have resulted in a decline in political ethics, but the popular sector's role in politics has become more evident in a non-formal manner.

In the social sector, emerging lifestyles resulting from previous development programmes are "having an impact on the change in population structure from the family level to the large society level which is more complex". Such lifestyles have caused changes in urban families; working-age people tend to focus on earning income to build up financial status rather than having a family. So, they get married at an older age and have fewer children, resulting in a lower proportion of child population and a 1:2:4 crisis in the future (a social crisis when one grandchild has to take care of two parents and four grandparents). Such a condition causes the children of new generation to become isolated without any personal relationship with other people, living in his/her own world; they do not know themselves and tend to be fragile users/consumers, not producers. Emerging lifestyle results in over consumption, particularly consumption of sign rather than utilities.

Changes in social, economic and political conditions will be contextual conditions leading to new questions that are challenging to health development and health promotion, which are profoundly associated with social determinants of health with an expanded scope of health too large to define.