CHAPTER 3
NATIONAL HEALTH DEVELOPMENT PLAN UNDER THE 9TH NATIONAL ECONOMIC AND SOCIAL DEVELOPMENT PLAN (2002-2006)

1. The Conceptual Framework of the National Health Development Plan under the 9th National Economic and Social Development Plan (2002-2006)

The 9th Plan continues focussing on the concept of "human-centred" development approach in a holistic manner adopted in the 8th Plan; and His Majesty the King's philosophy of "sufficiency economy" has been adopted as a guide for the development of Thai people's health including the overall health system.

Conceptually, under the 9th Plan, "health" is regarded as the state of physical, mental, social and spiritual well-being that is interrelated holistically. Therefore, to improve people's health status, it is necessary to develop the entire system that is linked to several other elements, i.e. individual, environmental (economic, social, political, physical, and biological), and health service system (see Chapter 4), including active participation of all sectors of society.

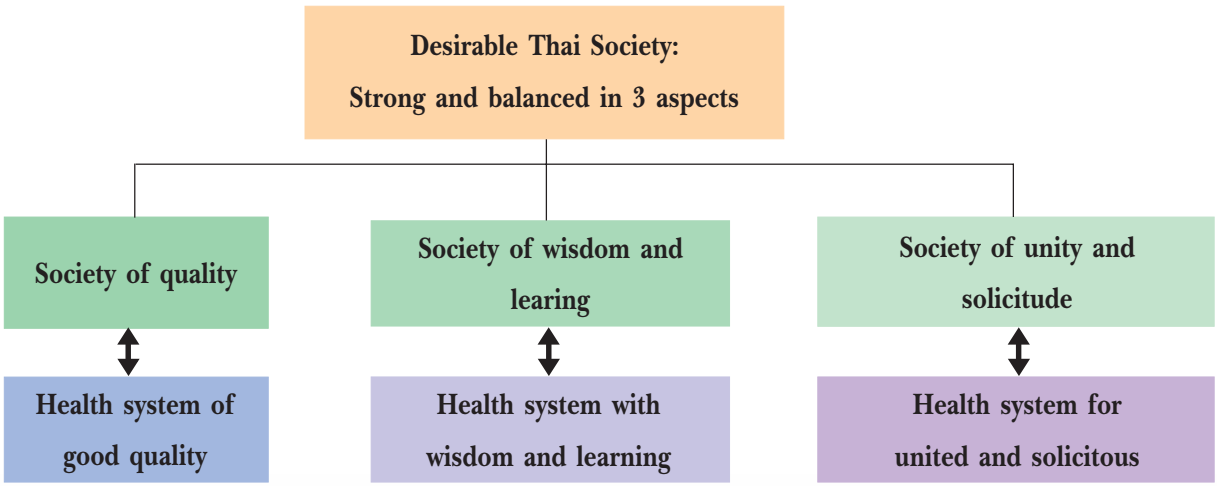
2. The Image of the Thai Health System

The current National Economic and Social Development Plan specifies the "vision of desirable Thai society" that it is a strong society with a balance of three aspects, i.e. society of quality, wisdom/learning, and unity/solicitude. Thus, health as part of society has to be strong and balanced in such three aspects.

The Steering Committee on National Health Development has set a desirable "image" of the Thai health system as follows (Figure 3.1):

"A proactive health system that emphasizes health promotion of the people, in parallel with a satisfactory health insurance system, so that the people will have access to health care that is solicitous and of good quality when necessary; whereas all sectors of society at all levels have potential and participate in the creation and management of the health system according to the sufficiency economy philosophy, through learning and utilization of Thai and international wisdom in a well-informed manner, so as to make Thai society survive in a self-reliance and healthy manner in the global society that is interconnected and extensively influential to each other."

Figure 3.1 The Image of the Thai Health System



- Proactive health system with holistic development
- Health services of good quality and efficiency
- Having health security to live happily and die with dignity
- Having good governance in managing health-related factors
- All sectors of society are strong, participating and self-reliant in health

- Using knowledge and wisdom as a base
- Using Thai and international wisdom in a well-informed manner
- Research and development for health innovation
- Society of health-conscious and health-promoting culture
- All systems lead to learning about health

- Health system that is equitable and respects human being
- Health security that is reliable with good coverage, equality and equity
- Rights and equality in having access to health care
- Provision of welfare to the poor, underprivileged and affected

Source: National Health Development Plan under the 9th National Economic and Social Development Plan (2002-2006).

3. Vision of People's Health Development

"All Thai citizens have security to live a happy life in a healthy condition, with access to health care in an equitable manner, in a family, community and society that is self-sufficient in terms of health, with potential, learning and participation in managing health problems, using international and Thai wisdom in a well-informed manner."

4. Core Mission: Mobilization of resources from the entire society for promoting health (all for health)

The 9th National Health Development Plan focuses on the **"mobilization of resources from the entire society for promoting health"** by creating health consciousness in all sectors of society, and providing an opportunity for them all to participate and use their potential in the development process to make a healthy society.

5. Objectives of the Health Development Plan under the 9th National Economic and Social Development Plan (2002-2006)

5.1 To create a proactive health system that aims at promoting healthy conditions, protecting safety of life and health, in terms of food safety and security, environmental and occupational safety, consumer protection and disease prevention.

5.2 To create a security system for protecting people's health from the negative impacts of economic, social, and developmental activities, and to create an insurance system for the people to have access to quality health care with universal coverage on an equitable basis, particularly for the poor and underprivileged.

5.3 To strengthen individuals, families, communities and society to have the potential for self-care and health promotion, using the learning and participatory approach in the setting up and management of health systems.

5.4 To set up mechanisms and measures for creating, seeking and increasing the potential for screening knowledge and technology for health development, emphasizing research and development in the utilization of international and Thai wisdom in a well-informed manner for self-reliance in health.

6. Targets of the Health Development Plan

Principal targets at the end of the National Health Development Plan during the 9th Plan Period (2002-2006) are as follows:

Table 3.1 Targets and Situations under the National Health Development Plan during the 9th Plan Period, 2002-2006

Target	situation	Source of data
1) Targets for health impact		
(1) Reduce infant mortality rate to not exceeding 15 per 1,000 live births	24 per 1,000 live births (2002)	The World Bank
(2) Reduce low birth weight rate (newborn <2,500 grams) to not exceeding 7%	8.9% (2002)	Dpt. of Health
(3) Reduce maternal mortality ratio to not exceeding 18 per 100,000 live births	13.7 per 100,000 live births (2003)	Bureau of Policy & Strategy
(4) Increase life expectancy at birth:		NESDB
• Female, to 77 years • Male, to 72 years	• Female 74.9 years • Male 67.9 years } (2000-2005)	
2) Targets for reduction of health problems		
(1) Reduce mortality rate due to rabies by 50% each year	0.02 per 100,000 population (2003)	Bureau of Epidemiology
(2) There is no case of poliomyelitis	None (2003)	Bureau of Epidemiology
(3) Reduce neonatal tetanus death rate to not exceeding 1 per 100,000 population	0.01 per 100,000 population (2003)	Bureau of Epidemiology
(4) Reduce malnutrition among children aged 0-5 years to not exceeding 7%	8.7% (2003)	Dpt. of Health
(5) Reduce HIV infection prevalence rate		
- in conscripts to not exceeding 1%	0.6% (second batch, 2003)	AFRIMS
- in women of reproductive age to not exceeding 1%	1.1% (2003)	Dpt. of Health
(6) Reduce mortality rate from accidents to not exceeding 50 per 100,000 population	56.9 per 100,000 population (2003)	Bureau of Policy & Strategy
(7) Reduce mortality rate due to cardiovascular disease to not exceeding 90 per 100,000 population	27.7 per 100,000 population (2003)	Bureau of Policy & Strategy
(8) Reduce mortality rate due to cancer to not exceeding 40 per 100,000 population	78.9 per 100,000 population (2003)	Bureau of Policy & Strategy
(9) Reduce morbidity rate due to dengue haemorrhagic fever to not exceeding 20 per 100,000 population	99.56 per 100,000 population (2003)	Bureau of Epidemiology

Target	situation	Source of data
(10)Control the prevalence of tuberculosis in infectious stage so that it does not exceed 60 per 100,000 population	42 per 100,000 population (2003)	Dpt. of Disease Control
(11)Reduce acute diarrhoea morbidity rate to not exceeding 1,000 per 100,000 population	1,719.49 per 100,000 population (2003)	Bureau of Epidemiology
(12)Reduce malaria morbidity rate to not exceeding 1 per 1,000 population	0.64 per 1,000 population (2003)	Dpt. of Disease Control
(13)Reduce leptospirosis morbidity rate to not exceeding 10 per 100,000 population	7.79 per 100,000 population (2003)	Bureau of Epidemiology
(14)Reduce mental stress problems to not exceeding 50%	57.7% among employed people } (Sept 2000) 59.8% among the unemployed	Dpt. of Mental Health
(15)Reduce the rate of attempted or complete suicide to not exceeding 33.5 per 100,000 population	36.41 per 100,000 population (2001)	Dpt. of Mental Health
3) Targets of health promotion		
(1) At least 80% of children aged 0-5 years have growth development according to their age	71.6% (1999)	Dpt. of Health
(2) At least 60% of the people exercise regularly - male 32.8% - female 25.4% (2004)	29.1% among people aged 11 and above :	National Statistical Office
(3) Reduce smoking rate among people aged 15 years and above to not exceeding 21%	21.6% among people aged 11 and above: - male 44.1% - female 2.9% (2003)	National Statistical Office
4) Targets of health care accessibility		
(1) All citizens have health security	94.3% (2004)	National Statistical Office

7. Strategies and Tactics for Health Development

7.1 Development Strategies

To achieve the objectives and targets of health development that will lead further to achieving the desirable **image** of Thai society and health system, the following seven development strategies have been formulated and used during the 9th Plan Period (Figures 3.2 and 3.3):

Strategy 1: Development of management system for health

Strategy 2: Development of health security and service quality

Strategy 3: Development of basic factors for good health and health promotion

Strategy 4: Development of people's health behaviours and potential as well as strength of civic groups for health

Strategy 5: Development of health knowledge and technology

Strategy 6: Management of human resources for health

Strategy 7: Development of country's competitiveness in health

7.2 Development Tactics

For the above strategies, the following **tactics** have been specified.

Strategy 1: Development of management system for health

1) Revise the management system leading to good governance.
   (1) Establish the management, information, and budgeting systems according to the results-based approach
   (2) Adopt the management approach emphasizing the proactive health development concept
   (3) Coordinate and enhance partnerships and networking with domestic and international agencies
   (4) Reorienting the role from being "operators" to "supervisors and supporters"
2) Develop and create a checks-and-balances mechanism in society.
   (1) Campaign on consciousness, values, ethics, and principles
   (2) Develop a mechanism of checks and balances
   (3) Support counter-corruption efforts by:
      - Revising rules and regulations that will minimize the use of personal judgement
      - Setting up guidelines for actions against corruption
      - Raising public awareness against corruption
3) Revise relevant laws.
   (1) Revise relevant laws that will support the management system
   (2) Serve as a core agency in pushing for the legislation of the National Health Act and the Health Promotion Foundation Act (enacted in 2001)
   (3) Develop guidelines for the decentralization of powers

Strategy 2: Development of health security and service quality

1) Support the development of health insurance systems including the payment systems so that they all are efficient and uniform, with clear legal measures.

2) Develop primary care facilities in both urban and rural areas with a good-network involving intermediate- and high-level healthcare facilities.

3) Develop healthcare facilities so that their qualities are in accordance with the Thai or international standards.

4) Promote the use of herbal medicines and Thai traditional medicine in public and private healthcare facilities.

5) Develop the emergency medical service system at the national and provincial levels, with regional/general hospitals serving as the centres.

6) Set up a system for foreign workers to have access to health insurance with premium payments.

Strategy 3: Development of basic factors for good health and health promotion

1) Push for the adoption of provisions on health promotion, prevention/control of health problems, and development of basic factors in the national health development law, including the setting up of a mechanism, policy, measure and process for health promotion at the national level in a holistic manner according to the changes in economic, social and political situations.

2) Develop a system or network for the surveillance, prevention/control, and monitoring of health problems according to the changing situations.

3) Promote the knowledge, ethics, and responsibility of the private sector, particularly the operators in the manufacturing sector, to be conscious of the quality of their products and responsible for the health and environmental impacts of their operations.

4) Develop the health information system so that it is up to date and links to other relevant agencies, provide an opportunity for other individuals or agencies to easily access and use the information, and promote a mechanism for the dissemination of correct information to target population on a timely basis as necessary.

Strategy 4: Development of people's health behaviours and potential as well as strength of civic groups for health

1) Create the values for society members to emphasize and realize the importance of health consciousness and healthy lifestyle, based on the self-reliance and self-care principles, and develop the potential related to the building of knowledge, standards, technology and innovation, involving all sectors concerned, for the promotion of learning process in health.

2) Promote/develop the private sector, especially operators of the manufacturing sector to be conscious of the quality of their products and responsible for the health and environmental impacts of their operations.

3) Create opportunities for learning and developing healthy life-skills at the individual, family, community and societal levels.

4) Develop the environmental factors that will facilitate health behaviour development at the individual, family, community and institutional levels.

5) Develop systems/mechanisms and partnerships/networks of public participation in health development.

6) Develop a quality and efficient information system as well as a community health surveillance system.

7) Develop the potential of communities for health promotion, disease prevention/control, health rehabilitation, and consumer protection, using local wisdom and appropriate technology.

Strategy 5: Development of health knowledge and technology

1) Develop the technical management system for health research that will help technical officers and researchers in their efforts in building the body of knowledge in health in various disciplines in terms of both quantity and quality.

2) Assess the potential of agencies under the MoPH in conducting research studies on health promotion as a whole.

3) Create a mechanism for technical officers and researchers to adhere to the ethical principles in doing research, particularly the system for monitoring research on humans.

4) Place a particular emphasis on the creation and coordination of participation of all domestic and international health partners in all sectors in developing the research system as well as researchers and research work.

5) Promote the creation of management decision-making on the basis of information and knowledge related to health that can be verified.

6) Promote the strengthening of the system for controlling, monitoring, and assessing the research achievements and results utilization.

7) Support/push for the establishment of an autonomous/flexible agency that will help to set up a system/mechanism for the management of knowledge and wisdom for health in a full-cycle manner.

8) Develop a system for the dissemination of research information or findings and body of knowledge so that it is convenient for the public to have access to and use such information or knowledge.

Strategy 6: Management of human resources for health

1) Establish an agency or a ministerial/central committee to be responsible for monitoring and setting up mechanisms, criteria, principles, and conditions for developing policies and plans on the production, development, and management of health workforce, possibly by merging health workforce agencies under the MoPH according to the national health manpower policies.

2) Establish and develop a central database of health workforce of the MoPH in such a way that it is of good quality, accurate and up to date, covering all agencies concerned, and having linkages with all

other central and local databases; a core agency should be set up for this purpose and another agency or a private firm may be contracted to collect and process the data.

3) Support the production of health personnel so that the categories, quantities, qualities, and specific qualifications are consistent with the needs and necessity for the health service system reform of the country.

4) Revise the personnel management system so that it is more flexible and efficient, including:

- Performance assessment system
- Incentive and compensation system
- Utilization and distribution system consistent with the needs and for problem-solving in each locality
- Personnel (in-service) development system in response to the decentralization policy
- Monitoring and assessment system that is transparent and accountable.

5) Develop a personnel development plan aimed at raising the knowledge, capability, skills, righteousness, morality, attitudes, and values for service provision consistent with continuous health service system development efforts.

6) Create and support the building of new knowledge as well as technology suitable for the changing health problems and situations.

7) Provide technical advice to agencies and healthcare facilities in the heath system as well as to the communities and localities.

Strategy 7: Development of country's competitiveness in health

1) Develop the personnel potential to be capable of supporting system operations in an efficient manner.

2) Develop an organization, working system, and information system with work standards in support of the production of health products.

3) Promote and provide technical support related to the production technology to enhance the capacity for the production of health products for import substitution.

4) Establish partnerships and networks for cooperation in the operations for enhancing export efficiency.

5) Develop and assure the quality of health products and health services according to the international standards and those of trading partners.

Figure 3.2 Strategies and Tactics in the National Health Development Plan under the 9th National Economic and Social Development Plan (2002-2006)

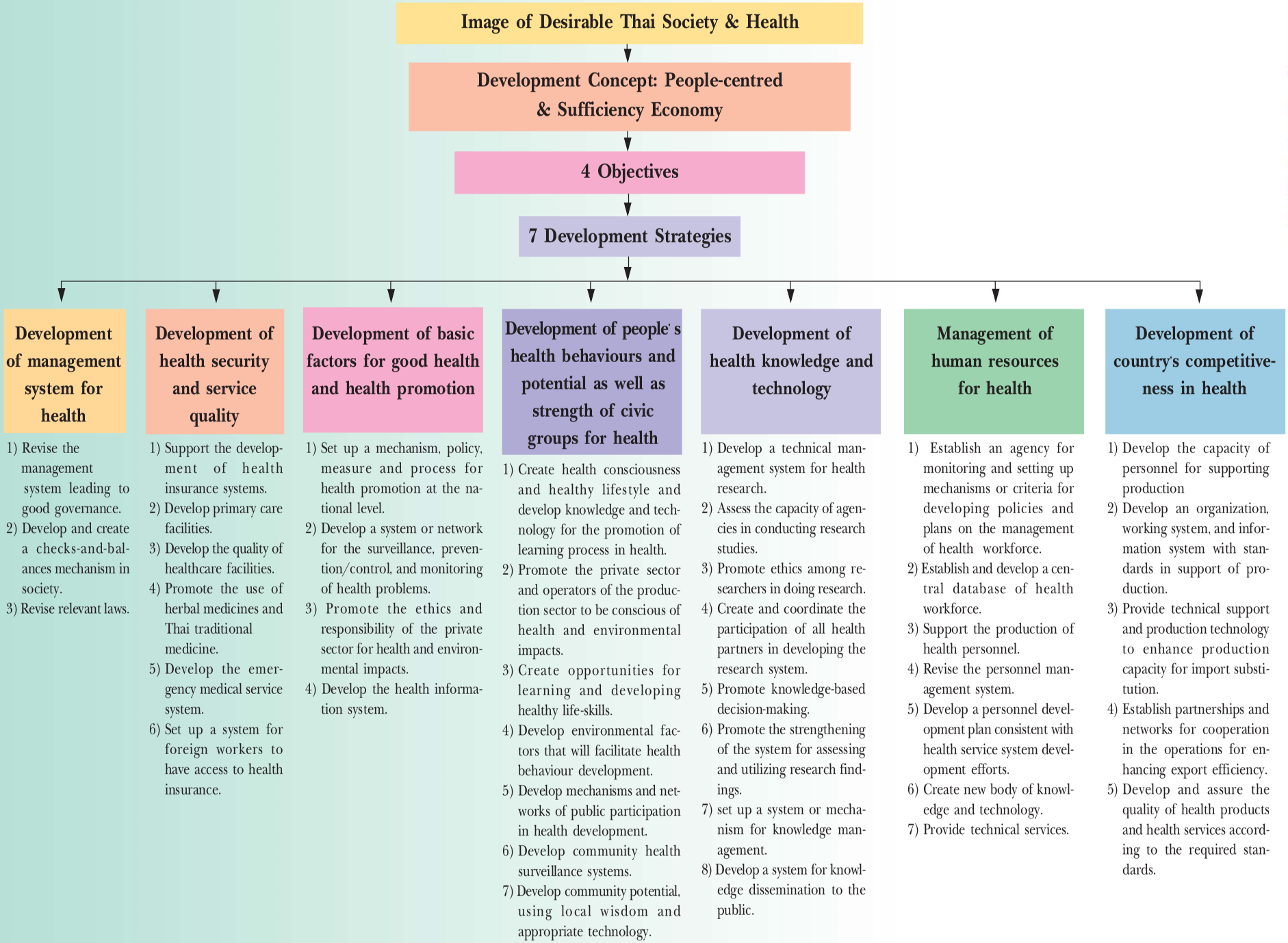
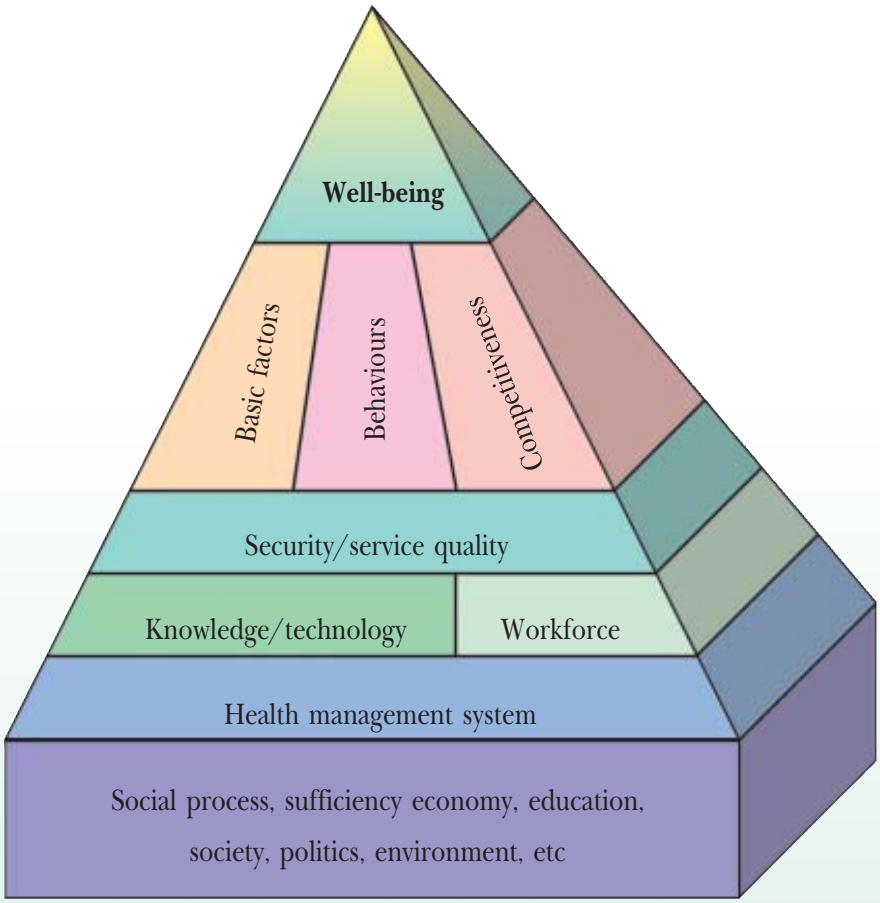


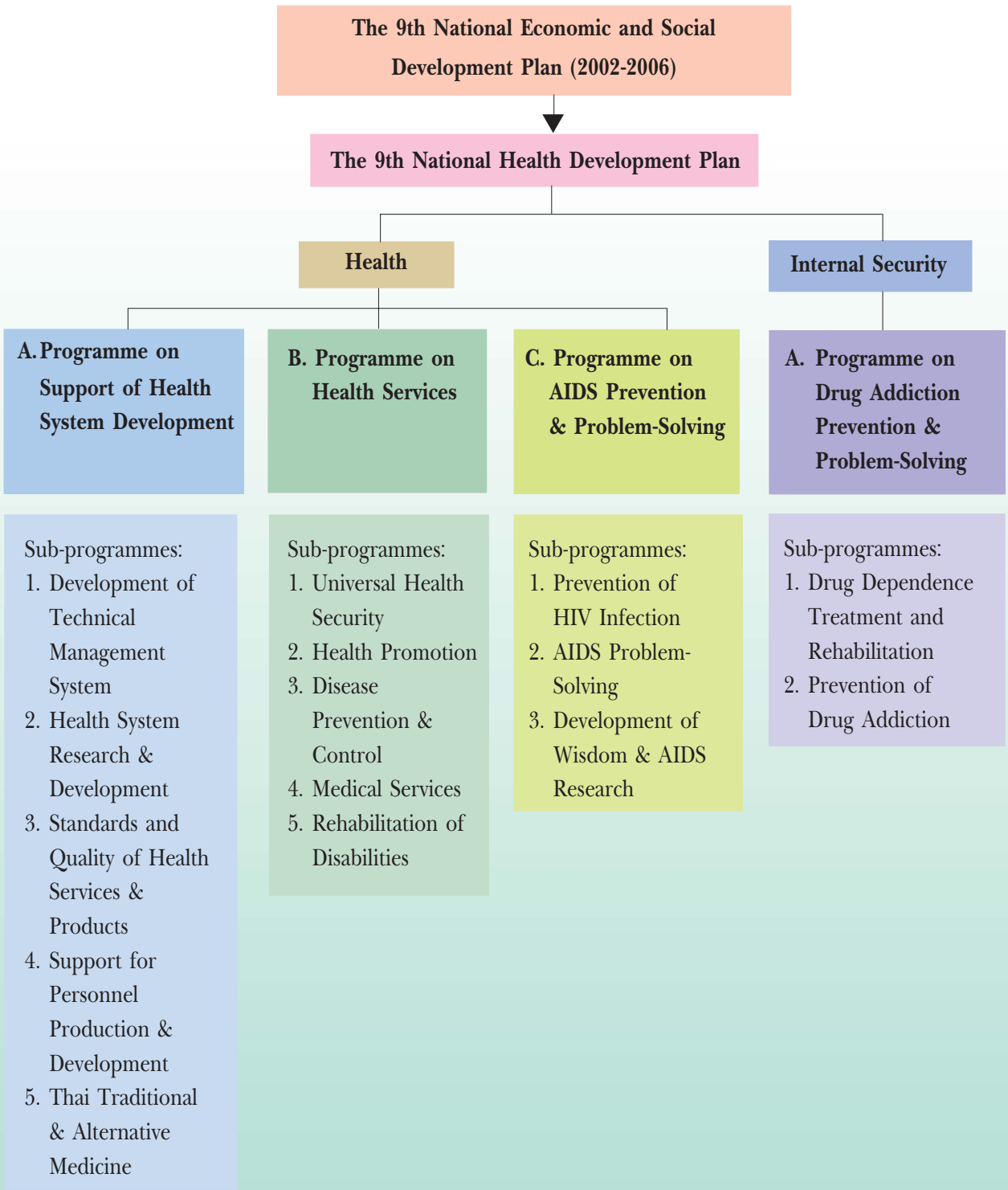
Figure 3.3 Strategies in the 9th Plan of MoPH under the National Economic and Social Development Plan (2002-2006)



8. Structure of Programmes/Projects in The 9th National Health Development Plan (2002-2006)

The 9th National Health Development Plan consists of three programmes and 13 sub-programmes (Figure 3.4).

Figure 3.4 Structure of Programmes and Sub-programmes in the 9th National Health Development Plan (2002-2006)



9. Evolution of National Economic and Social Development Plans

Thailand initially had a 6-year medium-term national development plan beginning in 1961, followed by 5-year plans. The first three plans aimed to develop the economy, so they were called National Economic Development Plans. Later, when social problems became more apparent, coupled with more civic/political movements, the plans have been changed to "National Economic and Social Development Plans" since the 4th plan period.

The key features of the 1st through 9th National Economic and Social Development Plans (NESDP) and the Health Development Plans (HDP), and the plan achievements are shown in Table 3.2.

Table 3.2 Key Features and Achievements of the 1st through 9th National Economic and Social Development Plans and the Health Development Plans

Plan No.	Key features		Achievements of development	
	NESDP	HDP	NESDP	HDP
1st Plan 1961-1966	Emphasis on economic development, particularly investment in the construction of basic infrastructure (communication and transportation systems, dams for irrigation and hydro-electric energy, public utilities, etc.) for promoting private sector investment.	Emphasis on expansion of health infrastructure or facilities, i.e. provincial hospitals and health centres, for providing basic services in health development	• Economic growth continued: average annual growth of 8% • Current account surpluses; foreign reserves for 1966 increased to US$ 800 million • Mae Klong and Mae Nam Nan Projects were launched • Electricity began to be transmitted from the Yan Hee Project and the Lignite-fired Power Plant in Krabi. • Highways construction projects were launched.	A number of new hospitals were built, especially provincial-level hospitals to cover all provinces; health promotion and disease prevention/control programmes were successful as targeted; but medical and nursing personnel shortages remained a problem in the rural areas.
2nd Plan 1967-1971	Continuation of the efforts as in the 1st Plan, expanding the coverage of all government development programmes in all provinces, especially in the remote or backward areas; special projects were implemented by several ministries and departments. such as regional development project, accelerated rural development project, and farmers assistance projects, etc.	Acceleration of medical and health personnel production; improvement of health services by expanding the scope of services in rural areas; deployment of compulsory govenment services for new medical graduates for the first time beginning in 1965.	• During the last stage of the 2nd Plan, the first economic recession occurred due to foreign economic factors, American military spending in Thailand, and decreased foreign investments; however, average annual GDP growth was 7.5% • Income disparities among different population groups and localities.	Achievements were similar to those in the 1st Plan; production of doctors and nurses was not as planned; achievements of immunization activities were higher than those in the 1st Plan- the rate of BCG vaccination increased three-fold; curative care coverage incresed to 11% of the

Plan No.	Key features		Achievements of development	
	NESDP	HDP	NESDP	HDP
			• Two-fold increase in electricity production; length of roads increased by 38%; irrigated land areas increased from 9.7 million rai to 13.3 million rai (1 acre = approx. 2 $^{1}/_{2}$ rai).	population; coverage of district health facilities increased from 42.3% to 54.9% of all districts.
3rd Plan 1972-1976	Emphasis on the same direction with income-gap reduction strategies: • Maintaining economic stability through controlling currency amount in circulation, controlling prices of goods essential for daily life, export promotion, and restructuring of imports • Revising economic structure, raising production levels, accelerating exports, import substitution, shifting investment funds in construction projects to infrastructure development projects • Distributing income and social services by reducing population growth rate, distributing economic and social services to rural areas, improving agricultural and credit institutions, and stabilizing prices of agriculture products.	Emphasis on maternal & child health, family planning, communicable disease control, and curative care improvement & expansion. Pilot projects were carried out on environmental health development, using the community participation approach. **The policy on free medical services for the poor was first implemented in 1975.**	• Fluctuation of global financial system beginning in 1971, devaluation of US dollars, higher prices of food and raw materials, petroleum product prices rising four-fold, high inflation, and high unemployment in developing countries. • In Thailand, inflation was highest; economic stagnation, slow financial expansion in public and private sectors, low investment, and construction stagnation were apparent; however, the government used several monetary and financial measures, resulting in the problems being resolved with a GDP growth of 7.1% annually and per capita income increasing 4.1% annually. • Irrigated land areas increased to 20.6 million rai, but the water was actually provided to only 0.3% of such land, mostly in the central plains. • The length of roads increased to 31,087 km; population growth dropped from 3.1% in 1971 to 2.6% in 1976; 56% of school-age children were outside schooling system.	The population growth rate (per 1,000 population) dropped from 31.5 (1971) to 26.1 (1976) and the crude death rate (per 1,000 population) declined from 11.6 in the 2nd Plan to 10.9 in the 3rd Plan. The production of health personnel was lower than the targets. Compulsory government services requirements for doctors began in 1972, resulting in a significant increase in the number of doctors serving in the rural areas. Health services expanded but were not as planned, in terms of the numbers of beds and health facilities, and the EPI coverage. Of all districts, 70% had a first class health centre each and 68.5% of all tambons (sub-districts) had a second class health centre each.

Plan No.	Key features		Achievements of development	
	NESDP	HDP	NESDP	HDP
4th Plan 1977-1981	• Emphasis on economic recovery of the country, expanding agricultural production to resolve poverty problem, improving industrial production for export, distributing income and expanding employment in provinces, deploying measures for stimulating industrial growth, and controlling balance of payments and budget deficiency. • Acceleration of the improvement of key resources management of the country, using natural resources, particularly land, water, forest, and mineral; expediting land reforms; allocating water resources; conserving high sea waters; exploring and developing energy reserves in the Gulf of Thailand and the eastern coast of the South.	Emphasis on resolving and reducing gaps in health problems, provision of integrated health services to all the people. **In 1979, the goal of Health for All by the Year 2000 was adopted, using primary health care strategies.**	• GDP growth was still high at 7.1% per year, but changes in production structure had resulted in a low annual per capita income of the people in the agricultural sector at 11,464 baht (1980), whereas that for the entire country was 29,949 baht, and 5 times lower than that in the industrial and commercial sectors, and 2 times lower than that in the service sector. • Rapid rises in crude oil prices and Thailand's dependence on foreign energy (75%) resulted in an annual trade deficit of 45 billion baht or 7.6% of GDP (the deficit was 13 billion baht/yr or 5.1% of GDP in the 3rd Plan); people's income could not keep up with the rising cost of living; inflation was 11.6% per annum. • One-third of rural population was poor; 70-80% rural schoolchildren did not receive adequate diet.	Prevalence of certain communicable diseases, such as plague and smallpox, declined to the levels that they are no longer health problems. Rural people's health status was still poor due to unhygienic environmental conditions, lack of water supply, and improper health behaviours. Regarding health services, district hospitals were established to replace medical & health centres; basic immunization programme began in 1978; and training of village health communicators (VHCs) and village health volunteers (VHVs) began in 1977.
5th Plan 1982-1986	Adoption of new national economic development policies: • Using the area-based approach in programme and project formulation aimed at achieving practical results in both public and private sectors	**Emphasis on establishing district hospitals in all districts;** upgrading all midwifery stations to be health centres; using the primary health care approach and community participation in the forms of community funds; begining to	• Global economic and financial situation was rather critical with a long period of economic recession, beginning during the second oil crisis; as a result, all countries had to adjust themselves for survival; industrialized countries began to use the trade protection policy.	Establishment of district level community hospitals, covering 85.2% of all districts, and of health centres, covering 97.9% of all sub-districts (tambons). The production of medical and nursing personnel reached 93.6%

Plan No.	Key features		Achievements of development	
	NESDP	HDP	NESDP	HDP
	• Focussing on maintaining the country's financial and economic stability by mobilizing savings, creating financing disciplines, and economic restructuring. • Focussing on balances in solving economic and social problems of the country. • Emphasizing the solution of poverty problems in rural/backward areas, designating 286 target districts and sub-districts. • Emphasizing the translation of plan into action, using the new approach in rural development administration in 1984. • Emphasizing the role of and cooperation from the private sector.	conduct surveys on basic minimum needs (BMN), resulting in health development being part of overall national development.	• The government had to use strict monetary/financial measures including the baht-devaluation policy; with the decrease in oil prices and low interest rates, the economic recovery was as targeted. - Trade balance and current account deficits dropped to 54 billion baht and 34.9 billion baht, respectively (to 5.6% and 3.6% of GDP). - Inflation dropped to only 2.8%. • Poverty eradication project was implemented in 12,562 villages. • The economic crisis had resulted in 1 million people unemployed (3.5% of labor force); savings were not as expected; dependency on foreign investment; and increases in foreign debts.	and 93.8% of the targets, respectively. The training of VHCs and VHVs achieved 126.9% and 119.6% of the targets, respectively. The establishment of village drug funds achieved 232.2% of the target.
6th Plan 1987-1991	• Emphasis on economic expansion and maintaining monetary and financial stability by mobilizing domestic savings, limiting public sector spending, and encouraging private sector's role in development efforts. • Emphasis on development of labour skills and quality of life. • Emphasis on increasing the role of civic organizations in localities in the	Expansion of health facilities to cover all target areas; emphasis on public participation in health development and campaigns against HIV/AIDS so that it would not impact on national security; and launching of the health insurance or security concept.	• GDP expanded on average at 10.5% each year; economic structure was open to international market; proportion of international trade rose to 80% of GDP (from 60% in 1986). • Monetary and financial status of the country was stable; foreign reserves rose to almost US$ 17 billion; foreign debts dropped from 38.5% to	Life expectancy at birth increased to 62.8 years and 64.8 years for males and females, respectively; maternal mortality and infant mortality rates decreased; health facilities were expanded to cover all districts and sub-districts (tambons); attaching importance to emerging health problems such as AIDS, accidents, heart diseases, cancer and mental health.

Plan No.	Key features		Achievements of development	
	NESDP	HDP	NESDP	HDP
	development of natural resources and environment. • Launching of the master plan on science and technology development. • Review of the role of the public sector in development. • There were state enterprise development plans. • Emphasis on revising production and marketing structure of the country so that it was more widely distributed. • Emphasis on using existing basic services to the maximum extent possible. • Development of cities and specific areas, distributing modernization to provincial areas. • Expansion of rural development activities to cover the entire country.		34% of GDP; financial balance was on the positive side for the first time since 1988 as the revenues collected were higher than expected. • Inflation rose from 2.5% in 1987 to 6% in 1991. • Per capita income rose from 21,000 baht in 1986 to 41,000 baht in 1991, but imbalances were noted in several aspects as follows: (1) For the top 20% high-income group, their income proportion rose from 49.3% in 1975/76 to 55.6% in 1987/88. (2) Severe shortages of basic services. (3) The gap between domestic savings and investment tended to increase. (4) There were problems of Thai society adjusting itself to economic changes. (5) Deterioration of natural resources and environment. (6) The government system could not adjust itself on a timely basis and it could not respond to economic and social changes of the country, resulting in brain drain problems.	

Plan No.	Key features		Achievements of development	
	NESDP	HDP	NESDP	HDP
7th Plan 1992-1996	Emphasis on the following: • Maintaining continuous and stable economic growth • Distribution of income and development to provincial and rural areas • Development of human resources, quality of life and environment. • Improvement in legal system for development of state enterprises and civil service	Emphasis on the following: • Development of health centres to be a contact point of Health-for-All efforts; and development of health facilities' quality. • Provision of health security for all Thai citizens. • Improvement in service quality and resolution of brain-drain problems (personnel resigning to work in the private sector).	• GDP growth on average was 7.8% each year for the past 30 years; per capita income rose to 68,000 baht in 1996; proportion of poor people dropped to only 17.6%. • Widening of income gap: per capita income in the Northeast was 12 times lower than that in Bangkok and vicinity; top 20% high-income group had an income share of 59.5% (1992) while the bottom 20% low-income group had only 3.8%. • Of all rural villages, 97.7% had electricity; 75% of urban households and 32% of rural households had piped water supply; roads connecting provinces, districts and sub-districts were 210,000 km long; roads in villages were 123,400 km long; compulsory education enrolment rate was as high as 97.7%. • As much as 1 million rai of forest areas was destroyed each year; cultivation areas were eroded, resulting in the water in waterways being polluted and unusable; environmental deterioration with poor air quality (polluted with dust). • Values of human being were overlooked; negligence of Thai local wisdom and basic lifestyle.	Health facilities at all levels were scattered to cover all urban and rural areas, but with severe shortages of manpower, especially doctors as private hospitals were rapidly expanding in urban areas. The population growth rate dropped to 1.3% in 1996. Health insurance schemes covered 45.5% of all Thai citizens. Immunization, particularly basic immunization for children under one, covered over 80% of the target population, resulting in substantial declines in morbidity due to such diseases.

Plan No.	Key features		Achievements of development	
	NESDP	HDP	NESDP	HDP
8th Plan 1997-2001	Emphasis on human resources development as a major objective. With the economic crisis in1997, the development plan was revised accordingly.	Emphasis on the following: • Development of human potential in health, particularly health behaviours. • Expansion of health security coverage with quality and efficient care. • Development of health industries.	• Better expansion of basic educational opportunity, but the problems of educational inequalities remained unresolved, especially between rural and urban areas, and interms of quality, which was inferior to those in other Asian countries. • Unemployment was high, compared with the rate during the pre-crisis period; standard of living declined, resulting in a higher proportion of population with poverty. • Economic recovery from the crisis, resulting in the economy being more stable. • Decline in export competitiveness of the country, especially with respect to science and technology, resulting in the country being disadvantaged compared with those of trading rivals. • Overall, the environmental quality remained a problem.	Overall health status was better (higher life expectancy); health insurance coverage rose to 71% in 2001; maternal and child health conditions as well as child malnutrition problem improved; emerging diseases could be prevented and controlled.
9th Plan 2002-2006	Focus on people-centred and balanced development approach, especially in individual, social, economic and environmental aspects; setting up a good management system at all levels, based on the sufficiency economy	Emphasis on: • Holistic health system development; • Universal coverage of health security for all citizens; • Development of health service quality.	• The Thai economy expanded at a rate of 5.4% in 2002. • Programmes on poverty reduction and income distribution have resulted in poor people having a higher opportunity in economic and social devel	• Health centres serve as a primary care unit (PCU) in providing health care to the people in the community in a holistic and continuous manner; more than 5,946 PCUs are currently

Plan No.	Key features		Achievements of development	
	NESDP	HDP	NESDP	HDP
	philosophy, for national development and administration.		ment, and a lower proportion of poor people. • Country's competitiveness is higher. • Thai society is aware of development and utilization of social capital.	operating nationwide. • Universal health care scheme was expanded to cover 94.3% of the entire population in 2004. • Networks for folk medicine have been established; herbal medicines have been developed with standard quality.

Sources: (1) Adapted from the 50th Anniversary of the Establishment of the Ministry of Public Health.

(2) Poldej Pinprateep. Towards Being Thais with Community Empowerment: A Conceptual Framework for the Formulation of the 9th National Economic and Social Development Plan, 1999.

(3) Report on the Results of Operations under the 8th National Economic and Social Development Plan (1997-2001), Office of the National Economic and Social Development Board.

(4) National Economic and Social Development: Two Years of Changes, Office of the National Economic and Social Development Board.