

CHAPTER 8

Major Public Health Programmes and Activities Implemented in Thailand

Traditionally, public health programmes and activities in Thailand are mainly implemented by the public sector, especially the Ministry of Public Health (MoPH) serving as the prime agency responsible for all Thais' health nationwide. Later, with more complex public health problems such as pollution, HIV/AIDS, etc., the MoPH alone is not able to solve such problems, which are associated with other social problems. As a consequence, numerous cooperative efforts among relevant governmental agencies, private agencies and non-governmental organizations (NGOs) have been made so as to help resolve the problems. At present, there are 300–500 NGOs registered with MoPH (Primary Health Care Division and Bureau of AIDS, TB and STIs, 2004) and working in support of the public sector. As their structures are not complex and they are more flexible in their implementation, NGOs have become a powerful force in social mobilization in formulating directions, through exchanges of ideas and experiences, aiming to achieve the highest efficiency of programme operations.

In addition, the Thai Health Promotion Foundation was established in 2001, using the 2% of funds specifically earmarked from excise duties on tobacco and alcohol. At present, the Foundation has been in operation with an annual budget of approximately 1,500 million baht by the Office of the Thai Health Promotion Foundation (ThaiHealth or Sor Sor Sor in Thai), under the supervision of a governing board chaired by the Prime Minister.

This chapter demonstrates only **some major public health** programmes and activities implemented in Thailand between 2001 and 2003.

1. Universal Health Security Scheme

The MoPH is the core agency that implements the universal coverage of health care or 30-baht healthcare scheme, beginning on a pilot scale in six provinces in April 2001 and later expanded to another 15 provinces on 1 June 2001, finally to all provinces in January 2002. As a result, in FY 2003, 47.7 million Thai citizens or 74.7% of all 63.8 million people nationwide were covered by the universal healthcare scheme, leaving only 3.2 million people or 5% of total population without any health insurance coverage, while the rest had already been covered by other health insurance schemes (see details in section 6.2.5, health security coverage, in Chapter 6, Thai Health Service System).

2. Health Promotion

Health promotion programmes are mostly implemented by public sector agencies and NGOs with a

variety of approaches such as health behaviour modification for positive impacts on health, physical and social environment modification, and support for individual and community self-healthcare purposes.

Major achievements of such programmes and activities are as follows:

2.1 Support for Policy Recommendations and Measures for Health Promotion

Thai Health and its partnership agencies have been promoting legal and social measures in minimizing negative impacts and preventing youths from alcohol consumption. For such a purpose, the government has issued rules banning advertisements of all alcoholic beverages at all radio and television stations during 05:00-22:00 hrs beginning 1 October 2003. During other periods, advertisement bans are imposed on those having a message inviting people to drink.

2.2 Campaigns and Support for Social Mobilization for Health Promotion

2.2.1 Campaign on Health Promotion throughout Thailand. The government has declared 2002-2004 "Health Promotion throughout Thailand Years". The MoPH has organized the Empowerment for Health events twice on 17 February 2002 and 23 November 2003 to encourage the people to participate in building/promoting their own health or practising healthy behaviours and to expand this kind of effort so that it becomes a Thai lifestyle at the regional level in all 12 regions nationwide. Besides, ThaiHealth and all its partnership members organized a fair entitled "the gathering of happiness-promoting people" (ruam phon khon sang suk) on 10-12 November 2003 to encourage Thai people to create healthy status or conditions on a sustainable basis.

2.2.2 Campaign on Exercise for Health. The MoPH has been supporting Thai people to exercise by launching several projects such as move for health and 30-person running for health, and by setting up health promotion clubs. Such efforts aim to raise awareness so that the people will exercise for 30 minutes every day and at least 3 days a week. At present, there are totally 35,532 health promotion (with exercise) clubs and 47.3% of the people aged 6 years and over exercising 30 minutes every day and at least 3 days a week (the target is 50%). With such achievements, Thailand has been honoured to host the 6th Global Conference on Health Promotion in Bangkok in August 2005.

2.2.3 Promotion of Health Food Consumption. Efforts or projects for the promotion of health food consumption include: hotline "1675" for good eating and good health, nutrition hotline, eating according to age, cleanliness and safety for illness prevention, children love green vegetables, and promotion of vegetarian food consumption.

2.2.4 Campaign on Non-Smoking. The Action on Smoking and Health Foundation (ASH Thailand), an NGO, has been successfully implemented non-smoking campaigns among Thai people. As a result, the smoking rate had dropped from 30.1% in 1976 to 21.6% in 2003. During fiscal years 2001-2003, the projects implemented include non-smoking campaigns among children, youths and women, smoking cessation promotion among smokers, Quit-Line 1600 for smoking cessation counselling, raising social awareness and celebrating the World No Tobacco Day through the mass media, expanding non-smoking areas to cover restaurants, offices, monasteries, sports arenas and events, establishing a network for non-smoking in Southeast

Asia, and monitoring and disclosing unacceptable tactics of tobacco companies. Importantly, with support from ASH Thailand, the MoPH has issued rules or regulations for tobacco consumption control, including the MoPH Announcement (No. 10) of 2002 and (No. 13) of 2003 designating 20 categories of places as non-smoking areas, and the MoPH Announcement (No. 8) of 2004 requiring that cigarettes produced in or imported into the country have a pictorial warning depicting the danger of tobacco on each pack and the picture must be of four colours covering an area of not less than 50% the total area of both sides. This is to make the people aware of the danger of toxic substances in cigarette smoke and to prevent youths from starting smoking.

2.2.5 Health Promotion for Particular Age Groups.

1) Mothers and Infants Group. The MoPH has launched a surveillance programme for pregnant women across the country. In 2003, 75.2% of pregnant women received four antenatal or pre-natal care services as required and 56.3% of them had screening test for thalassemia. Regarding exclusive breast-feeding promotion, the breast-feeding rate was only 16.3% in 2001 (lower than the 30% target) and only 98.5% of the 804 target hospitals could implement the baby-friendly programme. Importantly, health facilities at all levels have been supported to implement the mother-to-child transmission (MTCT) prevention of HIV for pregnant women attending antenatal care clinics. All HIV-infected pregnant women would receive antiretroviral drug AZT until they had labour pain. Newborns would also receive AZT and powder milk (infant formulas). As a result, the MTCT rate had dropped from 18.6% in 1996 to 9.0% in 2001 and the MoPH was given a recognition award in 2001. In 2003, the MTCT rate was recorded at 9.3%.

Regarding newborn health promotion activities, the MoPH has launched a project on asphyxia reduction and can reduce the rate of newborns with such condition to 35.3 per 1,000 live births (higher than the target of 30 per 1,000 live births). A project on development of child day-care centres was implemented in 4,332 centres, but only 13.9% of which could meet the criteria of good centres.

2) School-age and Youth Group. In addition to implementing projects on health status monitoring and dental health promotion among primary and secondary schoolchildren, the MoPH, in cooperation with the Ministry of Education, has launched the Health-Promoting Schools Project aimed at making each school become a starting point for physical and mental health promotion for schoolchildren and the community. In 2003, out of 29,377 schools participating in the project, 12,372 schools (42.1%) could meet the criteria for health-promoting school.

Besides, the Thai Health Promotion Foundation, in cooperation with the Ministry of Education, has initiated **the Full-of-Fun (Saen Sanuk) Schools Project** aimed at developing a teaching/learning process for health and well-being in a holistic manner. This initiative aims to cover 300 schools by 2005, which will result in the students having been instilled with life-skills and disciplines so as to help create their own physical, mental, social and spiritual well-being.

3) Working-age Group. The MoPH has implemented health promotion activities to encourage males to play a more active role in reproductive health, rather than having only females playing such a role. Family planning services are provided to all target groups nationwide, in cooperation with the Community

and Population Development Association, the Integrated Population and Health Development Association of Thailand, and the Reproductive Health for Quality of Life Development Association of Thailand. Health promotion activities for males and females of menopausal age are carried out at 188 clinics for males (1.9% of the 9,931 target clinics) and at 4,146 clinics for females (41.7% of the target).

Another important activity supported by the MoPH is the **Health-Promoting Hospitals Project**, aimed at improving hospital service systems according to the health-promoting hospital principles in a more systematic manner. In 2003, 572 (68.8%) out of all 831 MoPH hospitals participated in the project, but only five hospitals (0.6%) met the criteria for the HPH project. This low achievement was due to the fact that most of the hospitals were more interested in improving themselves according to the hospital accreditation (HA) criteria. Besides, several other health promotion projects have been simultaneously launched such as the Healthy Workplaces Project with 2,691 workplaces participating in 2003, out of which 1,585 (58.9%) met the criteria for such effort. This project has not been successful as expected because only a few small and medium-sized enterprises (SMEs) participated and it lacks the participation of local administrative organizations.

4) Elderly Population Group. The MoPH has been monitoring and supporting community health promotion programmes for the elderly by organizing a national week for elders to raise social awareness about the value of the elderly, providing physical check-up services, and holding forums demonstrating the capacity of senior citizens clubs. Besides, the Senior Citizens Council of Thailand under the Patronage of HRH the Princess Mother has been serving as a focal point for approximately 7,000 senior citizens associations/clubs throughout the country. Major activities undertaken include raising awareness about self-value of elders groups, supporting the setting up of forums for exchanging ideas among elders, providing knowledge about health, and organizing health-related activities to promote self-healthcare for elders.

In FY 2002, the MoPH organized a national seminar for elders clubs and networks. On 20 August 2002, a joint statement of senior citizens networks was made, specifying that they will support health promotion among Thai elders so that they will be able to take care of their own health and to live a longest life possible with quality in society, unite all their forces as **“alliance of senior citizens networks of Thailand”** to further enhance the quality of life of the elderly. A pilot project on health-promoting monasteries is being implemented in 24 wats (Buddhist monasteries) to encourage religious organizations to take part in the development of health and environment especially for the elderly.

Regarding the movement for legislation related to the elderly, the MoPH had been a core agency in drafting an elderly bill since 1995. After the bureaucratic reform law was effective, the work related to the protection and promotion of the rights of the elderly was transferred to the Ministry of Social Development and Human Security, which coordinated the legislation process. Finally, **the Elderly Act of B.E. 2546 (2003) has been enacted** (as published in the Government Gazette, volume 120, part 130 gor, dated 31 December 2003). The MoPH is involved in implementing one of the sections of the Act, i.e. section 11(1)—an elder has the rights to health protection/promotion and to support for medical and health services that have been specifically set up for the elderly in a convenient and rapid manner. At present, an announcement of the

MoPH is being prepared in accordance with the provisions of the Act.

2.3 Mental Health Promotion

2.3.1 Establishment of Mental Health Crisis Centre. The MoPH has set up a mental health crisis centre aimed at providing 24-hr assistance and advice to the people with critical problems. To date the centre has helped 39 cases of attempted suicide so that they all have primary life safety. Networks for health crisis counselling have been set up at the regional level in 11 agencies; the target is to expand such networks to cover all agencies nationwide by the end of FY 2004.

2.3.2 Promotion of Community-Based Mental Health Programme. The MoPH has promoted the prevention of mental health problems in communities by encouraging community members to take care of their own mental health condition, using village health volunteers as core persons in each community. This project has been implemented in 620 villages/communities in 31 provinces and is expected to cover 3,350 villages/communities in 76 provinces by the end of FY 2004. This effort will provide the people with mental immunity for taking care of mental health of the individual, family and community.

2.3.3 Family Mental Health Promotion and Problem Prevention Project. The MoPH has developed a questionnaire for assessing the quality of marriage. The questionnaire was distributed for self-assessment by 60,162 families in 19 provinces. Other activities implemented include campaigns on “bonding the relations within family” and campaigns through radio and television on love and bonding within families.

2.3.4 Development of Children's Emotional Quotient. The MoPH has developed the body of knowledge of emotional quotient (EQ) and promoted the inclusion of EQ assessment in the health and physical education section (in the primary school curriculum), especially for Thai children aged 3-11 years. This is to help them know how to manage their own emotion by themselves.

2.4 Expansion of Health Promotion Networks to All Sectors of Thai Society

ThaiHealth has supported the establishment of provincial networks for health promotion in 12 provinces nationwide. The establishment of professional networks to play a role in health promotion, such as dental health network, has been supported. Civil sector networks aiming to expand their self-healthcare activities have also been supported, such as networks of workers in different workplaces. Such efforts aim to promote social movement with a specific direction and power in sparking changes on a wider scale.

3. Disease Prevention and Control

3.1 Communicable Disease Control and Prevention

3.1.1 Prevention and Control of HIV/AIDS

1) Access to Antiretroviral Drugs for People Living with HIV/AIDS Project. The MoPH started providing HIV/AIDS patients with a combination of three antiretroviral (ARV) drugs in 2001. Since 1 October 2003, the MoPH has implemented the policy on universal access to ARVs, i.e. providing all HIV/AIDS patients with ARVs. As of June 2004, 849 hospitals within and outside the MoPH have participated in

implementing this policy and have covered 35,000 HIV/AIDS cases; its aim is to cover 50,000 cases by the end of FY 2004. The Government Pharmaceutical Organization (GPO) has conducted research studies on ARV formulation and production; and at present it can produce a single tablet containing three ARVs, called GPO-VIR, as well as other ARVs, resulting in the drugs' prices being much lower than before.

2) Development of AIDS Vaccines Project. The MoPH has implemented anti-AIDS vaccine trials for two kinds of candidate vaccines, i.e. r-BDG-HIV-1 E and r-Vaccina Dis-HIV-1subtype E. It has been found that both candidate vaccines are safe and immunogenic in monkeys at a satisfactory level. The results of the trials will be reported to the Subcommittee on AIDS Vaccine Trials for consideration. Another project on AIDS vaccine trials in humans (phase 3) is being planned for two candidate vaccines (ALVAC and AIDSVAX B/E), using the prime-boost technique, on 16,000 volunteers in communities in Chon Buri and Rayong Provinces. The trials will begin around the end of 2004.

3) Assistance for HIV-Infected People. A number of AIDS-related NGOs have implemented programmes to help people living with HIV/AIDS, including providing temporary shelters, shelters for the terminally-ill, hospice care, counselling, care for children affected by HIV/AIDS, financial support for emergency cases, and funds for occupation start-up; promoting/protecting access to ARVs; and establishing networks of people living HIV/AIDS.

3.1.2 Prevention and Control of Dengue Haemorrhagic Fever. The MoPH implemented the following projects in FY 2003: campaigns on Aedes mosquito-larva-free villages and schools, Thai people and youths against DHF, Aedes larva index surveillance, and capacity building for the people and community for environmental improvement. As a result, for the Aedes-larva-free campaign, it was found that 6.3% (620) of 9,764 villages surveyed and 73.4% (5,016) of 6,833 schools surveyed were Aedes-larva-free; and thus more villages have to be encouraged to actively implement this project.

3.1.3 Prevention and Control of Tuberculosis. Efforts have been made to accelerate and expand the directly observed treatment, short-course (DOTS) for tuberculosis. In 2002, the coverage was recorded at 88.1% of the target (772 out of all 876 districts) and the cure rate at 76.4% in 2003.

3.1.4 Prevention and Control of Malaria. An emphasis on malaria control is placed as a lot of people are residing in 30 border provinces and especially in five provinces with high malaria prevalence. The activities implemented include setting up checkpoints at border crossings, setting up malaria clinics at malaria control offices and mobile clinics, providing radical treatment for all positive cases, chemical/residual spraying for mosquito control, destroying mosquito-breeding places, and encouraging the people to protect themselves from mosquito bites. As a result, in 2003 the malaria incidence rate dropped to 0.64 per 1,000 population.

3.1.5 Filariasis. Efforts have been made for controlling filariasis among immigrant workers from Myanmar by providing them with drug diethylcarbamazine citrate 300mg every six months each, conducting surveillance of the disease, and educating them about disease prevention. This has resulted in a reduction of filariasis prevalence from 8.46 per 100,000 population in 1992 to 0.57 per 100,000 in 2003, and a decrease in the rate of blood microfilaria positivity to 0.06%.

3.1.6 Poliomyelitis. The polio eradication programme is implemented not only by the public sector, but also by the private sector. Rotary International and Lions Clubs nationwide also donate four million dosages of polio vaccine each year, totally worth 30 million baht, as well as manpower in giving oral vaccines to children. As a result, the polio immunization has covered more than 90% of the target population. Besides, other activities are also implemented, including the surveillance of cases with acute flaccid paralysis (AFP), case investigation and disease control within 24 hours after an AFP case is identified. As of 2003, Thailand had not had any polio cases for over six years. It is believed with confidence that at present there is no polio case in the country.

3.1.7 Leprosy. The leprosy control programme focuses on people's participation in identifying new cases in the community and giving proper treatment to each and every case. The short-course treatment has been introduced, using a combination of drugs or multidrug treatment (MDT) according to the WHO criteria, since 1994. A campaign on public participation in leprosy elimination to pay tribute to His Majesty the King in commemoration of His Majesty's Birthday on 5 December 2002 (Por Ror Ror 2545 Project). The effort could identify 467 new cases and all were given MDT; and the prevalence of leprosy dropped to 0.03 per 1,000 population in 2003.

3.2 Prevention and Control of Non-communicable Diseases

3.2.1 Prevention and Control of Heart Diseases and Diabetes. The MoPH has launched campaigns to raise public awareness about the prevention and control of cardiovascular diseases, particularly hypertension in normal and at-risk conditions to reduce the risk of paralysis and heart diseases. A weeklong campaign was conducted on the World Heart and Diabetes Day in all 76 provinces across the country. Efforts were also made to develop a model for heart surgery services, conduct an epidemiological study on cardiovascular disease in Thailand (a 5-year project, 2003-2007), which is now in its preparatory stage. To commemorate Her Majesty the Queen's 72nd Birthday in 2004, an eye and heart project was launched in 2003, aimed at performing a heart operation on 7,200 patients (3,253 surgeries were performed in 2003) and performing a cataract surgery on 100,000 patients (68,801 cases had such surgery in 2003). Follow-up care was given to all such patients.

3.2.2 Prevention and Control of Cancer. The MoPH has launched a project on the prevention and control of cervical cancer among females aged 35 years and above, by examining them to identify first stage cervical cancer. To date, 285,738 women (53.4% of the target of 534,741 women) have been examined, and of those examined, 429 cases were found to have cancer. With regard to the prevention and control of breast cancer, a campaign has also been launched to encourage women aged 35 years and above to do a monthly self-breast examination.

3.3 Reduction of Risks from Consumption

3.3.1 Control of Alcohol Consumption. The MoPH has appointed a National Committee on Alcohol Consumption Control to monitor the policy implementation on this matter. The committee has specified three strategies for this purpose as follows: (1) strategy on knowledge management, (2) strategy on

campaigns and partnerships for behaviour change, and (3) strategy on legal aspects involving legislation and law enforcement.

3.3.2 Control of Tobacco Consumption. The MoPH in cooperation with the Action on smoking and Health Foundation and other NGOs has issued three Ministerial regulations (see section 2.2.4 in Chapter 8, Campaigns on Non-smoking). Besides, financial support (24.7 million baht) was provided by the Thai Health Promotion Foundation for a pilot study on non-smoking law enforcement in 13 provinces, scheduled for completion on 30 September 2004. To date, 46 cases of tobacco law violation have been arrested.

3.4 Control and Prevention of Drug Addiction

The present government has attached top priority to the control of drug abuse; and the MoPH has also been involved in the war on drugs through its drug dependence treatment and rehabilitation programme, uniting the powers of the land in campaigns against drug use, and controlling the drugs and their precursors. In FY 2003, 474,421 drug addicts were provided with the treatment and rehabilitation services; in mobilizing the powers of the land, the “To Be Number One” Project was implemented to encourage youths not to be involved with drugs. At present, there are 8.3 million members of the project. The MoPH’s exhibition on “uniting forces to conquer drug abuse” was held on 26 November 2003 and another exhibition on “uniting the powers of the land to eradicate drugs” was held jointly with other agencies concerned on 27-28 November 2003. The declaration of victory over the drug war was made on 3 December 2003.

3.5 Prevention and Control of Road Traffic Accidents

3.5.1 Reduction of Risk Factors. In FY 2003, the MoPH implemented several major projects on risk reduction, such as “drive safety and be lucky in the new year”, “Songkran safety, join forces in preventing traffic accidents”, “public relations campaigns on reducing accidents among the people through the 3-mor and 1-khor principles (motorcycles, safety helmets, don’t drink and drive, and driving licences), “100% helmet use among health personnel”, all beginning on 1 April 2003. In addition, some NGOs, such as the Drink Don’t Drive Foundation conducted a campaign on non-drunk driving in major communities in Bangkok and vicinities as well as in educational institutions.

3.5.2 Development of Emergency Medical Service System. In FY 2002, the Narenthorn Emergency Medical Service System Office was established under the MoPH with partial funding from the universal healthcare scheme. The system for emergency medical services was initiated in seven provinces: Bangkok, Khon Khaen, Nakhon Ratchasima, Nakhon Sawan, Phetchaburi, Lampang, and Songkhla. The system in each province was implemented as a network covering the entire province. In FY 2003, the services were provided at the accident sites for 20,221 cases. In FY 2004, the system will be expanded to another 13 provinces: Chiang Mai, Chiang Rai, Phayao, Pathum Thani, Nonthaburi, Samut Prakan, Phitsanulok, Udon Thani, Chon Buri, Surat Thani, Phuket, Prachin Buri, and Ayutthaya.

3.5.3 Research for Reduction of Road Traffic Accidents. The Thai Health Promotion Foundation has provided financial support to the Ramathibodi Foundation to implement a programme on knowledge management for reducing traffic accidents, including 13 projects, such as documentary research on

road safety and development of model for community empowerment for traffic accident prevention.

4. Thai Traditional and Alternative Medicine

A total of 89 public and private agencies are involved in the development of Thai traditional and alternative medicine. For Thai traditional medicine, 28 agencies have formed a network entitled the Federation of Thai Traditional Medicine of Thailand whose major achievements are as follows:

4.1 Conservation and Protection of Thai Traditional Medicine Wisdom. The MoPH has established a committee on protection and promotion of wisdom on Thai Traditional medicine and medicinal plants under the Protection and Promotion of Thai Traditional Medicine and Medicinal Plants Act, B.E. 2542 (1999).

4.2 Research and Development on the Knowledge of Thai Traditional and Alternative Medicine. Inaugurated on 26 September 2003, the Museum of Thai Traditional Medicine was established by the MoPH to collect all the knowledge and technology related to this matter. Research studies are being conducted on toxicity of six Thai Traditional and herbal medicine formulas. Efforts are also being made to collect the knowledge and wisdom on the use of propitious plants, mushrooms, and mollusks as a medicine.

Regarding alternative medicine, the activities implemented include the collection of knowledge about yoga and situation of homeopathy in Thailand, and a research study on holistic health care.

4.3 Provision of Thai Traditional and Alternative Medical Services. In FY 2003, Thai traditional medicine services were available in 2,311 healthcare facilities, 19.8% of the target of all 11,687 facilities nationwide.

4.4 Development of a Prototype of Thai Traditional Medicine Centre. In FY 2003, the MoPH experimented on a model of Thai traditional health promotion centres in 26 state health facilities and 15 Bang Chak gasoline stations.

5. Rehabilitation Services for the Disabled

5.1 Rehabilitation Services for Patients and the Disabled. In FY 2003, 9,791 pieces and 2,150 sets of prosthesis/orthosis were provided to persons with disabilities attending rehabilitative service units across the country. Meanwhile, the National Health Security Office has allocated a budget of four baht per eligible person for medical rehabilitation care under the universal healthcare scheme.

5.2 Community-based Rehabilitation (CBR). Efforts have been made to develop a network of allies of disabled persons and the community to work jointly on the establishment of a system for case detection and disability prevention.

Besides, several NGOs have implemented activities aimed at helping the disabled to help themselves in terms of leading daily life and occupation, creating their sense of self-esteem, preparing them to live happily in society, building the capacity of caregivers of disabled persons, and supporting the establishment of disabled persons' community to help them to take care of each other.

6. Development of Civic Sector Health System

During the two decades of the implementation of the Primary Health Care programme in Thailand, aimed at achieving “health for all by the year 2000”, the model and mechanism of the programme has constantly been modified/developed. The process of participation in social and health development of village health volunteers (VHVs) has been substantially improved. In the national health reform efforts, the alliance of VHVs has proposed that the role of civic sector be regarded as one of the key elements in the health system development, and that the mechanism of health management by the people be included as a “civic sector health system” in the organization and management element. All such processes have evolved from the PHC approach aimed at encouraging self-reliance in health among the people, through community-based management with support of the Primary Health Care Division (formerly Office of Primary Health Care) of the Department of Health Service Support.

Major achievements of the activities are as follows:

6.1 Development of Capacity of the Civic Sector. Capacity building activities were implemented through training in health care for 3.53 million VHVs, community members, community organization members, health network members, health civil society members, and family health leaders.

6.2 Promotion and Support of People's Participation in Health System Development. Financial support was provided to villages so that they could manage their own community health system. In FY 2003, 18,041 villages were able to set up such a system (50.3% of the 35,681 target villages).

7. Consumer Protection in Health

This kind of activities is implemented by the public sector and consumer protection organizations. In July 1999, 17 consumers organizations jointly set up the Federation of Consumers Organizations with the aim of supporting, empowering and protecting the rights of consumers, supporting them to take part in the policy and rule formulation process in society that will affect consumers. At present, the Federation has 25 members and their major achievements are as follows:

7.1 Campaigns on Health Consumer Protection at the Policy Level. Policy recommendations have been made on the protection of consumer's health such as pushing for legislation on the setting up of an autonomous agency for consumers, according to section 57 of the Constitution; at present, a collection of 50,000 names of people who support the bill is underway. The law, if passed, will set up a consumers council that deals with policy formulation, law and measures for consumer protection, and social movements (such as the one on the MoPH drug purchase scandal). Another movement is also ongoing for people's law on drugs aimed at protecting people's welfare regarding drug use in a full-cycle manner, developing the drug industry for raising the level of self-reliance, and restructuring the drug control agency.

7.2 Legal Measures for Consumer Protection. Two ministerial rules have been announced as required by relevant law: one on criteria, methods and conditions on good manufacturing practices (GMP) for producing modern drugs, announced on 5 June 2004, and the other on food produced from

genetically modified organisms (GMO), effective 11 May 2003, requiring that 22 types of food have a label saying “genetically modified”.

7.3 Food Safety Project. The government has declared the year 2004 “Food Safety Year” aimed at making Thailand a country having food with quality and safety according to international standards, and promoting food exports and tourism. In this connection, the MoPH has placed emphasis on three categories of food: fresh food, processed food, and cooked-for-sale food. Through combined efforts of all sectors concerned, the food safety programme has been implemented since 2003. As a result, the levels of chemical contamination in six types of fresh food have satisfactorily dropped (see Table 4.43 in Chapter 4). As of January 2004, the MoPH has given 76,089 food-safety plaques to fresh-food sellers recognizing that their fresh food is safe. With regard to readily cooked-for-sale food, health officials have inspected the hygienic conditions of restaurants and food-stalls across the country and have given a “Clean Food, Good Taste” plaque to 23,055 restaurants or food-stalls (16.6% out of 138,510 places). Concerning processed food, the GMP control measures have been introduced to 9,453 food-manufacturing plants nationwide, and 4,470 plants (64.9% of 6,887 plants inspected) have met the GMP requirements (January 2004).

Besides, the MoPH, in cooperation with other public sector agencies, organized a “Food Safety Fair to Pay Tribute to the Mother of the Land” in commemoration of the 72nd Birthday Anniversary of Her Majesty the Queen on 6-9 December 2003. Another special campaign on “Food Safety in Schools” was conducted, in cooperation with the Ministry of Education, the Bangkok Metropolitan Administration, and schools in all 175 educational administration zones throughout the country. To date, 5,154 schools have taken part in the campaign, having student volunteers serving as “FDA official juniors” in inspecting food hygiene conditions in their schools and neighbouring communities. Out of a total of 14,925 food samples tested for borax contamination, only 3.1% were positive; and of 15,342 food and utensil samples tested for bacterial contamination, only 14.4% were found positive.

7.4 Development and Certification of Medical and Health Laboratories. Since 1997, the MoPH has implemented nine programmes on certification of laboratories for consumer protection and public health specimen analyses, especially on health products, to ensure that the procedures are of acceptable standards. As of March 2004, 115 laboratories have been certified, including five public health laboratories, 26 health products laboratories, 70 laboratories dealing with health check-ups for workers seeking overseas jobs, and 14 laboratories dealing with pesticide residuals in fresh vegetables/fruits.

7.5 Development and Promotion of Health Product Manufacturing

7.5.1 Raising Standards of Production in Modern Medicine Manufacturing Factories. Between 1983 and 2003, the MoPH supported 133 drug manufacturing industries to meet the GMP requirements, 75.6% of all such industries nationwide. According to the ministerial rule on this matter, all drug manufacturers are required to meet the GMP standards by 5 June 2004.

7.5.2 Development of Hospital Quality Standards. In 1997, the Institute of Hospital Quality Improvement and Accreditation (HA-Thailand) was established under the Health Systems Research Institute

(HSRI). At present, there are 82 HA-certified hospitals, including 63 public hospitals and 19 private hospitals (March 2004).

7.5.3 Promotion and Development of Quality of Community Health Product Manufacturing According to the Sufficiency Economy Principle. This effort is in accordance with the government policy on “One Tambon, One Product”. In 2002, the MoPH could develop 4,607 food products, 2,327 of which (50.5%) met the Food Act requirements, 154 items of herbal medicines, nine of which (5.8%) were registered, and 318 items of cosmetics, 226 of which (71%) met the Cosmetics Act requirements.

7.6 Support for Health Service Business Project. The MoPH has set a policy on promotion of healthcare business by having Thailand as an Asian hub of medical and health care within five years (2004-2008). Its strategies include the promotion of health services and health products in three categories: (1) medical services (curative/dental care and annual check-ups), aimed at providing services to one million foreign patients in 2005 with a revenue of 23.1 billion baht; (2) health promotion services (Thai traditional massage, spa, and long-term health care), aimed at increasing revenue to 6.75 billion baht in 2005; and (3) health product services (Thai medicinal herbs and cosmetics), aimed at increasing revenue to two billion baht in 2005.

7.7 Awareness Raising and Rights Protection for Consumers. The MoPH has set up a complaints/call centre that provides 24-hr service through hotline number “1556” and other phone numbers 0-2590-7354-5 or fax 0-2590-7356, and by mail at P.O. Box 52, Nonthaburi Post Office. Its aim is to receive complaints and provide information on unfair consumption of health products. The civic sector has also set up the Consumer’s Rights Protection Centre, using telephone numbers 0-2952-5060-2, to also take complaints from consumers.

Besides, the network of consumers organizations has organized a forum/council for consumers, holding activities for consumers to exchange the products whose quality was not as advertised for the good ones. This is to encourage consumers to be aware of the unfairness according to consumer’s rights. The Foundation for Consumers has also conducted public relations campaigns through all forms of the mass media on the protection of consumer’s rights.

7.8 Capacity Building of Consumers in Health

7.8.1 Campaigns on Disseminating Consumer Protection Information through all the Mass Media and Consumer Hotline. In the FY 2003, 304,457 calls were received and responded to by the Hotline centre; an average of 834 calls each day.

Besides, the Foundation for Consumers has published a magazine “Smart Purchase” or Chalad Sue and organized a TV series on “consumers council” on Channel 11 every Thursday during 10:30-11:00 hrs to provide consumers with the knowledge about good consumption, discuss issues affecting consumers, and suggest solutions to the problems. Forums for consumers were held to discuss and find the solutions to consumer’s problems such as those on high medical service fees, what should consumers do, etc.

7.8.2 Campaign on Reading Food-Product Labels. The campaign has been conducted through all forms of the mass media to encourage consumers to read and understand the labels on food packages,

to have a good attitude about label reading so as to help them make a correct decision when buying any food products.

8. Human Resources Development for Health

8.1 Development of Medical and Health Administrators

Efforts have been made to train medical and health administrators at all levels, but not all target groups have been covered yet (Table 8.1).

Table 8.1 Number of Trainees in the High-, Middle- and Primary-level Medical and Health Administrators Training Courses, 1995-2003

Training course	Total target	Number trained until 2003	Percent
High-level medical and health administrators	900	860	95.6
Middle-level medical and health administrators	5,200	3,784	72.8
Primary-level medical and health administrators	40,000	7,854	19.6
Total	46,100	12,498	27.1

8.2 Promotion of Quality of Medical and Health Professions

Both public and private sector health agencies are mostly involved in the production of medical and health personnel; in addition, other professional organizations are also involved in the promotion of professional quality of such personnel, such as the Medical Council, the Dental Council, the Nursing Council, the Rural Doctors Foundation, other professional associations, etc.

According to section 38 of the 2002 National Health Security Act, no more than 1% of the budget has been earmarked for preliminary financial assistance to any healthcare recipient who is affected by the health service rendered by any service unit. This kind of assistance mechanism has already been operational.

9. Health Research

9.1 Research Projects on Health System Reforms

The Health Systems Research Institute supports research packages related to health system reforms at the operational level, in collaboration with various public sector agencies, NGOs, and civil society at all levels, in seven major aspects: health system protection, healthy public policies and health impact assessment, prevention and control of health threats, health services delivery, health research system, health information system, and consumer's capacity building system. The results of these research studies will be used in formulating policies on developing a desirable health system for the Thai people.

9.2 Research Projects on Diseases and Health Problems

9.2.1 Anti-AIDS Traditional Medicine. The MoPH has been conducting research studies on anti-HIV/AIDS traditional medicines on a full-cycle scale, originally planned for five years (1997-2001), and later extended for another three years to 2004. The project has experimented on the anti-microbial and immunogenic properties of more than 85 types of medicinal herbs and more than 300 extracts. Its preliminary results have shown that several medicinal herbs/extracts have such properties, according to the in vitro tests; and further in vivo tests have to be carried out with respect to their toxicity and clinical efficacy. In collaboration with the Kunming Institute of Botany (KIB), the MoPH conducted a study on quality development of herbal medicines, i.e. SH formula of KIB. Phases I/II clinical trials are being conducted at San Patong and Nakhon Phing Hospitals of Chiang Mai Province and at Lamphun Hospital. Based on the satisfactory results of its Phase III trial, the medicine has already been registered as a traditional medicine that will be marketed soon.

9.2.2 National Newborn Screening Project. The MoPH health facilities provided a thalassemia screening service to all newborns across the country between 1996 and 2003. The programme revealed that among the 2,696,637 newborns screened, 8,742 were found abnormal; 5,037 of the abnormal cases could be followed up for a confirmatory test; and 941 cases were confirmed as thalassaemic. All the confirmed cases have been given treatment and this effort can help prevent mental retardation among Thai children.

9.2.3 Research Package on Diseases and Health Problems. The Thai Research Fund (TFR) through the National Health Foundation (NHF) has provided financial support for health research studies through the health research network coordinated by NHF. Under the network, 16 research packages are being implemented; among them six are related to diseases, seven related to health problems, and three related to health system support.

10. Development of International Health

10.1 Development of Global Cooperation

10.1.1 Cooperation with the Global Fund to Fight AIDS, Tuberculosis and Malaria. The United Nations has set up the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM or Global Fund), aimed at providing funding support to countries with the problems of such major diseases in a total amount of approximately US\$ 60 billion (or 27,000 trillion baht). Thailand has signed a grant agreement with the Global Fund which has agreed to support five projects totally worth US\$ 211 (approximately 9.3 billion baht) for the prevention and control of HIV/AIDS, tuberculosis and malaria for five years (2003-2007), being implemented by both public and private sectors.

Besides, the Global Fund Board unanimously resolved in January 2003 to appoint Dr Suwit Wibulpolprasert, Deputy Permanent Secretary for Public Health as the representative of Thailand, as Vice Chairperson of the Board, under the chairmanship of His Excellency Tommy G. Thompson, Secretary of Health and Human Services of the USA. In addition, other representatives from Thailand also served as members on the ethics committee and chair of the committee on assessment of the Executive Director of the

Global Fund. The Thai delegates were greatly honoured to perform such duties. And Thailand also hosted the 6th Global Fund Board meeting, held in Chiang Mai, on 15-17 October 2003.

10.1.2 The 56th World Health Assembly. The WHA was held on 18-28 May 2003 at the WHO headquarters in Geneva, Switzerland, at which Thailand played an active role in pushing for the following:

1) The WHA unanimously adopted the draft resolutions on SARS and chemical safety on 26 May 2003; Thailand played a key role in drafting them.

2) Thailand played an active role in negotiating the assessment rates that WHO Member States have to pay for the biennium 2004-2005; and the WHA adopted the proposal to use the UN criteria, i.e. fixing the maximum at 22% and the minimum at 0.001%. As a result, Thailand agreed to contribute 0.2893% of the WHO budget for the biennium without asking for any reduction; and this had resulted in developed countries not daring to ask for any reduction either. Overall, the WHO budget could be maintained at US\$ 880, rather than being reduced to US\$ 860.

3) The calculation of the proportion of WHO staff members from developing countries. The WHA, by a majority vote, adopted the draft resolution, which Thai delegates took part in the drafting, using the progressive weighting principle based on the population of each country. As a result, the quota of WHO staff from Thailand has increased from 2-8 persons to 4-12 persons.

Besides, a Thai medical doctor, Dr Wattanee Yenjittr was conferred a Leon Bernard award for her outstanding contributions in the rehabilitation of visibility-impaired individuals. The award presentation ceremony was held on 22 May 2003 in the WHA plenary.

10.1.3 IV Inter-governmental Forum on Chemical Safety (IFCS Forum IV). Three forums of this kind were held previously; the 4th one was co-hosted by the Chulabhorn Research Institute (CRI) and the Ministry of Public Health and held at the UN Convention Centre in Bangkok, on 1-7 November 2003. The opening ceremony of the Forum was presided over by HRH Princess Chulabhorn, the CRI president. Approximately 600 participants from 130 member countries of the IFCS attended the event.

At the Forum, Thailand played an active role in pushing for the following:

1) The Forum resolved for the first time to request member countries to prohibit or limit the sale and use of highly toxic pesticides, particularly those classified by WHO as highly toxic and extremely toxic.

2) The Forum resolved to set up an ad hoc experts group to support the capacity building efforts of developing countries so that they will be capable of handling their chemical safety programmes. This resolution was originally proposed by Iran; and Thailand supported it so that it was successfully passed for the first time.

3) A Thai delegate (Dr Suwit Wibulpolprasert) was elected president of the IFCS Executive Board for the three-year term of 2003-2006.

10.2 Cooperation with Neighbouring Countries and Other Developing Countries

10.2.1 Cooperation between Thailand and the Lao People's Democratic Republic. Thailand has constantly provided technical and financial assistance to Lao PDR for health development. In 2002, the Thai MoPH donated 100 inpatient beds, 80 walkers, 80 oxygen tanks, and 500,000 gelatin capsules of vitamin A.

10.2.2 Cooperation between Thailand and the Union of Myanmar. Prime Minister Dr Thaksin Shinawatra and Public Health Minister Mrs Sudarat Keyuraphan visited Myanmar during 19-20 June 2001 to discuss the Thai-Myanmar border health cooperation. After that three meetings/exhibitions were held on this matter; the third one in Chiang Rai Province on 28-29 September 2003, during which the Thai Public Health Minister gave one million condoms to the Myanmar Ministry of Health. Both countries agreed to cooperate in the programme on AIDS, TB and malaria prevention and control along the border, and to exchange information on pharmaceuticals, food, and Thai traditional medicine.

10.2.3 Cooperation between Thailand and the Socialist Republic of Vietnam. In 2002 and 2003, Thailand provided technical assistance to Vietnam by organizing study tours for 112 medical and health officials from Vietnam. And in 2004, the Department of Technical and Economic Cooperation plans to sign a memorandum of understanding on Thai-Vietnamese overall technical cooperation.

10.2.4 Cooperation between Thailand and Cambodia. A memorandum of understanding on health cooperation was signed between the Thai Ministry of Public Health and the Cambodian Ministry of Health during a joint border health meeting held on 3-4 May 2001. In accordance with the MOU, the Thai Public Health Minister has given four lots of medicines, worth 7.5 million baht to Cambodia; and 30 training courses were organized for medical and health personnel from Cambodia in FYs 2002-2004.

10.2.5 Cooperation between Thailand and Malaysia. The 3rd Malaysia-Thailand Health Conference was held on 12-14 March 2003 in Phuket Province of Thailand. It was the first ministerial meeting on traditional medicine (cooperation relating to medicinal plants), exchange of information on holistic medicine, disease surveillance and control, food inspection, research, and health tourism.

10.2.6 Cooperation between Thailand and the People's Republic of China. In 2002, a bilateral project on health cooperation was launched with the establishment of a Southeast Asian Institute of Thai-Chinese Traditional Medicine. Participating in this effort from Thailand are Mahidol, Huachiew Chaloeprakit, Ubon Ratchathani, and Mae Fah Luang universities; while those from China are Shanghai, Beijing, Nanjing, and Chengdu universities of traditional Chinese medicine. With regard to the cooperation in the development of herbal medicine, China gave 11 herbs for planting in Thailand on an experimental basis. Cooperation is also extended to other programmes such as mental health and the development of standards for the import of food and medicines.

10.2.7 Economic Cooperation Projects in the Greater Mekong Subregion. The Greater Mekong Subregion (GMS) comprises six countries: Laos, Myanmar, Thailand, China (Yunnan Province), Vietnam and Cambodia. Thailand has been supporting health programmes in neighbouring countries as well as activities for the prevention and control of communicable diseases and the development of minority groups along the borders. Major activities being carried out are the Mekong Basin Disease Surveillance (MBDS) Project, the Mekong Roll Back Malaria Initiative in the GMS Project, and the Human Resources Development Project.

Besides, MoPH hospitals located along the borders provide health services free of charge to the people from neighbouring countries; during FYs 1996-2003, a total of 37,083 cases received such services.