



## A Decade of the National Health Act: Laws for the Health of Thais

In 2016, Thailand launched the second charter on national health systems as the framework that determines the direction of the health system of the nation. The aim is for the people to be in good health following the use of the first Health Act of 2007. The 1<sup>st</sup> Health Act of 2007 led to the creation of many laws including<sup>1</sup> the health impact assessment, the law on the prevention and control of adolescent births of 2016, the draft law on protection of people from the impact of public health services, and the draft law on the control of marketing of food products for children.

### **The National Health Act of 2007 and the Charter on National Health Systems**

The National Health Act of 2007 is a kind of “social engineer” that has designed the ideal public health system of Thailand. This law demonstrates the health concepts of 4 dimensions that include the wellbeing of one’s health, mind, knowledge and society that are all linked<sup>2</sup> to achieve real results and change in the society. This is considered an innovation of society because this law is a change in the thinking on public health from the previous thinking, where it has been the responsibility of the government. This law opened an arena for

the people to participate in the government’s policy and management of the health system as a healthy society “is not the responsibility of any particular person but is the responsibility of everyone in society that must be created together”<sup>3</sup>. By using ‘health’ as a goal a society must strive towards it together and creatively develop policies on public policy with participation and shared knowledge.

The tools in the creative development of public policy with participation according to the Public Health Act 2007 consists of 4 major paths of the rights and responsibility in the areas of health, the charter on health systems, health assembly and the participatory health impact assessment as follows:

## **1. The rights and responsibilities in health**

The National Health law 2007 stipulated the rights and responsibility in section 5-12 whereby rights on health is divided into 7 areas of: Section 5 paragraph 1: The right to maintaining one's life under an environment that is of benefit to one's health. Section 6: The right to health of women and children, the disabled, the elderly, the disadvantaged in society and various groups that are in need of protection that is appropriate and related. Section 7: The right to information on health of the individual. Section 8: The right to information when receiving public health service. Section 9: The right to have information when participating in a research program. Section 10-11: The right in the request for an evaluation and participation in the process of the impact on health from a public policy. Section 12: The right to express in writing the decision not to receive public health service in the last stage of one's life and another role on health is Section 5, paragraph 2, the role together with the state in working towards an environment and social environment that promotes good health, whereby the various rights and responsibilities are to be developed into specific laws and related laws as well as improving existing laws.

For example, Section 5 and 6 are used as the foundation in the development of the law on prevention and overcoming the problem of pregnancy among adolescents. In 2016 the draft law on occupational disease and environment and the draft law controlling the promotion of infant and child food industry have been developed. Currently the latter draft law is in the stages of tremendous debate between supporters of the mother and the infant food industry. In addition, there is the development of the draft law to protect individual information according to section 7, and the draft law on research on human subjects in section 9.

With the ministry regulation according to section 12, paragraph 2, there arose a new idea for the development of various laws and policies of the state to promote and support a good death, such as amending the law of illegal drug use that allows easier access to the use of morphine in the care of patients at home. Efforts are also made to develop and improve care regulations on finance of health to support care at home, to develop standards of health and medical personnel, and assistance in the provision of care.

## **2. The Charter on health systems**

The charter on the national health system is a framework and pathway to determine policy, strategy and implementation of health in the country so that people are in good health. Though the charter on health systems is not compulsory by law, the national health law of 2007 had already laid the mechanisms that bind government agencies to implement the Charter.

The first Charter on national health system 2009 led to the use of Thai traditional medicine in the hospital for primary care, and initiatives for the family doctor. Since the first charter on national health systems came into use, it has created the extension of the charter into the community level. Communities began to set up local health systems in accordance with the national Charter. To date, 100 local charter sites are operating in conjunction with strategic partners such as the Office of the Universal Care scheme regional offices and Office of primary education regional zones.

Later, the Cabinet approved the second charter on national health systems on 9 August 2016. This second charter has been approved by the Review Committee of the 2007 National Health System, and passed the public referendum in all regions with a total participation of 1,115 persons from around the country, including the public referendum of the national health refer-

endum on 8 May 2015, and with feedback from almost 100 agencies. The charter will be reviewed every 5 years after its implementation.

The second charter reflects a picture of the future national health system in the next 10 years, and designates challenges on health risks such as emerging diseases, communicable diseases, non-communicable diseases, the ageing population and the impact of the urban environment. The second charter is an integral part of the draft 20-year national strategy of 2017-2036 by the government, where the health system is one part that will ensure the security in life and support human development, knowledge investment, natural resource investment and the environment that creates prosperity, and the development in all facets with equality, equity and sustainability, in accordance with the philosophy of sufficiency economy. At the same time, it is also in line with the 12<sup>th</sup> NESDB, not only just in health, but also the health dimensions of the self, the wisdom and the society<sup>4</sup>.

### 3. Health Assembly

The Health Assembly is the process where the people and government agencies concerned come together to exchange ideas and learn together through a consensus building process that lead to recommendations on public health policy through a participatory manner. There are 3 types of health assembly of assembly in specific areas, health assembly on specific issues and the national health assembly.

Organizing the assembly as explained above is a social innovation that creates learning together through consensus building based on knowledge data. The assembly is not an academic meeting or a seminar but is a process that is creative and attempts to have learning together on economics and social issues, and from various disciplines, leading to the conclusion for all sides.

From the year 2008 to the present, there have been 9 Assemblies on Health with a total of 77 resolutions presented to the National Health Committee. The resolutions from the national health assembly, the National Office of the Committee on Health and various partner networks have resulted in numerous concrete actions. The Health Minister is tasked to take action on the resolutions by the Health Assembly and to monitor the progress of these actions. Such actions include the push for the law on preventing and overcoming the challenge of adolescent pregnancies 2015<sup>5</sup> and development of the draft law on protecting people affected by public health services<sup>6</sup>, the draft law controlling the market promotion of food industry for children<sup>7</sup>, the draft law on occupational diseases and the environment<sup>8</sup>, the draft law on the prohibition of sale of alcohol in industrial areas<sup>9</sup>, the improvement of the law on psychological health (2009)<sup>10</sup> and the improvement of the draft law on non-communicable diseases (2015)<sup>11</sup>.

In addition to the development of various laws, there is also the use of the national health assembly resolutions to develop government policies that have an impact on society such as the resolution of 1.2 on access to medicine for all Thais, Resolution 1.4 Participation of the people in determining the free trade negotiation. Resolution 1.11 Structure and mechanism on the impact on health in Thai society. Resolution 2.88, Managing overweight and obesity. Resolution 3.1 Measures for Thailand to be free of asbestos. Resolution 3.6 Measure to control risk factors to tobacco. Resolution 3.88 on overcoming the challenge of adolescent unwanted pregnancies. Resolution 4.1 on food safety in the management of use of old cooking oil. Resolution 5.1 on managing the infrastructure to promote walking and use of bicycles in daily life. Resolution 5.4 on managing excessive smoke and Resolution 7.4 on managing improper steroid use.

#### 4. Health Impact Assessment

Health Impact Assessment (HIA) is a process that was developed as one tool for health policy development. It looks at the impact of the activities of projects, plans and various policies on the health of the population. The decision making process will consider factors that impact on health of the people. The data acquired from this assessment is beneficial for policy makers at all levels to take decisions on policy that are most beneficial to the people.

The HIA has been used in many large projects such as the building of bio-electricity plants, waste disposal sites, and licensing of gold mines. As a result, the Central Administrative Court has ordered a temporary restraint to 76 projects with a value of 400,000,000 million baht in Map Ta Phut Industrial Estate, Rayong province in 2009. This was done to protect the community and the environment of the area. Since then, the HIA has been used in many other areas around the country.

Recently, the 2016 constitution of Thailand<sup>12</sup> requires the HIA in projects which may have an impact on natural resources, the environment, health and sanitation, and the quality of life of the people<sup>13</sup>. It requires compulsory measures from agencies involved, or else responsible officials will be relieved from their positions<sup>14</sup>.

#### New Laws and the National Health Service

The partnership networks of the government, private sector and civil society have used the national health assembly process, initiated by the national health law 2007, to develop various laws that help to improve the Thai health service system such as:



#### 1. The law on the protection and overcoming problems of adolescent pregnancies 2016

Currently, Thailand has experienced a large number of unwanted pregnancies, and ranked as one of the highest rate of unwanted pregnancies in the world. Partner networks and academics have used the national health assembly as one avenue in the push for this issue to become a national agenda, and proposed for a new law on this issue. This led to the drafting of a law on preventing and overcoming the problem of unwanted adolescent pregnancies of 2016. This law designates the role of the education system, workplaces, care centers and local administrative organizations to have the key role in the support and promotion, prevention and overcoming the problem of adolescent pregnancies.

#### 2. The draft law on protecting people affected from public health services ...

Conflicts between those who receive services and those who provide services is one important problem in the service provision of



health in Thailand. In the past, there had been several charges made against public health services and hospitals. These conflicts have increased over the years as seen in the media. These conflicts reduce the spirit of service providers in their duty, and create negative feelings for the general public. Therefore, a recommendation has been made for a draft law that would protect those affected from public health services. The National Assembly is still working on this project.

### **3. Draft law to control the promotion of marketing of food products for children**

The industry on supplementary food and milk powder for children and infants in Thailand is valued at around twenty thousand million baht<sup>15</sup>. Milk product companies and supplementary food companies have marketed their products inappropriately such as paying service providers to advertise their milk products, and providing free lunches and gifts to health personnel to promote their products, etc. These actions are against ethics of the occupation as it promotes powder milk products for young children and infants to replace the mother's milk, resulting in negative effects to infants in the long run. Such consumption also incur more unnecessary expenses to the mother and her family. Civil society, academics and government agencies thus have used the national health assembly to discuss this issue, and propose for a law to control the marketing of milk powder and supplementary health products by private companies, and the sale of these products by health personnel and hospitals.

### **4. The draft law on occupational health diseases and safety...**

Overcoming health challenges of occupational health and safety originally was the responsibility of the Ministry of Labor and related agencies. Local health agencies have very little input on the issue despite the fact that occupational health and safety is very complicated. This draft law would empower the Department of Disease Control and health personnel in the provinces in the promotion, prevention, treatment and rehabilitation of those affected from occupation illness. It also places high importance on the environmental problem and health and safety issues. Presently, this draft law is under review by the Royal Decree Committee.

### **The Next Steps**

The National Health Act of 2007 is a law that arose from the joint effort of Thai society to push for the development of a law that would improve Thailand's health system. This led to the announcement of the first and second charters on the national health system. In addition, the network partners of the government, civil society and academics have used the national health assembly as a platform to present views and work together on various health issues to develop public health policies and laws. Whether the efforts will become successful depends on the support from various networks, and joint efforts to pushing forward their goal, guided by the principle that "good health is not for sale, but one has to do it for oneself."

