

## *Unofficial Translation*

### **Additional Opinions on The 1<sup>st</sup> Draft of the Statute on the National Health System B.E.....**

#### Preamble

To add “In this respect, local partner networks that can prepare statutes on a health system for their specific community and locality” (page 4, line 18)

Definition of terms: Revisions are made as follows:

1. Definitions should be easy to understand for all. The same words should be used throughout. For instance, “humans, persons and people” all mean the same; it is advisable to use one of them and stick to it.
2. In the “participation” paragraph, add “receiving information,” before “thinking”.
3. Insert “surveillance on diseases and health hazards” before “prevention of diseases”. This is to underline a systematic and gradual process that can help in the detection of problems, and the monitoring of tendencies in disease or public health issues, which would subsequently lead to effective measures towards prevention of disease. Three types of surveillance should be conducted: regular defensive surveillance, proactive surveillance, and surveillance for specific diseases in certain geographical clusters (e.g. HIV/AIDS).
4. Add “occupational diseases” and “health hazards” to read as follows: “control of disease” means the control of epidemics, non-communicable diseases, communicable diseases, dangerous communicable diseases, occupational diseases, including those that arise from contamination by substances present in the environment and food, and other diseases/health hazards, resulting in reduction of loss of health, life and resources if detected early.
5. The definition of “prevention and control of health hazards” is not consistent. That is, are risk factors harmful to health included under “factors harmful to health”? In addition, at the end of the sentence, there is reference to “factors which facilitate good health”, which does not correspond with the beginning.
6. “Public health services with a human heart” (“Humanistic public health service”) on page 7 (of the Thai version) paragraph 4, is explained with a negative connotation, and the concept should be moved to be under the concept of policies determining standards of operations. Also, under the same issue, some suggested taking out the term “without domination by sectional business interests” or add in the word “political” because in some contexts not only business issues are involved but also political.

7. Redefine “Other alternative medicines”, to mean looking after health by using medical practices other than modern medical medicine, Thai traditional and indigenous medicine, in accordance with the law on medical registration.

8. An elaboration of the term “medical service provider” is needed. In addition, it is proposed that mention be made of welfare and protection given to medical service providers, when referring to users of medical services.

9. The meaning of “public health personnel” should be expanded to include public health providers accredited by law, and subject to regulations and guidelines stipulated either by government agencies or private organizations.

10. “Collective financing” on page 9 is not clearly explained. A clarification on “where people contribute according to their capability to pay” is needed. We need to know if the clause means “according to what they had paid” or “according to their capacity to pay”. Also a clarification on “money collected in advance” is needed i.e. how it is to be actually collected.

11. Expand the definition of “informal”. “Informal workers” mean workers who are not entitled to benefit from social security welfare or other types of welfare. This population group has more chance to encounter occupational diseases and is not presently entitled of health care services in proportion to the risk they incur from certain types of work that they do, for example, people who work from the home or farmers under contract farming.

12. Define the terms “desirable health system”, “consumer protection”, and “quality control”.

13. A definition on “closed-end aggregate financing” is needed.

## Section 1

1. In Article 4 the following should be added “Good health is a basic right and duty of the people.”

2. In Article 8 add “wellbeing” so that it should read “The health system must give consideration to development as a holistic concept, encompassing the wellbeing of the human being...”

3. In Article 9 change to read “The health system must place highest importance to the building up of health which would lead to the sustained wellbeing and self-reliance of the people.

4. Article 10 should add the term “Dharma” in the phrase “...in accordance with religious Dharma principles...”

## Section 2

1. In Article 11 add the underlined i.e. “Management of health system must be based on...”
2. Article 13: proposed to be deleted.
3. Article 15: The target for achievement should be set in terms of a time frame. If a time frame for achievement can not be specified, then one should not pin it down to a particular target year e.g. 2020.

## Section 3

1. In Article 16 it is proposed to delete the following crossed out words “Guarantees and protection ~~to create good health~~ must cover ...”

## Section 5

1. Change the title of the Section from “Prevention and control of diseases and health hazards” to “Surveillance, prevention and control of diseases/hazards and other health-threatening factors” and change such phrase wherever it appears.
2. For Article 32, there are too many ‘and’s. Delete them where it seems too repetitious.
3. Article 33 should be changed to read “The State shall act with unity and with participation from all sectors, to arrange for the surveillance, prevention and control diseases/hazards and other health-threatening factors, and also to set up a public health emergency response system on a participatory basis”
4. Article 34 should be modified to read “The community shall be strengthen and it shall embrace the notion of participation in efforts for the surveillance, prevention, and control of diseases/hazards and other health-threatening factors at the local level”
5. Article 35 should be modified to read “The State shall arrange for the preparation of a strategic plan for surveillance, prevention, control of diseases/hazards and other health-threatening factors on a participatory basis” and add a statement that the State shall make available a system for surveillance, for intelligence, and for rapid response in times of crisis, both in the country and in neighboring countries.
6. Article 36 is modified to read “...the strategic plan for surveillance, prevention, control of diseases/hazards and other health-threatening factors”.

7. Article 37 is modified to read “...the strategic plan for surveillance, prevention, and control of diseases/hazards and other health-threatening factors at the national and provincial levels”.

8. Article 38 is modified as follows:

- Article 38, Paragraph 2, now reads “38/1: The State shall enhance local government organizations...”

- Article 38, Paragraph 3, now reads “38/2: The State shall promote...”

9. Article 39 is modified to read “...in order to provide surveillance, prevent and control diseases/hazards and other health-threatening factors...”

10. Article 40 should be changed to read “The State shall bring in tax measures to manage the environment when making efforts to ... such as environmental tax, garbage tax, and water tax...”. Or the phrase could be changed to “taxes that are collected from activities that have an effect on health” in order to cover a broader range of ideas.

11. For Article 41, after “rights as stated in Article 32” add “laws on the establishment of independent environmental and health organizations according to the Constitution...”

12. Add another article stating that “The State shall encourage the promotion and development of the knowledge base and facilitate the exchange of such knowledge in order to modify or change the people’s behavior and develop the work of the public health networks in the local areas.”

## Section 6

1. For Article 47, the following alternatives are proposed:

Alternative 1: To read “The State shall promote and support efforts to increase the capabilities of local governmental organizations so they will be able to take up the responsibility of providing public health services, especially primary health care. Public health services should also be transferred to be run by local governmental organizations.”

Alternative 2: To read “The State shall promote and support efforts to increase the capabilities of local governmental organizations so they will be able to take up the responsibility of providing public health services, especially primary health care. Health centers should also be transferred to be run by local governmental organizations.”

Alternative 3: Retain the original in total.

2. Article 48 should be modified to read: “The State shall promote the development of public health services for specific target group populations, and for those with limitations in accessing public health services including children, youth, women, the disabled, the elderly, and the socially disadvantaged. This is to be done by arranging for guarantees in terms of access to services. Also, for the target population, there should be a policy to look after sick children, with a humanistic approach. Further, such policy should build and develop health workers in sufficient numbers that cater specifically to the target population, and support appropriate services for such group. Such personnel should be distributed evenly and sufficiently to communities, residential areas, and especially state-run convalescence facilities for the elderly after they have fallen ill suddenly. The State should also encourage local government organizations to play a role in looking after the target group’s health and doing it systematically, efficiently, and covering the complete cycle of required services.”

3. Article 51 should read: “The State shall give special support or provide tax and investment or other privileges to public health services conducted for the wellbeing of people or for the sake of the nation.

4. Article 52 should read “The State shall arrange for a national mechanism to be established to oversee: the direction of public health service development; the development of quality of public health services; the utilization of relevant scientific knowledge; and the development of appropriate technologies, including other necessary mechanisms.

## Section 7

1. Article 64, Paragraph 1, should read “The State shall promote...and standards based on Thai traditional medicine, taking action as follows:

2. For Article 67 paragraph 2, a suggestion is made to read “the committee on overseeing medical practice as set up by the Practice of the Art of Healing Act shall be responsible for screening ..... other alternative medicines”

## Section 8

1. For Article 69 the following should be added “The State shall give budgetary support sufficient to strengthen consumers’ capacity through various forms of education such as public relations using different types of media, campaigning activities, network building, and encouragement of public participation.

2. Article 70 and 70(4): Add the phrase “people with disabilities” so as to read “Children, youth, the elderly, people with disabilities, and the disadvantaged”. And also add “...to see through the intentions of the media, to improve themselves to their full capacity and disposition, and to have the opportunity to participate in consumer protection work.”

3. For Article 75, an opinion was expressed that the definition of “international agreements and laws” in the Statute should be consistent with the Thai interpretation of Section 190 of the Constitution of the Kingdom of Thailand B.E.2550; otherwise it may have an impact on technical agreements entered into in the future.

#### Section 9

1. For Article 86 add “...and allocate a budget for media organizations with juristic person status and all branches of mass media so that they are able to set aside sufficient time...”

#### Section 12

1. For Article 105, an observation was made whether or not the “collective financing” includes private health insurance.

2. For Article 105(4) observations were made regarding “the increased rate of national health expenditure exceeding the GDP growth rate. (1) The health infrastructure of Thailand is very low compared with other countries. (2) Would a very low or minus GDP growth rate have an impact on the increased health expenditure rate of the country?”

3. For Article 109 there was an observation that “for emergency cases or diseases requiring high expenses”, there might be a need for a separate system of management for such special cases.

4. It was further recommended that clarification be needed on the statement “support for a budget to strengthen the process of health assemblies for specific localities and on specific issues.”

5. A proposal was made to add “a Health fund to promote security in areas along the borders to subsidize public health services.”