

1. Creation of relevant knowledge

Triangle

That Moves

The Mountain

And HEALTH SYSTEMS REFORM MOVEMENT IN THAILAND

2. Social movement

3. Political involvement

By Prawase Wasi, M.D.

Professor of Medicine Emeritus, Former Chairman WHO/SEARO ACHR



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Triangle That Moves The Mountain And Health Systems Reform Movement in Thailand

by **Professor Prawase Wasi**

ISBN 974-299-063-8

Frist published in October 2000

Published by Health Systems Research Institute (HSRI)
5th Floor, 2nd Building, Mental Health Department,
Ministry of Public Health, Tivanon Road, Nontaburi 11000, Thailand
Tel. (662) 951-1286-93 Fax. 9511295
Web page: www.hsri.or.th, e-mail address: hsri@hsrint.hsri.or.th

CONTENTS

Triangle That Moves The Mountain

And Health Systems Reform Movement in Thailand	1
<i>1. Focus on the member countries</i>	<i>1</i>
<i>2. Triangle that moves the mountain</i>	<i>2</i>
<i>3. Health Systems Reform Movement in Thailand</i>	<i>5</i>
<i>4. Conclusion and recommendations</i>	<i>10</i>
National Health System Reform Movement in Thailand	13
Regulation of the Office of the Prime Minister	
on National Health System Reform, B.E 2543	16
The National Health System Reform Committee	25

Triangle That Moves The Mountain

And HEALTH SYSTEMS REFORM MOVEMENT
IN THAILAND



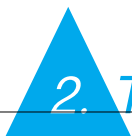
1. FOCUS ON THE MEMBER COUNTRIES

The World Health Organization (WHO) System is potentially a very good system. It consists of the Headquarter (HQ), the Regional Offices (ROs) and the member countries. If all the components worked well in an interactive manner, the System could be a dynamic inter-connected network vibrant with knowledge generation, learning and development, benefiting the health and well-being of mankind around the world.

Although there are some deficiencies in WHO such as bureaucracy and politics, the greatest strength of WHO lies in

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it being highly prestigious and its unlimited access to expertise around the world. The HQ and the ROs have generated and collected a lot of concepts and methods, but the most difficult part is to implement those concepts and methods in member countries. If knowledge-based health development cannot be implemented successfully in member countries, this will be the bottleneck in the otherwise very good WHO System. The concepts and methods developed at the HQ and ROs will become congested there, untested by real practice in member countries and thus provide no appropriate feedback to the System. The System will not be as inter-active and as vibrant as expected. Thus more attention should be focused on the member countries. ***How they can implement knowledge-based health development successfully is the crucial issue.***



2. TRIANGLE THAT MOVES THE MOUNTAIN

Thailand, as many other countries, has faced extremely difficult problems—political, economic, social, cultural, environmental, etc., culminating in the phenomenon of social crisis, severely affecting health. The problems are inter-connected, complex and extremely difficult to solve. In fact, some feel that they are too big and too difficult and beyond

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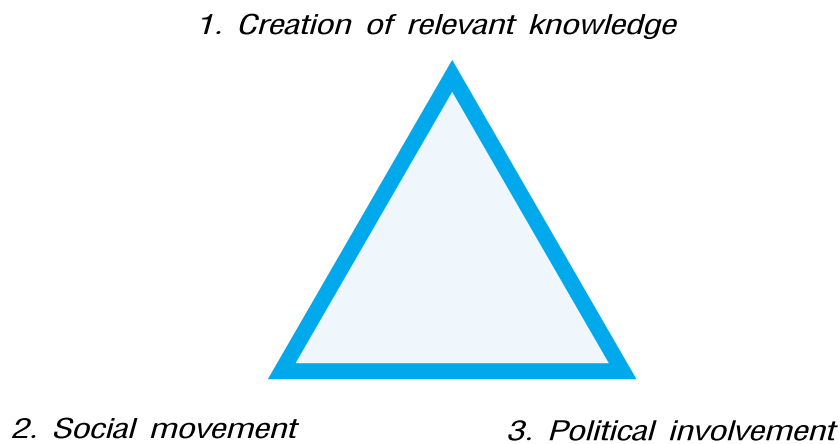


Figure 1. Triangle that Moves the Mountain

imagination on how to solve them. But we have to find ways and means to get out of the crisis in order to be able to move forward positively. There is increasingly *well-known* in Thailand an approach structure called “**Triangle that Moves the Mountain**”. The Mountain means a big and very difficult problem, usually unmovable. The Triangle, as illustrated in Fig. 1, consists of : (1) *Creation of relevant knowledge through research*, (2) *Social movement or social learning* and (3) *Political involvement*

Creation of relevant knowledge through research is very crucial, but not adequate by itself; it must interact with social movement or social learning. Without relevant knowledge, social movement cannot go very strong or may deviate to

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something else. Knowledge derived from research must be translated into forms and languages that can empower the public. Many academicians shun politicians, thinking that they are bad people and do not wish to do anything with them. But politicians have authority over utilization of state resources and in law promulgation, which are very often needed in development. Thus without political involvement the working structure is not complete. Politics without knowledge and social movement will not do. In developing countries, and sometimes even in developed countries, the lack of this “triad” leads to failure in solving difficult problems.

In Thailand this triangular approach has been used successfully to move a few “mountains”. The most difficult one was to rewrite the Constitution for political reform. This type of political reform is usually not possible without country losing a war or finding itself at the brink of a civil war. No political party really wanted to undertake the reform because the new Constitution would limit their power. The author of this article was responsible for recommending that Thailand needed to write a new Constitution for political reform. When he was appointed chairman of the Democracy Development Committee which recommended political reform, the Committee implemented the “Triangle”. Research results were used to empower public movement which turned the New

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Constitution for political reform into a political issue that was nonstoppable and which finally led to promulgation of the New Constitution in 1997. The triangular approach has been used in drawing up the 8th National Economic and Social Development Plan, which was reorientated from economy dominated development to human centered development. In 1999 the National Education Act for education reform was issued. Again this very difficult task was successful through the application of the “Triangle” approach.

The “Triangle that Moves the Mountain” approach is now being applied in health systems reform, another mountain to be moved. This will be briefly described as follows.

3. HEALTH SYSTEMS REFORM MOVEMENT IN THAILAND

The crisis

Thailand has a relatively good health care service infrastructure with hospitals in all its 76 provinces and over 700 districts, and health stations in all its 7,000 subdistricts or tambons. It has done well in communicable disease control ; plague, small pox, cholera, leprosy, diphtheria, pertussis, yaws, poliomyelitis have disappeared or are very

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much reduced in prevalence. However, if looked at from a system dimension the Thai health system is in crisis. National health expenditure this year amounts to nearly 300,000 million Baht, increasing at a rate of over 10 per cent annually in the past several years. The excess of the increase in the rates of health expenditure over those of income indicates that the system is running into crisis, i.e. the country will run out of money while many people are ill or die of diseases or conditions which are preventable such as heart diseases, cancer, accidents, HIV/AIDs, drug addiction, etc. Access and quality of health care are not good enough, the people are not satisfied, while the health personnel are over-worked. In brief, the system is not cost-effective and is in need of reform.

Need

The passive “ill-health-oriented” system needs to be reformed to a “good-health-oriented” system. For this, the health promotion system needs to be fully developed and the disease control and prevention system must be reformed to be fully efficient. Health care finance must be developed to guarantee access to adequate and quality health care for all. Consumers must be adequately protected and empowered. Health personnel development needs to be reformed as do the technology, the information and the research systems. In the

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reformed health systems responsibility for good health will not solely lie with the Ministry of Public Health, but with all sectors of society--All For Health. Thus there is a need for a body to coordinate health policies for all sectors. Not all, but a good part of the reform components need to be put into law. Thus a National Health Act is needed. All these are extremely difficult or next to impossible. Much knowledge needs to be generated and social participation as well as political commitment are crucial to the process.

Research and Development

At this point the author wishes to give credit to WHO. His as well as other Thai's involvement with WHO in various capacities caused a lot of inspiration that have led to a variety of health research and development activities in Thailand. Non-smoking campaign, health economics capacity building, and the idea for health systems reform, for example, are all traceable to WHO-led inspiration.

Health research capability building is most crucial for making health systems reform possible. In the last two decades or so health research capability has been strengthened through different means. These include TDR research strengthening program, Rockefeller Foundation's the Great Neglected Diseases of Mankind program, CDC collaborated Field

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Epidemiology Training program, the Rockefeller Foundation initiated INCLLEN, the National Epidemiology Board supported by the Rockefeller Foundation, establishment of the College of Public Health at Chulalongkorn University under the leadership of Charas Suwanwela and Chitr Sithi-amorn and their, as well as other Thai academic leader's, involvement with the international health research movement. The Health Care Reform project under the leadership of Dr.Sanguan Nitayarumphong, supported by EU, has pioneered research and development in health care system reform.

The chronic problem in most developing countries is the lack of good research management mechanisms. To overcome this deficit Thailand in 1992 established two effective national research promoting and funding agencies, namely the **Thailand Research Fund (TRF)** and the **Health Systems Research Institute (HSRI)**. It should be pointed out that both the TRF and the HSRI have been especially designed to be effective in research management. Both were established by special Acts which allow them to use the government budget but be independent. They are not bureaucratic organizations, but governed by independent boards. However, even though independent by law, in practice as in many developing countries, the organizations may suffer from creeping in bureaucratic politics and politically motivated politics. Having

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senior academics respected by politicians, bureaucrats and media is very crucial in helping the organizations to steer through such a scenario. The **HSRI** has been established with an intention to be a tool for health system reform. In the past seven and a half years under able leadership of the two successive directors, Dr.Somsak Chunharas the former director, and Dr.Wiput Phoolcharoen the current director, the institute has mobilized the creation of much health system knowledge. Although this knowledge is not yet complete, it is adequate to support a health system reform movement.

The Board of the HSRI has the Minister of Public Health as its chairman, with members comprising permanent secretaries of relevant ministries and their equivalents and respected senior academics. Having the Minister of Public Health as its chairman the HSRI has a direct channel to the Cabinet. When the Board agreed recently that it was time for Thailand to launch a health system reform movement the matter went to the Cabinet. The Prime Minister has given whole hearted support and has issued the Prime Minister Office's Regulation establishing the National Health System Reform Committee. The Committee has the Prime Minister as its chairman and the Minister of Public Health as deputy chairman. A *National Health System Reform Office (HSRO)* has been set up to catalyse the "Triangle", i.e. research, social

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• ter as its chair-
• man and the
• Minister of Pub-
• lic Health as
• deputy
• chairman.”

movement and political interaction, to issue a *National Health Act* for health systems reform *within 3 years*. The government will be providing all necessary resources for the movement. Although a National Health Act is necessary for health systems reform, not all the reform activities have to wait for the law. For example, an independent Office for Health Promotion Fund has already been established and the *Ministry of Finance* has sponsored a “Health Promotion Fund” bill, to provide 2 percent of tobacco and alcohol excise taxes, amounting to 1,400 million Baht per year, for the Office to support innovative health promotion initiatives throughout the country.

Thus we are now witnessing the long desirable interaction between research, social participation and political support at work for health development of all Thai people – in the name of health systems reform.

4. CONCLUSION AND RECOMMENDATIONS

1. Concepts and methods for health developed at the global and international level are important, **but focus should be at real actions in the countries.**

The results from real actions in the countries and emerging needs for more knowledge will provide a feedback

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into the global system, thus making the international networks for health research and development actively interacting in a most creative manner.

2. In the countries special attention should be paid to creation of **functionally effective research promotion and funding mechanisms**. The Thailand Research Fund (TRF) can be an example. To generate health systems knowledge necessary for health system reform a research institute such as the Health Systems Research Institute (HSRI) may be necessary. The international health research promotion networks should give political support in creation of effective health research management mechanisms in member countries, if they do not exist.

3. Research is fun. But research should not just create more research and go on without end. **Research should lead to development and development lead to more research relevant to development needs**. Research should not be floating or ‘go to the shelf’, but tested and receive feedback from real applications.

4. Health development in the countries is extremely difficult. It depends on complex interactions between knowledge, culture, politics, bureaucracy, media, society, etc. Expertise in any one particular academic field is not adequate to mobilize health development. It needs leaders with systems

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perspectives and management skills with strong commitment and some charisma. Such persons are rare, if not lacking, in many societies.

5. Thus it is recommended to the international health research and development circles to pay more attention in finding and developing health policy leaders who can mobilize resources for health development in the countries, whether it is to be labeled health systems reform or not.

Regional or international courses in health policy leadership might be considered to provide opportunities for interactive learning through action and network building. With this it is hoped that health research and development will really take place in the countries. Interaction between the countries and the international health research forum will form a vibrant global network with knowledge generation, learning and development to benefit the health and well-being of mankind around the world.

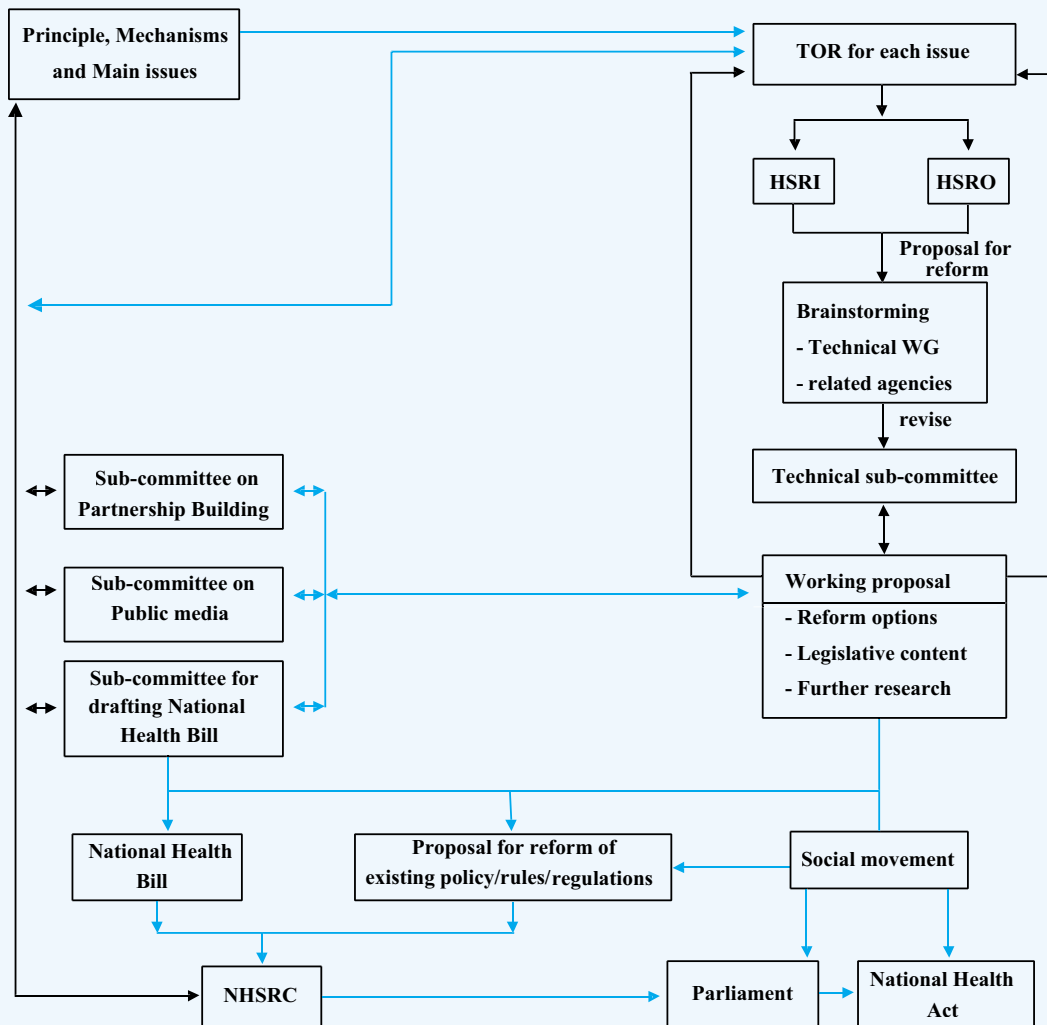


National Health System Reform Movement in Thailand

Health Systems Reform movement became a national agenda in Thailand in The year 2000. A Prime Minister Office's Regulation on National Health System Reform was published in the Government Gazette on 31st July 2000. This regulation ensures high level political support and continuity of the movement. The regulation has two main aims. The first is the knowledge-based total social movement to support health system reform. The second is to enact a National Health Act, as the main mechanism for future health system reform, within 3 years. These two main aims are expected to reform the Health Building Systems, the Disease Prevention and Control Systems and the Health Care Systems.

A National Health System Reform Committee, chaired by the Prime Minister, was established. The board consists of 31 members, from various disciplines and ministries. Of the 14 non ex-officio members, there are leaders from the elderly, the disabled, professionals, economists, educators, public administrations, mass communications and

Work structure for National Health System Reform



HSRI = Health Systems Research Institute

HSRO = National Health System Reform Office

NHSRC = National Health System Reform Committee

law communities. A National Health System Reform Office was established. Its director is the secretary of the National Health System Reform Committee.

Four sub-committees were appointed. A technical sub-committee to synthesizes the appropriate knowledge on options for all issues of reform. The Sub-committee on Partnership Building aims at interacting with and involving all partners to seek for their opinions and support. The Sub-committee on Public Media is responsible for wider social advocacy and movement through public media. The last is the Sub-committee established to Draft the National Health Bill. These four sub-committees work in parallel as shown in figure.

REGULATION OF THE OFFICE OF THE PRIME MINISTER ON NATIONAL HEALTH SYSTEM REFORM, B.E. 2543

Whereas the current national health system has inadequately contributed to the achievement of good health and quality of life of the people, evidenced by an upward trend of several diseases and hazards, lack of efficiency and thoroughness of health management systems, which is inconsistent with the spirit of the Constitution of the Kingdom of Thailand, it is expedient to initiate health systems reform to build up standardized, good quality and equitable health systems as well as put forward a law on national health as a master legislation for the reform of health systems.

By virtue of the provisions of section 11 (8) of the Organisation of State Administration Act, B.E. 2534 (1991), the Prime Minister, with the advice of the Council of Ministers, Proclaims this Regulation as follows:

Clause 1. This Regulation is called the “Regulation of the Office of the Prime Minister on National Health System Reform, B.E. 2543 (20..)”.

Clause 2. This Regulation shall come into force as from the day following the date of its publication in the Government Gazette.

Clause 3. In this Regulation:

“National health system” means all the systems which are holistically interconnected and affect health of the people throughout the country. It includes all factors related to health, namely, personal, environmental, economic, social, physical and biological factors as well as the health service systems;

“National health system reform” means all processes which lead to changes in the management of the national health system to achieve the systems which are aimed at good physical, mental, social and spiritual conditions of the people, as well as those aimed at the accessibility to good quality health services in an efficient and equitable manner.

“Committee” means the National Health System Reform Committee;

“Office” means the National Health System Reform Office;

“Director” means the Director of the National Health System Reform Office.

Clause 4. There shall be a Committee called the National Health System Reform Committee, briefly called “HSRC.” which consists of:

- (1) Prime Minister _____ as Chairman;
- (2) Minister of Public Health _____ as Vice Chairman;
- (3) Minister to the Office of the Prime
Minister as entrusted by the Prime
Minister _____ as Vice Chairman;

- (4) one qualified person appointed by the Prime Minister from qualified members under (18) _____ as Vice Chairman;
- (5) Permanent Secretary of the Ministry of Finance _____ as member;
- (6) Permanent Secretary of the Ministry of Commerce _____ as member;
- (7) Permanent Secretary of the Ministry of Interior _____ as member;
- (8) Permanent Secretary of the Ministry of Labour and Social Welfare _____ as member;
- (9) Permanent Secretary of the Ministry of Science, Technology and Environment _____ as member;
- (10) Permanent Secretary of the Ministry of Education _____ as member;
- (11) Permanent Secretary of the Ministry of Public Health _____ as member;
- (12) Permanent Secretary of the Ministry of University Affairs _____ as member;
- (13) Secretary-General of the Council of State _____ as member;
- (14) Secretary-General of the Civil Service Commission _____ as member;
- (15) Secretary-General of the National Economic and Social Development Board _____ as member;
- (16) Director of the Bureau of the Budget _____ as member;

- (17) Director of the Health Systems Research
Institute _____ as member
- (18) Not more than fourteen qualified persons,
appointed by the Prime Minister, in the
field of education, public health,
administration, mass communications,
community development, law, economics,
development of specific population groups _____ as member
- (19) Director of the National Health System
Reform Office _____ as member and secretary
- (20) Not more than two officials of the
National Health System Reform Office
appointed by the Prime Minister _____ as assistant secretaries

Clause 5. A qualified member may serve for only one term and shall hold office for the same term of office as that of the Committee.

In the case where the qualified member vacates office before the expiration of the term or in the case where an additional qualified member is appointed while the qualified members already appointed remain in office, the person appointed to fill the vacancy or additionally appointed shall be in office for the remaining term of the qualified members already appointed.

In the case where the qualified member vacates office before the expiration of the term, the remaining members shall, while appointment of a new member to fill the vacancy has not yet been made, continue their performance within the powers and duties

of the Committee.

Clause 6. In addition to vacating office at the expiration of the term, the qualified member shall vacate office upon:

- (1) death;
- (2) resignation;
- (3) being removed by the Prime Minister;
- (4) being an incompetent or quasi-incompetent person;
- (5) being bankrupt;
- (6) being sentenced to imprisonment by a final judgement except for an offence committed through negligence or a petty offence;

Clause 7. At a meeting of the Committee, the presence of not less than one-half of the number of existing members is required to constitute a quorum.

At a meeting of the Committee, if the Chairman is not present or is unable to perform the duty, the Vice Chairman shall preside over the meeting, and, if the Chairman and the Vice Chairman are not present or are unable to perform the duty, the meeting shall elect one member to preside over the meeting.

The decision of the meeting shall be by a majority of votes. In casting votes, each member shall have one vote. In the case of a tie vote, the presiding Chairman shall have an additional vote as the deciding vote.

Clause 8. The Committee shall have the powers and duties as follows:

- (1) to give recommendations and advice to the Council of Ministers with regard

to the national health system reform;

(2) to recommend revision of policies, work structures, work systems or budgetary systems relevant to the national health system reform, provided that reference shall be made to the State Administration Systems Reform Plan and regard shall be made to resolutions of the Civil Service Commission in connection with directions, emphases and adjustment of roles and affairs of the Ministry of Public Health;

(3) to prepare draft legislation on national health in order for such legislation to enter into force within three years as from the date of the Committee's first meeting;

(4) to give recommendations to the Council of Ministers for revision of relevant laws, rules, regulations or resolutions of the Council of Ministers so as to be in line with the national health system reform;

(5) to make available information and public relations for enabling public awareness and understanding of, and participation in, the national health system reform;

(6) to organise seminars, meetings, public hearings or any other activity aimed at enabling the public, agencies and interest groups which will be affected by the national health system reform to have wide participation in presenting opinions, information and suggestions with respect to the national health system reform;

(7) to arrange for studies, analyses and research for the purpose of framing directions, strategies and measures for the national health system reform and for the purpose of putting forward a law on national health;

(8) to support the development of policies or the revision of structures or systems of work which may be taken as an essential component of the health system reform;

(9) to co-ordinate work and solve problems and obstacles in carrying out the

national health systems reform;

(10) to perform other acts as entrusted by the Prime Minister or the Council of Ministers.

Clause 9. The Committee has the power to appoint sub-committees or working groups for performing any particular tasks as entrusted by the Committee.

Clause 7 shall apply mutatis mutandis to a meeting of the sub-committees or working groups.

In the performance of duties, a sub-committee or working group has the power to require a State agency or State official to furnish documents or information or give explanations for the purpose of consideration as necessary.

Clause 10. The National Health System Reform Office shall be established as an internal agency of the Health Systems Research Institute for the purposes of serving as the secretariat of the Committee and acting as a focal point for the administration and management of work in accordance with the affairs entrusted by the Committee.

Clause 11. The Office shall have the powers and duties as follows:

(1) to be responsible for the administrative affairs, technical affairs, meeting affairs, public relations affairs and secretarial affairs of the Committee, sub-committees and working groups;

(2) to be responsible for the administration of operations, finance, personnel and procurement as determined by the Committee;

(3) to monitor situations, study and gather information related to the work of the

Committee, sub-committees and working groups;

(4) to provide co-ordination for, and give recommendations to, the Committee with regard to the national health system reform;

(5) to perform any other work or take any other action as entrusted by the Committee.

Clause 12. The Health Systems Research Institute Board shall act as a technical adviser to the Committee in the performance of work in connection with the national health system reform.

Clause 13. The Committee and the Office shall be dissolved upon the entry into force of the law on national health, which shall take place not later than three years from the date of the Committee's first meeting.

Clause 14. Subject to the law, for the purpose of the administration of work of the Office, the Prime Minister may order a Government official of a Government agency, or the Office may request the Council of Ministers to pass a resolution requiring an official or employee of a State enterprise or other State agency, to assist in the performance of work in the capacity as an official of the Office, provided that it shall be deemed as his or her normal performance of official service or work, whether on a full-time or part-time basis or outside official hours.

Clause 15. Other committees concerned and State agencies and State officials concerned shall give co-operation and support to the performance of work of the Com-

mittee and the Office.

Clause 16. The provisions of the law on the Health Systems Research Institute, and rules, regulations and resolutions of the Health Systems Research Institute Board shall apply to the administration of the Office mutatis mutandis.

Clause 17. The Prime Minister shall have charge and control of the execution of this Regulation.

Given on the 27 Day of July, B.E. 2543

H.E. Chuan Leekphai

Prime Minister

NB. This regulation was published in the Government Gazette, general announcement issue, 117 special part 75๓., on 31st July 2000.



The National Health System Reform Committee

Chairman

Prime Minister

Vice Chairman

Minister of Public Health Minister to the Office of the Qualified Person
Prime Minister as entrusted (Dr.Pirot Ningsanon)
by the Prime Minister

Members

By Position

Permanent Secretary of the :

Ministry of Finance

Ministry of Commerce

Ministry of Interior

Ministry of Labour and Social Welfare

Ministry of Science, Technology and Environment

Ministry of Education

Ministry of Public Health

Ministry of University Affairs

Qualified Person

Mrs.Kasama Varavaran

Prof.Kasem Suwanakul

Prof.Charas Suwanwela

Mr.Narong Patibatsarakich

Assoc.Prof.Tassana Boontong

Banrool Siriphanich

Prof.Borwornsak Uwanno

Prof.Prawase Wasi

Secretary-General of the :

Council of State	Prof.Pakdee Pothisiri
Civil Service Commission	Nun.Sansanee Sthirasuta
National Economic and Social Development Board	Mr.Somchai Krusounsombut
Director of the Bureau of the Budget	Prof.Ammar Siamwalla
Director of the Health Systems Research Institute	Prof.Aree Valyasevi

Member and secretary

(Amphon Jindawatthana : Director of the National Health System Reform Office)

Assistant secretary

(Suwit Wibulpolprasert)

National Health System Reform Office

2nd Floor Building North of Health Park,

Ministry of Public Health,

Tiwanonda Road, Muang District,

Nonthaburi Province, 11000

Thailand

P.O BOX 9, Talard Kwan 11002, Thailand

Tel.: 66-2-590-2304 Fax : 66-2-590-2311

E-mail : hsro@hsro.or.th

Homepage: <http://www.hsro.or.th>