

# **The 2<sup>nd</sup> Charter on the National Health System B.E. 2559 (2016)**

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## Preface

**“Charter on National Health System”** is an important tool prepared by the National Health Commission under the National Health Act B.E. 2550 (2007) to serve as the framework and basis for the development of the country’s health policy, strategies and implementation. The Charter on the National Health System B.E. 2552 (2009) is the first one approved by the Cabinet and has been effective since its publication in the Government Gazette on 2 December 2009.

The National Health Act prescribes that the Charter should be reviewed every five years to reflect the changing situation. Thus, in November 2014 the National Health Commission set up a committee to review the Charter on the National Health System B.E. 2552 (2009) chaired by Dr. Narongsak Angkasuwapala. Other committee members were drawn from a variety of sectors. Its work included assessing the overall application of the Charter, forecasting the future health system, and proposing recommendations to review various sections and chapters of the Charter. A public hearing process was put in place to gather directly the public view on the future of the health system, 5 normal public hearings and 1 citizens’ jury meeting were conducted. The public view, together with stakeholders’ input in each special issue collected by academicians, thus served as a basis for the first revised draft. Subsequently, the committee organized a public hearing at a national health assembly in 2016 in accordance with Section 46, Paragraph 2, of the National Health Act, including other public hearing forums in the four regions. There were more than 1,500 people participating in the events. In addition, there were recommendations put forward in writing from 97 agencies/organizations to give greater clarity to the issue.

The 2<sup>nd</sup> Charter on the National Health System B.E. 2559 (2016) consists of four parts: (1) Introduction, (2) Definition, (3) Principles of the Health System, and (4) Chapters. The Chapters part consists of two components: principles and desired pictures of the health system of each chapter in the next decade presented in the tabulated format arranged item by item with explanatory notes about their intent. It is greatly hoped that this 2<sup>nd</sup> Charter on the National Health System B.E. 2559 (2016) will be useful for the development and direction of the future Thai health system.

The 2<sup>nd</sup> Charter on the National Health System B.E. 2559 (2016) was submitted by the National Health Commission to the Cabinet which gave its approval on 9 August 2016,

and the National Legislative Assembly has been notified about the matter accordingly. Announcement was subsequently made in the Government Gazette on December 7, 2016.  
March, 2017

## **Part 1: Introduction**

### **1.1 Situational trends likely to impact the health system in the next decade**

Not only has the rapid change in the globalization era led to social, economic and political changes, but the natural setting and environment have also seen considerable impacts. Modern communication has made the world much smaller. Rapid changes can be seen everywhere in the world, in each region, country, community and family, leading to changing patterns of life and inter-personal relations. A number of documents and research findings in 2012-2013 reveal interesting situations and trends about the health system in the next decades, especially the 11<sup>th</sup> National Economic and Social Development Plan (2012-2016) by Office of the National Economic and Social Development Board (NESDB), a study on the future of the Health System by National Science, Technology and Innovation Policy Office, a study on Thai Life during Two Decades of Development by Thai Universities for Healthy Public Policy, a ranking of priorities of health researches in Thailand by the Health Intervention and Technology Assessment Program, and Thai Health Report by the Institute for Population and Social Research, Mahidol University. The trends can at least be seen in seven areas: (1) politics and government, (2) economy, (3) population and society, (4) agriculture and food, (5) natural resources and environment, (6) information and technology, and (7) public health:

#### **(1) Politics and government**

Political conflicts in Thailand have become widespread to many regions of the country and even to family and community levels, including unrest in southernmost provinces, inevitably affecting the image and political stability of the country.

Such political conflicts, coupled with corruption, have adverse impacts on national administration. Policy is slow to be implemented, and opportunity for economic development erodes, leading to a lower quality of life of the population. Stress is common; worry and anxiety are on the increase. The impact is felt both physically and mentally.

With regard to government administration, it is found that decentralization to local administrative organizations is slow to come by, especially education and public health under promoting the quality of life. Fortunately, there is a greater possibility that the local administrative organizations and community will be more involved in their self-

management, as the force of traditional centralization weakens. Participatory democracy will become the norm at every level. The decision-making process in public health policies will be based more on public participation and empirical evidence. All of these will have significant impacts on the way the health system be autonomously managed by local administrative organizations and community, thanks to greater awareness of community and individual rights to participate in the public policy development process with potential impacts on their health and way of life. This, in turn, will also have impacts on the policy-making process that will need to attach more importance to public participation.

## **(2) Economy**

The discrepancy or gap between rich and poor when it comes to income distribution still remain a major problem in Thai society, entailing a host of other problems. In the health system, inaccessibility to health services by disadvantaged groups, people in the remote areas and slum still be common problem.

At the same time, international relations have become more diverse, with various forms of partnership and groupings between nations, leading to more trade activities and international investments. Free trade at bilateral and multilateral levels is now the hallmark of the modern era. One of the most important issues that have received greater attention is intellectual property rights protection. In this regard, Thailand has to move cautiously, as one of the consequences facing the country is the possibility of having to pay much more for new medicines imported from developed countries, not to mention potential impacts on farmers and local intellectual wisdoms.

In addition, the government policy to promote the country as the “medical hub of Asia” could lead to a shortage of medical doctor and other health personnel in the public sector and in the rural areas if without adequate and well-planned preparations. Planning for increasing and developing health personnel are needed to ensure a good distribution of resources – human resources, tools and equipment, and other facilities – to meet these needs. There also need to be mechanisms to supervise and monitor policy implementation to prevent possible adverse impacts on several fronts.

## **(3) Population and society**

The future will see a rise in the number of senior citizens and, with the phenomenon, a greater rate of dependency. The population of the working age will have to bear a considerable burden of health care. Unless the society has in place plans and preparations in socio-economic and health matters and unless the elderly are well equipped or taken care of by the community, aging will definitely be a big issue in the health system.

Stateless people, people without nationality, ethnic groups, and foreign migrant workers are on the whole marginalized or socially excluded because of their questionable legal status. They tend to be taken advantage of and often find themselves in the snares of violence. They do not enjoy many basic rights which often go unprotected. There are other groups of people, such as sex workers, LGBT, and narcotic users, who are socially ostracized and excluded, leading to discrimination and other risks, including HIV/AIDS infection.

The fact that people can migrate across the border with greater ease, whether they are migrant laborers, office workers, business people, or visitors, has made it easier for emergent or new communicable diseases to spread to other parts of the globe very quickly. The existing disease prevention and control mechanisms of any one country cannot cope with the situation; the situation warrants international cooperation.

Besides, as a result of a change in lifestyle, family bonds have weakened. A number of people have a lower sense of goodness or integrity, giving rise to a host of social problems with impacts on health. This is often seen in the form of such intellectual health problems as teen pregnancy, violence, crime, corruption, and drug addiction, in a way reflecting the level of intellectual maturity of the people concerned. However, Thai people on the whole are now better educated, having greater knowledge and awareness about human rights and duties. This could be considered a good sign, as more people will play a greater role in social supervision and monitoring.

#### **(4) Agriculture and food**

While some people in the country are still experiencing food insecurity, those in the urban areas have to purchase their food supplies. Some Thai children are malnourished, while others are obese and overweight. The latter situation directly leads to various non-communicable diseases, such as heart disease, hypertension, and diabetes, which have become health threats, as a result of the changing lifestyle especially food consumption patterns of the Thai people.

Meanwhile, an unsafe use of agricultural chemicals is on the increase, having an adverse effect on the quality of life of farmers and consumers alike. In addition, it is found that there is a monopoly in the agricultural and food business throughout the food chain. Apparently, this is a threat to the individual's right to food, something that is a serious problem the world over. This leads to an increase in prices of food and agricultural products, while the diversity of goods is reduced, and consumers have a lower negotiation power leverage.

In addition, it is found that the arable land has been encroached upon by the ever expanding industrial sector, coupled with more disasters from the climate change. It is the farmers who directly bear the brunt, while the impacts will be felt by a large portion of the population.

#### **(5) Natural resources and environment**

The climate change, especially global warming, has given rise to a greater number of severe natural disasters and losses, degradation of natural resources and environment, reduction of forests and mangrove forests, flooding, drought, lower quality of water, soil degradation, and chemical contamination in the environment. All of these will most severely affect the food chain and may lead to such crises as shortages of food, energy, and water.

Not only does the environmental change lead to the change in the eco-system, but global warming can also hasten the proliferation of germs, carriers of diseases, and certain pests, thus giving rise to greater incidence of diseases that affect plants, animals and humans alike.

#### **(6) Information and technology**

Admittedly, the world today sees more application of technology to health care and disease prevention. However, Thailand does not, as yet, have effective legal and other measures in place able to supervise appropriate use of health technology. As a result, health expenditure at present is soaring. Meanwhile, medical instruments have not yet reached every part of the country, nor are the people in the rural areas able to get access to the necessary technological services.

In addition, in the age of information overload, health information can take many forms and be disseminated through a variety of channels very fast. Many inappropriate advertisements of health products are found in every kind of media. If the public has no health awareness, it will be easy prey to deceitful practices, and more problems will ensue.

#### **(7) Public health**

Today the incidence of non-communicable diseases and mental health problems seems to be on the rise, reflecting the changing behavior and lifestyle of the people. Consequently, the health system has begun to attach greater importance to such social determinants of health as smoking, alcoholic beverages drinking, road accidents or loss from natural disasters. These social determinants of health need to

be managed at the same time as does the development of health services. Although the mortality rate of infectious communicable diseases that had been epidemic in the past is lower, infectious diseases remain a problem to be grappled with, alongside other emerging diseases.

It is true that the government's health security system has been much improved compared to the past, but discrepancy still exists especially when it comes to benefits and budgetary support for various health insurance schemes. Besides, public health services need to be further developed with regard to the format and diversity of health care, e.g. referral system, health emergency response, and palliative care, while the insufficient production and distribution of appropriate health workforce continues to be a public health challenge.

Inequitable access to medicines, overuse or inappropriate use of medicine, and drug resistance, especially antibiotic resistance, remain challenges to be overcome, especially in view of the current situations in which a variety of medicines are available to choose from and there is no suitable supervision of appropriate drug use.

To promote the use of local health wisdom, encouragements are made to integrate Thai traditional medicine and other alternative medicines into the public health service system more extensively although the work is far from complete. In particular, there is a need for further studies to obtain a clearer body of knowledge.

In the provision of consumer protection on health products and services, it is unclear how to promote and support the role of consumer organizations or groups, including how to establish independent organization for consumer protection. Unfortunately, government consumer protection agencies are still limited in their capacity and work integration. As a result, consumers are subjected to a greater risk of consuming inappropriate health products and services. This is even so when the public receives incorrect or incomplete information.

Therefore, when designing a desirable health system to serve as the basis for every sector to use as a framework for future health system development, one needs to be knowledgeable and aware of the above changing situations.

### **1.1 Status of the Charter on the National Health System**

The Charter on the National Health System represents collective social will and commitment. Its status is described in Section 46 of the National Health Act B.E. 2550 (2007) as a framework and guideline for making policy, strategy, and implementation

of national health after it is approved by the Cabinet and published in the Government Gazette.

In practice, its status may mean different things to different partner networks depending on the application:

(1) Government health agencies/organizations can use the principles and desired pictures from various sections of the Charter as “a framework and guideline” to develop, in a concrete form, “policy, strategy, and implementation of health” to support their work regarding the management of the health system based on the system and plan of national administration.

(2) Partner networks, such as government agencies, local administrative organizations, NGOs, professional councils, academic institutes, private sector, and civil society, can use the Charter as “a common desired picture”, a target to be reached in the development of the health system as defined in the principles and target of each chapter in the Charter. It involves the cooperation of various partners through a participatory health public policy development process, especially the tools prescribed by the National Health Act B.E. 2550 (2007) such as recommendations to be included in the agenda of the health assembly of every level, issues to be considered in health impact assessment, and other appropriate tools.

(3) Local partner networks, such as the community, local administrative organizations, and health partners dealing with specific issues, can use the “Charter on the National Health System” as a conceptual model for preparing “local health charter/specific issue health charter” to serve as the agreed rule and commitment of the community.

(4) The status of the Charter also serves as a tool to communicate to people in society the framework and guideline of the future health system, making them aware of the significance and able to apply it productively to their contexts as appropriate, thus giving rise to movement or change in the Thai health system.



### Part 3: Definition

- 1) **Health** refers to the state of human being which is perfect in physical, mental, spiritual, and social aspects, all of which are holistic in balance. (*National Health Act B.E. 2550 (2007)*)
- 2) **Well-being** refers to a state in which a person is in good health, enjoys a long life, has a good mind, is compassionate, adheres to moral and ethical principles, lives a mindful existence, aspires to learning, and is able to “think and act well”, reasonable, able to live happily in society. Well-being is related to inter-connectedness in a holistic manner, starting from self, to family, to community, to culture, to environment, to education, to economy, to society, to politics and to others. (*adapted from a document on the development of index of well-being in Thai society, Office of the National Economic and Social Development Board*)
- 3) **Health system** means overall relations in connection with health. (*National Health Act B.E. 2550 (2007)*)
- 4) **Health security** refers to the action to make a person secure in health, i.e. possessing physical, mental, intellectual and combined capacity to develop self, family, persons under charge, society and nation, not dying or falling ill prematurely, and receiving standard health care in a comprehensive and effective manner, without letting the payment or any other condition be an obstacle to health care or cause the person or any family member to become catastrophic from such health care. (*reference to National Health Security Office*)
- 5) **Right to health** refers to the fundamental right of a person to the highest attainable standard of health as far as the economic and social conditions allow, without discrimination of any kind. The right to health includes access to healthcare services and other factors with potential impacts on health, e.g. access to health information, adequate drinking water and food, and housing. Thus, the right to health is closely related to other human rights, such as right to food, housing, work, education, access to information, participation, and non-discrimination. (*World Health Organization*)
- 6) **Person** refers to everyone on the land of Thailand, not confined only to a Thai citizen but including a foreigner in Thailand, e.g. migrant worker and visitor.
- 7) **People with specific health characteristics** refers to people with disabilities, elderly persons, women, children, and socially disadvantaged people. (*interpretation from Section 6, National Health Act B.E. 2550 (2007)*)

- 8) **Socially disadvantaged people** refers to those who face hardships and adverse impacts, whether from economy, society, education, public health, politics, law, culture, natural disaster or war; those without opportunity to get access to basic services provided by the State; those who face problems that no major organization has taken responsibility for and who therefore cannot live a life like other individuals. There are 5 socially disadvantaged groups: the poor, the homeless, the people with no household registration record, the ex-convicts, and those living with HIV/AIDS including affected people such as family members. [*Strategy to Promote Capacity Building and Protection of the Rights of the Disadvantaged (2013-2016), Ministry of Social Development and Human Security*]
- 9) **Vulnerable groups** refers to people who have high risk to be ill or to be in danger of health. Their health conditions, whether physical, mental, intellectual or social, are such that they are unable to deal with such risks effectively or unable to manage them or other factors that have an impact on their health.
- 10) **Community** refers to a group of people who interact and communicate with one another on a regular and continuing basis, as they live in the same area, have similar occupations, or share common objectives, cultural practice, belief, or interest. (*Royal Decree on Establishment of the Community Organizations Development Institute (Public Organization) B.E. 2543 (2000)*)
- 11) **Civil society** refers to a group of people in society who see complicated social problems difficult to solve and they need to act together with a common goal, leading to civic consciousness. They come together as civic groups/organizations as private/business or civil (people) sectors, in the form of partnership, to solve problems or take action together to reach their objective on the basis of compassion, solidarity and mutual care under the inter-connected system of management and networking. (*adapted from the idea advocated by Dr. Chuchai Supawong, referenced in the article on civil society by Mr. Sudjit Nimitkul, former Secretary-General of the Office of Accelerated Rural Development*)
- 12) **Participation** refers to the involvement of the people, public and private sectors, local administrative organizations, and professional organizations in any activity regarding information learning, thinking, planning, decision-making, implementation, benefit sharing, monitoring, evaluating and auditing. (*Charter on the National Health System B.E. 2552 (2009)*)
- 13) **Public policy** refers to the direction or guidelines that society as a whole believes in or recognizes to be in the right direction, including written policy formulated by the State. (*Charter on the National Health System B.E. 2552 (2009)*)

- 14) **Virtue** refers to merits that a reasonable person should possess in his/her mind, regarding truth, goodness, and morality which form the guiding principles for his/her way of life. (*Charter on the National Health System B.E. 2552 (2009)*)
- 15) **Ethics** refers to concepts that guide behaviors on a virtuous basis. (*Charter on the National Health System B.E. 2552 (2009)*)
- 16) **Humanity** refers to the virtue of man, moral principles under which people shall behave toward each other such as kindness and compassion. (*Charter on the National Health System B.E. 2552 (2009)*)
- 17) **Good governance** refers to administration, management and supervision of all affairs in a right and legitimate manner as well as good management practice that can be applied to both the public and the private sectors. Actions taken in accordance with good governance must follow the principles of participation, transparency, responsibility, accountability, efficiency, effectiveness, and rule of law. (*adapted from the Charter on the National Health System B.E. 2552 (2009) and [http://network.moph.go.th/km\\_ict/?p=360](http://network.moph.go.th/km_ict/?p=360)*)
- 18) **Human dignity** refers to the value that comes with being human by which all human beings enjoy equal worth, an important non-violable and non-transferrable birthright, including the right to life and life security. (*article on principles and concept of human rights [http://www.prd.go.th/ewt\\_dl\\_link.php?nid=89894](http://www.prd.go.th/ewt_dl_link.php?nid=89894) and Human Rights Principles: Preliminary Introduction on Protection of Human Dignity by the Constitutional Court by Police Major General Chaiyant Kulniti*)
- 19) **Equity** refers to the absence of avoidable or preventable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically. (*adapted from WHO website and Closing the gap in a generation: Health equity through action on the social determinants of health*)

- 20) **Equality** refers to sameness or equivalence, e.g. different groups of people having same or equivalent value (*Royal Institute, 1999*)
- 21) **Sufficiency economy** refers to a pluralistic philosophy that recognizes the co-existence of different things without conflict, connects and integrates every dimension of life in a holistic manner. Sufficiency here means moderation, reasonableness, and the need for immunity against all potential risks which arise from internal or external change. The application requires knowledge, great care and good judgment. It is, thus, a philosophy with a structural dynamism and can be applied to the life of people at every level and in every situation from family, to community, to State levels. It can very well serve as the guidelines for national planning and development in the age of globalization characterized by rapid changes. (*10<sup>th</sup> National Economic and Social Development Plan, 2007-2011*)
- 22) **Health in all policies (HiAP)** refers to an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity. (*WHO HiAP and Helsinki Statement on HiAP*)
- 23) **Social determinants of health (SDH)** refers to the conditions in which people are born, grow, live, work, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems, all having health impacts on the population. (*adapted from [http: www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)*)
- 24) **Health promotion and disease prevention factors** refers to all healthy factors such as clean water, safe food, good environment, good housing and community, correct information and knowledge on health, and gender equality. (*adapted from *The Right to Health**)
- 25) **Health risk factors** refers to factors that increase the likelihood of the occurrence of diseases and other adverse health impacts whether directly or indirectly, e.g. hypercholesterolemia, hyperglycemia, obesity, tobacco and alcoholic beverage consumption. (*Thai Health Promotion Foundation: 10-Year Direction, Goals and Strategies, 2012-2021*)
- 26) **Health threats** refers to external factors that increase the likelihood of the occurrence of diseases and other adverse health impacts whether directly or indirectly, e.g. high environmental pollution and global warming.
- 27) **Health promotion** refers to actions that aim to promote and support people to attain physical, mental, spiritual and social well-being through promotion of appropriate behaviors in individuals and through management of the

environment and environmental conditions in such a way as to enhance the health and quality of life of the individual, family, community, and society. (*Charter on the National Health System B.E. 2552 (2009)*)

- 28) **Disease prevention** refers to action or avoidance of action in order to prevent illnesses and diseases and their recurrence after recovery or illness. Prevention can be divided into three levels: prevention prior to having an illness or disease, prevention during the course of an illness or disease, and prevention with rehabilitation after recovery. (*Charter on the National Health System B.E. 2552 (2009)*)
- 29) **Disease control** refers to the control of epidemics, non-communicable diseases, communicable diseases, high-risk contagious diseases, including those that arise from contamination by substances present in the environment and food and any other diseases, the control can reduce the extent of the loss of health, life and resources if said diseases are detected early. (*Charter on the National Health System B.E. 2552 (2009)*)
- 30) **Health impact assessment** refer to a joint learning process of society that enables the public, community, and agencies in the public, private, civil society to learn together how to analyze and anticipate health outcomes, both positive and negative, causes, other social factors and their potential effects on the public as a result of public policy as well as health equity by applying various tools and appropriate process in order to support the decision making that will benefit the health of people in both the short and the long term ( Thailand's Rules and Procedures for the Health Impact Assessment of Public Policies (2016)
- 31) **District health system (DHS)** refers to the health system that uses a district or equivalent area as a base to integrate all sectors, whether public, private, local administrative organization or civil society, so that they can work together to develop the necessary healthcare system for the population, involving a combined health promotion, disease prevention, curative treatment, and rehabilitation in an effective, continuous and comprehensive manner at individual, family, community and wider society levels in accordance with the local context.
- 32) **Public health service** refers to service related to health promotion, disease prevention and control and health-threatening factors, diagnosis, curative treatment, and rehabilitation of the individual, family, and community. (*Charter on the National Health System B.E. 2552 (2009)*)
- 33) **Primary health care** refers to services catering to the individual, family, and community, integrating health knowledge with the patient's social and cultural dimensions. It is an integrated service aimed at disease prevention and control and other health-threatening factors, health promotion, curative

treatment, and rehabilitation. It is a holistic service that brings closer links between service providers, community and family as well as links with public health services at other levels to ensure that service responsibilities are beneficially passed on from one to another. (*adapted from Charter on the National Health System B.E. 2552 (2009)*)

- 34) **Secondary health care** refers to the healthcare services that include diagnosis, curative treatment, and rehabilitation of patients suffering from basic diseases from less to more complicated levels that require the care of medical specialists. (*definition provided by the Ministry of Public Health*)
  
- 35) **Tertiary health care** refers to the healthcare services with a greater scope of curative treatment that requires the care of advanced medical specialists or subspecialists for treating specific diseases. (*definition provided by the Ministry of Public Health*)
  
- 36) **Humanized public health services** refers to public health services that are given with compassion, mutual harmonious relationships aimed primarily at the benefits and happiness of individual, family, community, and society, in accordance with good governance and honest professional ethics. (*adapted from Charter on the National Health System B.E. 2552 (2009)*)
  
- 37) **Quality of public health services** refers to the characteristics of public health services based on bodies of knowledge of human beings, society, science, technology, and other fields, as well as on morality and professional ethics, appropriately meeting the needs and expectations of the people and society. (*Charter on the National Health System B.E. 2552 (2009)*)
  
- 38) **Quality assurance** refers to the process resulting from the design, planning, and management to ensure the quality of healthcare services, and consisting of measures within and outside organizations. Internal measures include work design, procurement of appropriate resources, communication and training, supervision to ensure compliance with the design, evaluation and improvement, lessons learnt from mistakes, and creation of quality culture. External measures include evaluation from external body, recognition, provision of incentives, and legal measures. The quality culture entails a belief, attitude and practice of the majority of people in the organization striving for high-quality performance carried out automatically and passed on from generation to generation.
  
- 39) **Service provider** refers to an agency that provides services or a hospital with a duty to provide health services.

- 40) **Service buyer** refers to the payer of capitation or health service charges to the service provider or agency that provides service to people. At present, this role is taken by the National Health Security Office, the Social Security Office, and the Comptroller-General's Department.
- 41) **Service user** refers to a person who uses public health services at a public health facility.
- 42) **Contracting unit for primary care (CUP)** refers to a facility or a group of facilities registered as contracting service unit able to provide primary health care necessary for health and living in a holistic manner, including health promotion, disease prevention, diagnosis, curative treatment and rehabilitation, and able to provide medical services by itself with a service network to which it can refer patients for cases that exceed its capability.
- 43) **Health technology** refers to the application of science to health care in the form of objects (e.g. medicines, vaccines, and medical devices), procedures (a course of action), and processes or measures (decisions on action) used in the diagnosis, curative treatment, disease prevention, and rehabilitation to alleviate illness, including those used by modern medicine, Thai traditional medicine, other alternative medicines, and local innovations. *(main document for the agenda on Development of health technology assessment and its decision making process at the 7<sup>th</sup> National Health Assembly)*
- 44) **Local health wisdom** refers to bodies of knowledge, notions, beliefs, and various kinds of expertise on health care that have been accumulated, transmitted, and developed over time, including Thai traditional medicine, indigenous medicine, and other alternative medicines that individuals and the community use in health care in congruence with local practice. *(Charter on the National Health System B.E. 2552 (2009))*
- 45) **Thai traditional medicine** refers to the medical processes used in the diagnosis, curative treatment, disease prevention, health promotion and rehabilitation, midwifery, Thai massage, including preparation and production of Thai traditional medicines, and making of devices and instruments for medical purposes. All this is based on the knowledge or texts that have been passed on and developed from generation to generation. *(Profession of Thai Traditional Medicine Act B.E. 2556 (2013))*
- 46) **Indigenous medicine** refers to health care which is based on knowledge accumulated, transmitted, and developed over time, specific to and corresponding with the local community's culture, customs, traditions, and the resources of the community and is accepted by the said community. *(Charter on the National Health System B.E. 2552 (2009))*

- 47) **Other alternative medicines** refers to health care based on medical knowledge other than modern medicine, Thai traditional medicine, and indigenous medicine. (*Charter on the National Health System B.E. 2552 (2009)*)
- 48) **Consumers** refers to those who buy or receive services, or those who are approached to buy products or receive services from those who provide products, services, or information leading to consumption. The term also includes those who use products or services legitimately even though they do not pay for them. (*Charter on the National Health System B.E. 2552 (2009)*)
- 49) **Consumer protection** refers to the kind of protection by which consumers receive safe, fair and economic products and services. (*adapted from Paper on Literature Review and Consumer Protection Situation in the Health System by Chaonsin Suksriwong et al*)
- 50) **Health products** refers to products catered for basic needs of life and those designed for health purposes, including products related to medical and healthcare professions and those with potential health effects. Health products include food products, medicines, cosmetics, household hazardous substances, medical instruments and narcotics. (*dissemination material by Consumer Potential Development Division, Food and Drug Administration on FDA and Supervision of the Direct Sale of Health Products, <http://webnotes.fda.moph.go.th/consumer/csmb/csmb2546.nsf/723dc9fee41b850847256e5c00332fb4/304d2e736899154c7256d1800091e30>*)
- 51) **Health services** refers to services designed for health purposes including public health services. (*report on Social Situation, Year 1, Issue 3, April-June 2004, Ministry of Social Development and Human Security [https://www.msociety.go.th/article\\_attach/3734/4391.pdf](https://www.msociety.go.th/article_attach/3734/4391.pdf)*)
- 52) **Body of health knowledge** refers to knowledge generated from the application of health information for practical purposes. It can be categorized into: 1) proven universal knowledge, 2) knowledge from studies/research 3) knowledge from analysis of collected health information, and 4) knowledge accumulated from experience. (*adapted from technical paper for the preparation of the Charter B.E. 2552 (2009) on Generation and Dissemination of Health Knowledge: Dissemination of Health Information, by Dr. Pinij Faramnuayphol*)
- 53) **Health knowledge generation** refers to generation of knowledge from practice, knowledge management, exchange of learning, accumulation of learning and experience, studies and research, and synthesis of knowledge and data related to health and the health system. (*Charter on the National Health System B.E. 2552 (2009)*)

- 54) **Explicit Knowledge** refers to knowledge that can be readily collected and concretely stored in the form of textbooks, documents, manuals, principles or theories, as a result of analysis, synthesis, or well-proven research. *(Knowledge Management Institute)*
- 55) **Tacit Knowledge** refers to knowledge gained from practice, recognized as personal “know-how” and “wisdom” based on the experience, insight, intuition, observation and internalized information of each person concerned. It includes skills, ideas, and experiences that people have in their minds, acquired through long years of experience. *(adapted from Knowledge Management Institute)*
- 56) **Dissemination of health information** refers to presentation of health information developed by State agencies and other sectors for distribution and communication through various modes and channels. *(adapted from Charter on the National Health System B.E. 2552 (2009))*
- 57) **Health literacy** refers to the ability to obtain, access, understand and utilize healthcare information.
- 58) **Health information system** refers to a system consisting of such components as hardware and software of the computer system, networking system, database, systems developers, systems users, related workers, and experts in various fields of health, working together to formulate, collect, store, process data into information, and send the result or related information to the users in support of their decision making, planning, management, control, analysis, and monitoring of health implementation. *(adapted from Statistical Information Technology: Data in the Information System, by Suchada Kiranandana, 1998)*
- 59) **Health workforce** refers to a person or group of people who play a role in health promotion, curative treatment, disease prevention, and rehabilitation, including public health personnel, public health professionals, supporting staff, personnel involved in Thai traditional medicine, indigenous medicine, and other alternative medicines, health volunteers, health leaders and networks, and other persons working in health-related areas. *(adapted from Charter on the National Health System B.E. 2552 (2009))*
- 60) **Public health personnel** refers to public health service providers under the relevant law, rules and regulations. *(Charter on the National Health System B.E. 2552 (2009))*
- 61) **Public health profession practitioner** refers to the professional practitioner under the law on medical establishment. *(National Health Act B.E. 2550 (2007))*

- 62) **Health financing system** refers to financial and fiscal management aimed at people's well-being and security in ensuring efficient and universal access to health services. (*Charter on the National Health System B.E. 2552 (2009)*)
- 63) **Copayment** refers to a contributory payment by a person for public health services. The term includes copayment at service unit and collective financing which refers to a financing system to which people contribute according to their capability to pay, under the principle of fair sharing of hardship and happiness, and in which the money collected in advance is used for collective purposes to finance the provision of public health services which are required for maintaining good health and good living for all. (*Charter on the National Health System B.E. 2552 (2009)*)
- 64) **Local health fund** refers to a local public fund intended for health development of local people. Funding support may come from the central authority or from local administrative organizations, or it can be mobilized by the local people or come from a combination of several sources, e.g. local health security funds of the National Health Security Office.
- 65) **Mental health** refers to a state of well-being in which an individual can cope with problems in his/her life, can develop himself/herself to enjoy a good quality of life. It includes merit or morality under changing social and environmental conditions. (*Department of Mental Health, 2002*)
- 66) **Protective factors for mental health** refers to factors that reduce the likelihood of diseases or impacts on mental health, consisting of several levels: (1) protective factors at individual level, e.g. good health, good income, observation of religious teachings, good education, and regular physical exercise, (2) protective factors at family and community levels, e.g. the family spending time and doing activities together, friends helping each other at the time of need, secure employment, farmers having land to work on, and community having its cultural identity, (3) protective factors at social and environmental levels, e.g. being accessible to health services, being safe in life and property, nature, and environment. (*Report of Mental Health (Happiness) Situation of Thai People Project*)
- 67) **Mental health risk factors** refers to factors that increase the likelihood of impacts on mental health, consisting of several levels: (1) risk factors at individual level, e.g. illness, accident, chronic disease, disability, dependency, debt incurred illegally, and smoking, (2) risk factors at family and community levels, e.g. widowhood, divorce, separation, low income, poverty, unemployment, day-to-day employment, addiction, migrant workers, and a feeling of unsafety in the community, (3) risk factors at social and

environmental levels, e.g. inability to get access to basic services, disaster, traffic problems in the urban area, sale of land in the neighborhood with a considerable impact on the community, and violent situation. (*Report of Mental Health (Happiness) Situation of Thai People Project*)

- 68) **Spiritual health** refers to the human state of comprehensive knowledge, awareness, and conscience, leading to kindness and sympathy. (*adapted from National Health Act B.E. 2550 (2007)*)
- 69) **Health System Governance** refers to the supervision and management of the health system, involving collaboration with government sector, charitable organizations, business sector, civil society, and other agencies or organizations directly or not directly related to health, so that they can together resolve issues or challenges in society and create new opportunities to bring about good health. (*adapted from Contemporary Governance by Dr. Amphon Jindawatthana and the report of the research to consider the learning potential of the health governance system*)
- 70) **Governance by network** refers to governance, system supervision, or management by way of connecting and collaborating in a multi-dimensional network, involving players from several sectors with diverse interests. These organizations share a common value, principle, goal, work, or resources on a case-by-case basis. The work is characterized mainly by negotiation or discussion, with no one having coercive power and each being autonomous. The process is based on participatory or deliberative democracy, using "social power" or the power of cooperation and common social goal as an important tool. (*adapted from Contemporary Governance by Dr. Amphon Jindawatthana*)
- 71) **Governance by state** refers to governance, system supervision, or management based on a clear top-down hierarchical structure which be appropriate for resolving emergency crises in which clear directives are needed, such as in the situation of epidemics or disasters. (*adapted from Contemporary Governance by Dr. Amphon Jindawatthana*)
- 72) **Governance by market** means system supervision or management using a main market mechanism of exchange to facilitate the allocation of resources most effectively. Governance by market is related to globalization which capital and business management are important tools. (*adapted from Contemporary Governance by Dr. Amphon Jindawatthana and the report of the research to consider the learning potential of the health governance system*)
- 73) **Local health charter** refers to the framework, direction, common agreement, or common rules that people in the community use as guidelines to develop their well-being at local level. It may concern itself with a specific

or general health issue. The essence is the participation of the community in designing, developing, driving, and reviewing the local health charter.

### **Part 3: Core Principles of the Health System**

#### **3.1 Philosophy and main concepts of the health system**

<b>No./Contents</b>	<b>Intent</b>
<p><b>1. Health is a basic right of the people at individual, family, community and general social levels. This right covers public health services related to health promotion, disease prevention, curative treatment, and rehabilitation, including receiving supportive factors for health promotion, disease prevention, and consumer protection, as well as support for good environmental health.</b></p>	<p>- To create common perception that health is a basic right of the people at every level and this right covers several dimensions and several levels.</p>
<p><b>2. A person is health conscious and plays a role in taking care of the health of oneself, family, people under charge, and of community to ensure that no health damage is done or to avoid inappropriate behaviors, while it is the State's duty to promote, support and protect health.</b></p>	<p>- To demonstrate an important principle that good health will happen if everyone plays role in taking care of their health, while it is the State's duty to promote and support a way of life in which everyone is health conscious and avoids inappropriate health behaviors, as well as providing protection under conditions conducive to good health.</p>
<p><b>3. The health system is a system of relations of health as a whole, with the public health service system as a part of it. The health system is also a part of the social system and a part of the national security system. Any policy formulation, therefore, needs to attach importance to health dimensions concerned and those that are affected.</b></p>	<p>- To provide understanding that the health system is related to other systems.</p>
<p><b>4. The health system must be based on the principles of virtue, ethics, humanitarianism, good governance, knowledge and wisdom. Importance is attached to human value and dignity, equity, and equality, while social discrepancy is to be reduced, and in keeping with the way of life, culture, social landscape, landscape ecology, and local</b></p>	<p>- To provide information on fundamental principles of the health system.</p>

No./Contents	Intent
<p><b>health wisdom, taking into account the principles of holistic sustainable development and integration with participation of the people and organizations at every level from every sector.</b></p>	

### **3.2 Desirable characteristics and goals of the health system**

No./Contents	Intent
<p><b>1. The State and every sector must attach importance to health promotion, disease prevention, and management of social determinants of health, including provision of health security and health protection likely to lead to secure and sustainable well-being of every age group, and encouraging people to take care of their health by adhering to the principles of self-reliance of individuals and society with mutual help according to the way of Sufficiency Economy Philosophy.</b></p>	<p>- To put a greater emphasis on health promotion and disease prevention under the concept of "Prevention is better than Cure", while the work should adhere to the principle of Sufficiency Economy Philosophy with importance given to holistic integration. Sufficiency here means moderation, reasonableness and the need for self-immunity</p>
<p><b>2. The State and every sector must consider the health system in the widest sense of the term covering all physical, mental, spiritual and social dimensions, develop the health system in a holistic, interconnected and balanced manner, and support or encourage every sector to</b></p>	<p>- To ensure that every sector attaches importance to health in the formulation of public policy, as the policy can have both positive and negative health impacts. This corresponds with the direction of the development of the universal health system approach of "Health in All Policies".</p>

No./Contents	Intent
<p><b>apply the “Health in All Policies” approach to the consideration of public policy formulation to ensure that the policy will be conducive to good health and will not cause harmful health impacts at any level.</b></p>	
<p><b>3. The State and every sector must give priority to the networking principle and support the participation of every sector at every level to ensure good governance of the health system. In this regard, cooperation with every sector and a proactive approach to work by every sector are considered important factors in the improvement and development of the health system as well as the quality of life of the people.</b></p>	<p>- In the future, the health system will be more complex and interconnected with more sectors, not only be confined to the State and public health sectors, but the market mechanisms and globalization will also play an influential role. It is, therefore, necessary to integrate various forms of governance of the health system in a balanced manner – governance by State, by network, and by market – as well as integrating the working of various sectors in the health system so that they can reinforce one another constructively.</p> <p>- The 2007 Constitution and the 1997 Constitution, especially the Chapter on Rights and Liberties of the Thai People, provide that the State shall pay attention to the participation of the people when it comes to community rights, conservation of natural resources and the environment. This is in line with the Preamble to the Constitution of the World Health Organization, which emphasizes the importance of the participation of the people, the informed opinion and the active cooperation on the part of the public. These are of the utmost importance in the improvement of the health of the public.</p>

### **3.3 Provision of health security and protection**

No./Contents	Intent
<p><b>1. Health security and protection must cover all factors with potential health impacts, such as personal factors, public health services factors, and environmental factors which could be</b></p>	<p>- To provide understanding that health security and protection are related to various factors and concern everyone on the Thai soil.</p>

<b>No./Contents</b>	<b>Intent</b>
<p><b>physical, biological, economic, social, or political, as well as in the form of public policy. Such health security and protection must cover every person living on the Thai soil without separation but with equity, equality and non-discrimination.</b></p>	
<p><b>2. Health security and protection must come about as a result of participation from every sector in the society.</b></p>	<p>- To emphasize that every sector should attach importance to health security and protection.</p>

## Part 4: Chapters

### 4,1 Rights and duties in respect of health

No./Content	Intent
<p><b>Principles</b></p> <p><b>1. A person shall enjoy the right to basic health as a fundamental part of the human rights. The goal of the right to health is well-being for everyone. It is not limited to access to public health services but covers other factors with health impacts. It is the duty of the State to provide welfare and create conditions conducive to the attainment of the goal of universal health for all, taking into account the participatory process of all sectors in line with various social contexts,</b></p>	<p>- The Preamble to “The Constitution of the World Health Organization” adopted by the member states on 22 July 1946 states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”</p> <p>- The right to health contains freedoms and entitlements, e.g. freedom to make decisions about one’s health and body and right to reproductive health, while entitlements include the right to health protection to which everyone should be entitled on an equal basis. The right to health consists of 4 elements: (1) availability, (2) accessibility, including non-discrimination, access to physical and economic opportunity and access to information, (3) acceptability taking into account beliefs and cultural practice, and (4) good quality. [<i>The International Covenant on Economic, Social and Cultural Rights (ICESCR), referenced by National Human Rights Commission of Thailand</i>]</p>
<p><b>2. The State must respect the person’s right to health, have the duty to defend, protect, encourage, and support him/her regarding the right to health, and observe its commitment to the international health and human rights laws which it is party to.</b></p>	<p>- WHO has outlined the duties of the public sectors regarding the right to health along the line of ICESCR to which Thailand is party. It specifies that State Parties have an obligation to promote and protect the right to health without discrimination, with clear steps and implementation goals. It is obligated to observe the principle of <u>respect</u> under which no service of disease prevention and curative treatment will be denied or limited to anyone and everyone will be done equally, including convicts and ethnic minorities. With regard to</p>

No./Content	Intent
	<p><u>protection</u>, there are laws or measures in place to ensure equal access to health care and health services provided by the third party, while the commitment to <u>fulfilment</u> includes the inclusion of the right to health in the country's policy and law and its implementation. In addition, there are a number of other human rights international laws to which Thailand is party that recognize the right to health as a human right, e.g. Universal Declaration of Human Rights, Convention on the Rights of the Child, and Convention on the Rights of Person with Disabilities.</p>
<p><b>Desired picture</b></p> <p><b>1. Every person, especially those with specific health conditions or vulnerable persons, can get access to the right to health as provided in the Constitution of the Kingdom of Thailand, National Health Act, National Health Security Act, obligations of international health and human rights laws to which Thailand is party, and other laws concerned, while the State has in place policies, measures, mechanisms, and resources to promote</b></p>	<p>- The important goals of the right to health are to enable the people to get access to the right to health and to enjoy well-being, e.g. access to good public health services, safe food, safe drinking water, housing, medicines, health goods or products, and other facilities conducive to good health, including healthy working and environmental conditions without pollution or chemicals hazardous to health, as stipulated in the Constitution of the Kingdom of Thailand, National Health Act, National Health Security Act, Social Security Act, and other laws concerned, as well as various international health and human rights laws which Thailand is party to. In the protection of the right to health, it is the State's duty to put in place policies, measures, mechanisms, and resources to promote and support the said right in an appropriate manner.</p>

No./Content	Intent
<p>and support the said right in an appropriate manner.</p>	
<p><b>2. A person shall receive protection to the right to health under the National Health Act B.E. 2550 (2007), the Declaration of Patients' Rights, laws governing the practice of health professions, professional codes of ethics, medical ethics, and other related laws, such as the right to receive a copy of the patient's medical record, the right to receive adequate information on public health services before agreeing to them, the right to be protected as a subject of human research, the right to refuse healthcare services that prolong dying in the terminal phase in order to end suffering from illness, while health personnel, health professionals, and administrators of public and private health facilities, and health professions councils shall accord importance to and adopt the practice in a strict manner.</b></p>	<p>- Patients' right is a right to health that must be recognized and respected in a strict manner by health personnel, professional health providers, administrators and staff of public and private health facilities, and health professions councils, as the issue has much to do with medical ethics, e.g. informed consent before receiving healthcare services, the right of the research human subject, or the right to refuse healthcare services that prolong dying in the terminal phase of life.</p>
<p><b>3. Individuals, community, and sectors concerned participate in the promotion and support of the work on the right to health, with support from the State,</b></p>	<p>- In general, the State will often prescribe rights that the person is entitled to in the law or regulations. However, it is advisable that individuals, community, and various sectors be able to initiate rights promotion by themselves in accordance with their needs, even though there is no legal binding.</p>

<b>No./Content</b>	<b>Intent</b>
<b>local administrative organizations, and various sectors.</b>	

## 4.2 Health promotion

No./Content	Intent
<p><b>Principles</b></p> <p><b>1. As health promotion is an important element in the development of the overall desired health system and can lead to sustainable well-being in society, it is imperative to promote and support individuals, family, community, and various groups of people so that they can manage or develop their health, as well as managing social determinants of health appropriately in line with the context and locality.</b></p>	<p>- Today health promotion is not just a sub-system of the health system but an important element in the overall desired health system under the "Prevention is better than Cure" principle, taking into account the policies on prevention and control of diseases and other health-threatening factors. This could lead to reduction of unnecessary illnesses, disabilities and deaths as well as reduced health expenditure. In this regard, the definition of Thailand's health promotion has gone beyond the activities of personal health promotion and environmental health. It now covers the process designed to promote and support the efforts of individuals, community and various groups of people, e.g. persons with disabilities and the elderly, to manage or develop their own health, as well as developing or strengthening the activities ranging from the management of health risk factors to the management of social determinants of health (SDH) whether they are positive or negative. <i>(Report of the Health Reform Committee, the National Reform Council, Agenda 23: Systems of Health Promotion and Disease Prevention, p. 82)</i></p>
<p><b>2. The development of health public policy must be based on the collective work and synergy of all sectors under the principle of "Health in All Policies", incorporating health-related issues and information in the policy formulation and decision to avoid adverse health impacts.</b></p>	<p>- The development of health public policy is one of the important strategies of health promotion. At the same time, despite not being the main goal of all public policies, whether social, economic, or social, health is part of the outcome of other policies or other development projects. Health public policy development is, thus, the responsibility of every agency of society. It is not confined only to the health sector. This is in line with the principle of "Health in All Policies" intended to create synergy in the implementation to avoid adverse health impacts and to generate intersectoral public policies leading to good health and better health equity.</p>
<p><b>Desired picture</b></p> <p><b>1. A person receives health promotion and health development skills for person and community appropriate to</b></p>	<p>- Thailand is becoming an aging society, while the number of people with disabilities is likely to be on the rise. These two groups of the population have their own specific health conditions and need different types of health promotion. The same applies to children and</p>

<b>No./Content</b>	<b>Intent</b>
<b>the health needs and participates in health management through the efforts of promoting health literacy and suitable health behaviors.</b>	youth, women, socially disadvantaged people, and those with specific health conditions. All these people must have the right to health care under Section 6 of the National Health Act B.E. 2550 (2007). However, health promotion should follow the guidelines under which people of different groups can manage their own health as well as the health of their family, community and each group by adopting a key action area suggested in the Ottawa Charter for Health Promotion, i.e. developing personal skills which focus on health communication for enhancing health literacy in order to create self-immunity among the people.
<b>2. The community has a capability to learn and manage its own health promotion in a way appropriate to its context through the participatory health public policy process at local and national levels with a community base, under the support of the public sector, local administrative organizations, private sector, people sector and other sectors, while there is in place a national policy to support its capacity building and self-management in a sustainable manner.</b>	- Every kind of community, whether rural, urban or any other types of relation-based community, is an important basis of better self-management of health promotion, disease prevention and control, and management of health threatening factors in a concrete manner. There should be capacity building of people and organizations at every level through important community activities, e.g. management of subdistrict health funds, community welfare systems, subdistrict community organization councils, and implementation of the national strategy of community well-being systems.
<b>3. The environment and environmental conditions of every type of community are developed to be conducive to good health, while the work of the community is supported by the public sector, local administrative organizations, private sector, people sector and other sectors.</b>	- Under Section 5 of the National Health Act B.E. 2550 (2007), a person shall enjoy the right to live in the healthy environment and environmental conditions. The community has seen a rapid change, especially with the expansion of urban community. Local administrative organizations through the support of the State, private sector, and people sector, should work together to develop the environment and environmental conditions appropriate to their community context, providing public area capable of health promotion in such forms as sports grounds, sports stadium, physical exercise grounds, and public parks, as well as supporting universal design architecture for people with disabilities and the elderly.

<b>No./Content</b>	<b>Intent</b>
<p><b>4. Local administrative organizations of all levels undertake health promotion activities covering the development of healthy environment and environmental conditions, maintenance of resources of local wisdom, strengthening the community, health-related capacity building for individuals, family, community, and various groups of people, including paying attention to public policy with health impacts and to the improvement of public health service systems conducive to quality health promotion.</b></p>	<p>- Health promotion should be undertaken along the conceptual framework based on local management with the community acting as focal point. Local administrative organizations must be equipped to undertake the work in five priority action areas as stipulated in the Ottawa Charter for health promotion: 1) building health public policy, 2) creating supportive environments for health, 3) strengthening community action for health, 4) developing personal skills, and 5) re-orienting health services. All this is designed to support individuals, community, and people of various groups to be active and capable of managing the health promotion system by themselves, while the public agencies at the central level play a role in the policy, measures, and budgetary allocation to support and strengthen the system.</p>
<p><b>5. Health promotion innovations in line with the local context supported by reliable evidence are encouraged in response to the management of new health problems, health risks, social determinants of health, and the needs of various sectors that change with social development as well as the needs of every age group and people with specific health conditions.</b></p>	<p>- Health promotion is a designed to promote the capacity building of individuals, community, and various groups of people with regard to their own health care. As health problems are fast changing with social development, health conditions, technology and other related factors, it is therefore necessary to support the development of new innovative mechanisms and methods in response to new and emerging problems and to the needs of various groups. These innovations should be dynamic whether in terms of measures, operation and social activities, and must be in line with the local context and supported by reliable evidence.</p>
<p><b>6. The public policy development process at every level integrates the "Health in All Policies" guideline in its</b></p>	<p>- Communication to make the issue of health in a wider perspective better understood according to the National Health Act B.E. 2550 (2007) and the direction "Prevention is better than Cure" of the health system will help bring the concept of "Health in All Policies"</p>

No./Content	Intent
<p><b>implementation in a concrete manner, while every sector understands the issue of “health” in a wider perspective and realizes that all sectors are jointly responsible for health impacts from the public policy.</b></p>	<p>across to all sectors within and outside the health system. In this way, the principle can be turned into practice leading to health promotion in a concrete manner through the Participatory Healthy Public Policy Process (PHPPP).</p>

#### **4.3 Prevention and control of diseases and health-threatening factors**

No./Content	Intent
<p><b>Principles</b>  <b>1. Individuals and the community have the right to live in the healthy environment and under healthy environmental conditions and receive standard prevention and control of diseases and health-threatening factors in a timely manner. The task is considered the duty and responsibility of every sector at every level.</b></p>	<p>- It is the basic right of human-being to live in the healthy environment and environmental conditions and be protected comprehensively in a standard manner. In this matter, the protection of such a right is a common duty of every sector: public sector, private sector, community, local administrative organization, family and individual.</p>
<p><b>2. Prevention and control of diseases and health-threatening factors must attach importance to social determinants of health, using a proactive measure under good governance practice, and must strike a balance between economic development, social development and quality of natural resources and the</b></p>	<p>- Prevention and control of diseases and health-threatening factors must attach importance to social determinants of health. These are factors and systems that make up the environment. The management of the issue, therefore, needs proactive preventive measures to be undertaken under good governance, transparency, and accountability. It also includes the promotion of participation and immunity of the community so that it can manage the healthy environment and environmental conditions by itself, taking into account the balance of economic, social, and environmental developments under the principle of Sufficiency Economy and the concept of “Health in All Policies” on the basis of promoting</p>

<b>No./Content</b>	<b>Intent</b>
<b>environment, taking in account the impacts on the health of the population, community and society in particular.</b>	reasonable and sufficient way of life, non-consumerism, avoidance and reduction of health risk behaviors, and focus on sustainable development.
<b>3. The management of prevention and control of diseases and health-threatening factors shall include the area-based surveillance system that allows the people the opportunity to participate fully. The public agencies have in place policies and/or measures to support various activities appropriate to the local context.</b>	- The management of the system of prevention and control of diseases and health-threatening factors must aim to enhance the strength of the people, community, and local administrative organizations so that the locality can manage the system in response to its health needs by itself. The central authorities should adjust their supporting roles through policies, measures, and budgetary allocation to strengthen the system of prevention and control of diseases and health-threatening factors.
<b>4. The process of health impact assessment based on empirical evidence or a carefully selected and comprehensive body of knowledge is used as a basis for the formulation of public policy to prevent and control diseases and health-threatening factors with participation from every sector.</b>	- Health impact assessment is the people's right to participate in the development of public policy with potential health impacts on the community and way of life of people of every group, on the basis of health equity and non-discrimination, while the process of health impact assessment needs to use appropriate empirical evidence.
<b>Desired picture</b> <b>1. The people, community, and local administrative organizations have an understanding, awareness, and capability and participate in the</b>	- To enable the people, community, and local administrative organizations to manage and develop individual and community health through the joint efforts of the public sector, local administrative organizations, private sector, civil society, academics, and community through the Participatory Healthy Public Policy Process.

No./Content	Intent
<p><b>prevention and control of diseases, health risk factors, and health-threatening factors at the local level through the Participatory Healthy Public Policy Process.</b></p>	
<p><b>2. The people and every relevant organization participate in the formulation of public policy and/ or propose recommendation on the implementation of the project or activity with health impacts and have a right to request the assessment and to work with the organization concerned with health impact assessment to come up with an appropriate and healthy option.</b></p>	<p>- Health impact assessment is a collective social learning process based on democratic principles, equity and participation in the determination of the future of the locality to come up with the best possible decision and option with truly positive outcomes for the people.</p>
<p><b>3. Local administrative organizations are capable of applying the health impact assessment process to the formulation of policy, plan, project, or activity with potential health impacts and to the surveillance or monitoring to ensure that the responsible persons in the public sector, civil society, private sector carry out their work with responsibility.</b></p>	<p>- To enable local administrative organizations to apply the health impact assessment process to supervise policy, plan, project, or activity in the locality which may cause negative health impacts, from the very beginning.</p>

No./Content	Intent
<p><b>4. Health impact assessment for public policy development includes the scoping of health in a broad dimension, in connection with social determinants of health, covering social, economic and environmental aspects of health risk factors, and carrying capacity of the locality, based on appropriate qualified information and empirical evidence drawn from a variety of disciplines as well as bodies of knowledge related to the community context.</b></p>	<p>- A careful and comprehensive health impact assessment, covering social, economic and environmental aspects of health risk factors and/or the evaluation of the carrying capacity of the locality, will lead to the development of public policy which is good for health from the local level to national or even international level.</p>
<p><b>5. There are mechanisms in place to manage prevention and control of diseases and health-threatening factors, consisting of elements from all sectors, charged with the duty to create effective participation and integration of the work between local administrative organizations and mechanisms for the management of the health system at regional, provincial, district, and subdistrict levels.</b></p>	<p>- Based on the principle in which the management of the system of prevention and control of diseases and health-threatening factors uses the locality as the center, then the provincial and district authorities as well as local administrative organizations act as local mechanisms must play a clear role in the system, such as district health system mechanisms. These bodies work together, lending each other support, all aiming to create management at provincial level, while the central authorities play a role in setting policies, developing laws and providing supervision at national level. The local administrative organizations play an operational role with the participation from the community at every step.</p>
<p><b>6. There are in place information systems and centers of prevention and</b></p>	<p>- Prevention and control of diseases and health-threatening factors need information systems and centers of disease control that can work fast in response to the local situation.</p>

No./Content	Intent
<b>control of diseases and health-threatening factors, as well as capable surveillance and rapid response teams (SRRT) working in support of each other at subdistrict, district, provincial and national levels in line with International Health Regulations (IHR).</b>	<p>Thus, there need to be surveillance and rapid response teams (SRRT) that work in support of each other at subdistrict, district, provincial and national levels. In addition, one needs to take into account the strength of the global network connection by applying the International Health Regulations (IHR) as working guidelines.</p>
<b>7. There is a national mechanism in place with the duty to integrate every sector in the management and development of the system for prevention and control of diseases, health risk factors, and health-threatening factors, including other threats from international negotiations and agreements.</b>	<p>- There shall be in place a national mechanism with a duty to integrate every sector in the management, development, and monitoring of the overall system for prevention and control of diseases and health-threatening factors, while laws shall be developed to accommodate the work and role of the organizations concerned, including the review of laws relating to public health, health impact assessment, international agreements, financing system likely to expand the scope of work of agencies at every level, law enforcement, capacity building, and monitoring of the work of all mechanisms concerned.</p>

#### **4.4 Public health services and quality control**

No./Content	Intent
<b>Principles</b> <b>1. The goal of public health services must be good health for all in response to the health needs of people of all groups and be able to take care of the health of the population from birth to death, including</b>	<p>- The design of public health services must be in such a way as to make it possible for every citizen to get access to the services, while health care must be available from birth to death, attaching importance to the connection between physical, spiritual, intellectual and social dimensions at all times of service.</p>

No./Content	Intent
<p><b>connecting health management in all dimensions in a holistic manner.</b></p>	
<p><b>2. The organization of the public health service system must give importance to an equitable access to and reception of quality services, through the management of the financing system that distinguishes between service purchasers and service providers, in line with the country's efficient financing system geared toward a sustainable health system.</b></p>	<p>- A person shall receive public health services in accordance to his/her health needs regardless of his/her economic, social and physical status, including disability, gender, age, domicile, race, nationality, religion, culture, belief and political ideology. To achieve this goal, it is imperative to manage the financing system that clearly distinguishes between service purchasers and service providers and to reform State hospitals into public autonomous hospitals as well.</p>
<p><b>3. The organization of the public health service system must focus on the cooperation and use of existing resources of every sector: public sector, private sector, local administrative organizations, community, or any other sector, while serious efforts must be made to promote cooperation between the public and private sectors as fast as possible at primary, secondary and tertiary health levels.</b></p>	<p>- In view of certain constraints of the public sector in providing public health services for all, it is imperative to promote and support as fast as possible more activities representing the cooperation between the public and private sectors at every level. In this way, every sector will be aware of the country's financial situation, leading to effective mobilization of resources and a response to the health needs of the people in a sustainable and beneficial manner.</p>

<b>No./Content</b>	<b>Intent</b>
<p><b>4. Public health services must be delivered with quality and safety, based on knowledge, morality and professional ethics, taking into account human value and dignity with the best interests of the people in mind.</b></p>	<p>- The provision of public health services must be based on quality and safety assurance, with the best interests of the people in mind. The services are of caring nature and create trust between service providers and service users.</p>
<p><b>Desired picture</b></p> <p><b>1. People receive qualified, standard and safe services from their contracting service units for primary health care. There is linkage of patient care between health facilities at each level on a regular basis, including reception and referral for further appropriate health care in other health facilities at various levels.</b></p>	<p>- To achieve the goal of developing characteristics of a good public health service, it is important to have in place contracting service units in the public health service system at every level and charged with the duty to coordinate patient care too. Furthermore, the presence of "contracting service units" will lead to the provision of health care that is in line with financing management. In this regard, the characteristics of a good public health service should include safety, timeliness, efficiency, effectiveness/cost-effectiveness, equity, and the concept of the patient-centered care in the provision of public health services. <i>(Institute of Medicine 2001)</i></p>
<p><b>2. People receive a basic benefit package covering health promotion, disease prevention, curative treatment, and rehabilitation on an equal basis according</b></p>	<p>- Receiving basic benefit package means that at least everyone will enjoy the same right to basic benefits in the State's health security system for the same illness. This is in line with the principle of health equity. However, it is possible to receive more benefits according to the conditions mentioned in each health security scheme.</p>

No./Content	Intent
<p><b>to their health needs with the same standard. There is an assessment system for decision to use what appropriate health technology, including assessing the cost-effectiveness and readiness of the management before the application on a large scale.</b></p>	
<p><b>3. The public health service system is of an acceptable quality and well responsive to the health needs and life of the public, while the service users, service providers, and other stakeholders are happy and satisfied.</b></p>	<p>- This is in reference to WHO's goals of the health system which attach importance to good health, responsiveness to public expectations and equity on copayment. <i>(information from World Health Report 2000)</i></p>
<p><b>4. The public health service system is responsive to specific health needs, involving the capability and cooperation of the patient, his/her family, and community as appropriate, with linkages to public health facilities, such as emergency medical system, long-term care for the elderly, people with disabilities, and chronic patients, palliative care, and end-of-life care.</b></p>	<p>- Patients of specific groups, such as emergency patients, elderly, people with disabilities, chronic patients, patients at the end of life, have health problems or issues different from those with acute illnesses and need specific health services or arrangements in accordance with the nature of each health problem in every level. Such services include chronic care, long-term care, elderly care, palliative care, and end-of-life care.</p>
<p><b>5. The public health service system is efficient in the allocation and the</b></p>	<p>- The public health service system must have a quality assurance system and risk management system to deal with uncertainty, including an objective assessment system of</p>

No./Content	Intent
<b>utilization of resources, equipped with a quality assurance system, and healthcare risk management in every type of public health facility and at every level, including an assessment system for decisions to use what appropriate health technology.</b>	health technology and health policy, its cost-effectiveness and readiness before applying it on a large scale, as well as its supervision to ensure an appropriate use. Efforts should be made to support public and private partnership to make sure that resources are fully utilized at every level.
<b>6. Public health service facilities at every level have a system of providing consultancy to service users as well as a consultancy system between public health facilities to support and coordinate with each other, especially between contracting service units and referral service units.</b>	- To emphasize the necessity of coordination and integration of contracting service units, referral service units, and public health facilities at various levels, including the provision of consultancy to service users in the best interests of patients/service users.
<b>7. The Thai public health service system is self-reliant in a sustainable manner in all dimensions, including research geared toward the development of health technology and health products, such as medicines, biological products, and domestic herbs.</b>	- At present, Thailand still depends on medical technology from abroad, especially when it comes to medications. It is necessary, therefore, to promote greater self-reliance in this area through research and development of innovative health products by cooperating with other public and private organizations domestically and internationally with a view to learning how to develop necessary technologies to make the country's public health service system truly self-reliant.
<b>8. Local administrative organizations and the private sector participate in organizing public health services at every level: primary, secondary, or tertiary health care, and play an</b>	- The promotion of cooperation between the public and private sectors, including local administrative organizations, in line with their capability, will make it possible to provide services to the public in a more comprehensive manner. In addition, it ensures the optimal utilization of resources, greater efficiency of the system, and greatest benefits to

No./Content	Intent
<p><b>important role in supporting the health security system, in particular acting as members of the network in the primary health care system to manage the health system in the area or locality. Efforts should also be made to integrate the use of common resources between local administrative organizations the private sector, and the State public health facilities.</b></p>	<p>the public, while the State must organize a system and mechanisms to supervise the quality, standard and appropriate service fees.</p>
<p><b>9. There are in place a system and mechanisms consisting of elements from various sectors whose functions are to supervise the quality standard of the services provided and ensure that service fees charged by public health facilities are appropriate.</b></p>	<p>- To ensure that there are appropriate mechanisms in place whose functions are to check the quality of the service and that the charge of service fees is appropriate and fair.</p>
<p><b>10. There is in place a public health service system that takes into account humanitarianism and is able to accommodate increasing health needs of foreign service users on an equitable basis and without adverse impacts on public health services for Thai people.</b></p>	<p>- In view of a greater trend of migration of foreigners into Thailand, including migrant workers, visitors from ASEAN countries and other international visitors as a result of the policy of Thailand as international medical hub, the country's public health services will evidently be affected. It is imperative, therefore, to set a system in preparation for the situation, taking into account humanitarianism, while attaching importance to the management system that takes into account health equity and impacts on Thai service users too.</p>

**4.5 Promoting, supporting, utilizing, and developing local health wisdom, Thai traditional medicine, indigenous medicine, and other alternative medicines**

No./Content	Intent
<p><b>Principles</b></p> <p><b>1. Local health wisdom, Thai traditional medicine, indigenous medicine, and other alternative medicines should be an important health system to be promoted and supported for greater recognition. They are to be further developed from the existing base in a systematic and continuous manner, focusing especially on personnel, budget, and technical expertise in the areas of health promotion, disease prevention, curative treatment, and rehabilitation, including promoting and supporting them to be in a common Thai way of life.</b></p>	<p>- In the past, medical development of each sub-system received little support and promotion from the public sector. In particular, these medical systems see less promotion than does their mainstream counterpart or modern medicine. Furthermore, apparently, over the years, greater attention has been given to curative treatment or health repair than health promotion designed to prevent diseases.</p>
<p><b>2. Importance must be attached to the development and build-on bodies of knowledge of local health wisdom, Thai traditional medicine, indigenous medicine, and other alternatives medicines to ensure that they are effective and safe in their applications.</b></p>	<p>- As local health wisdom, Thai traditional medicine, indigenous medicine, and other alternative medicines still face misgivings in such areas as creditability compared to modern medicine, efforts must be made to develop and build on these bodies of knowledge supported by technical or academic evidence in order to gain greater recognition and application. In the past, the State supported the development with a focus on provision of local services based on the existing body of knowledge. In the next</p>

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	stages, more support must be given to research and knowledge management in a serious and continuous manner.
<b>3. People have a right to choose and get access to services of Thai traditional medicine, indigenous medicine, and other alternative medicines, as well as to appropriate and safe consumption of related health products.</b>	- To allow opportunity for the people to choose appropriate medical services other than mainstream medicine and receive safety protection from such consumption and service.
<b>4. The wisdom of Thai traditional medicine, indigenous medicine, and Thai herbs must receive appropriate protection at every level, while protection mechanisms are to be put in place at community, national and international levels.</b>	- The wisdom of Thai traditional medicine and indigenous medicine is intellectual property at community and national levels. Over the years the work on its protection has not been very clear such that the community and society are not fully aware of its importance and do not make much contribution. In addition, Thailand's role in international negotiation forums has not been proactive and systematic enough when it comes to the protection of the wisdom of Thai traditional medicine. Therefore, knowledge management must be put in place at every level to testify for the existence of such local wisdom of the country to prevent violation at any level, especially at the international level, and that it can be applied to health care and built upon even further.
<b>5. The development of local health wisdom in the community context must be in line with the community way of life and the eco-system, with the goal toward self-reliance in health at individual, family, community, provincial and national levels, while the State must support the work of the community so that it can develop</b>	- If the development within the community context is made in line with the community way of life, it will lead to sustainable development. At the same time, self-reliance will reduce the service burden borne by the public sector and benefit the economy at every level, as well as enhancing human dignity and value as one's mental health is stronger.

No./Content	Intent
freely on a continuous and sustainable basis.	
<b>Desired picture</b> <b>1. The community is strong and self-reliant in health and plays a role in supporting the development and use of local health wisdom appropriate to the community way of life, and is able to manage knowledge of local wisdom by itself.</b>	<p>- To be in line with Principle No. 5: "Development must be in line with the community way of life", the organization of services must be made by the community with a focus on the decentralization of power to the locality, while the control and supervision of professions must still be centralized.</p>
<b>2. The State and local administrative organizations support and promote the development of Thai traditional medicine, indigenous medicine, and other alternative medicines to possess quality and standard alongside the modern medicine, by supporting personnel development, allocating adequate and sufficient resources and budget, and developing systems that enable the public to have knowledge and the right to make decision on the choice of service.</b>	<p>- To have a clearly-defined lead organization to promote and support the issue, for which local administrative organizations are the most appropriate at the local level, while the State or central authorities must promote and support in every aspect of the work so that local administrative organizations can go forward with their work.</p>
<b>3. There is a system with strong mechanisms in place to protect Thai herbs, local wisdom in Thai traditional medicine and in indigenous medicine</b>	<p>- To be in line with Principle No. 4 that emphasizes protection of wisdom of Thai traditional medicine, Thai indigenous medicine, and Thai herbs and to instill confidence that the philosophy, concept, and body of knowledge on Thai traditional medicine will be transmitted to new generations in the original unchanged form, with built-on research and development</p>

No./Content	Intent
<b>at every level with a view to protecting and conserving them as national wisdoms, and to support research for their further development, dissemination and application.</b>	that can explain their origins and the findings of which are disseminated for further application.
<b>4. There are more items of Thai traditional medicines and herbal medicines on the national list of essential medicines promoted for wider use in the public health system, including a system and strong mechanisms for developing manufacturing system of Thai traditional medicines alongside the development of herbal sources as raw material in a concrete and systematic manner to enhance the country's self-reliance in medicines.</b>	- To demonstrate more clearly the goal of supporting and using Thai traditional medicines and herbal medicines in the public health service system and to have strong mechanisms for the systematic and sustainable development of manufacturing system of Thai traditional medicines and herbal medicines, especially in the research on their efficacy, leading to the country's greater self-reliance in medicines.
<b>5. There is in place a national integration mechanism consisting of the State, local administrative organizations, the academic sector, private sector, and civil society, charged with making strategic plans, supervising policy direction, and supporting the drive to develop local health wisdom of Thai traditional</b>	- To ensure that there is a clear national mechanism for making strategic plans, supervising policy direction, and supporting the drive to move forward local health wisdom with the participation of all sectors concerned in a systematic and proactive manner.

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<p><b>medicine, indigenous medicine, and other alternative medicines, strengthening the civil society sector to drive forward the strategic plan with other sectors. It also supports the establishment of a strong, independent and neutral academic mechanism designed for research promotion, knowledge management, and development of further services involving local health wisdom.</b></p>	

#### **4.6 Health consumer protection**

No./Content	Intent
<p><b>Principles</b>  <b>1. Consumer rights to health must be protected in at least eight areas:</b>  <b>(1) The right to have access to basic health products and services, including social determinants of health essential for living.</b>  <b>(2) The right to be protected against unqualified, non-standard, unfair, and unsafe health products and services.</b></p>	<p>-This is to prescribe the consumer rights to health, covering the quality, standard, safety, and equity of consumption, including protection against damages resulting from the consumption of health products and services. This part is adapted from the consumer rights of Consumers International and in line with the consumer protection principles as enshrined in the Consumer Protection Act B.E. 2522 (1979) as well as the missions of the Office of the Consumer Protection Board, Food and Drug Administration, and National Health Security Office.</p>

No./Content	Intent
<p><b>(3) The right to be protected against unethical, dishonest and misleading advertising and sale promotion.</b></p> <p><b>(4) The right to be able to select health products and services in the form and at fair prices appropriate to the quality.</b></p> <p><b>(5) The right to form a consumer group and set up an organization to represent their interest and play a role in the decision-making regarding policy, plan, and implementation with potential health impacts on consumers.</b></p> <p><b>(6) The right to complain and the right to receive a settlement and compensation for the damages resulting from consumption.</b></p> <p><b>(7) The right to acquire and get adequate and timely access to correct information, especially about health products and services as well as social determinants of health with potential health impacts on consumers.</b></p> <p><b>(8) The right to receive promotion of consumer education and promotion of consumer empowerment along the line of sustainable consumption.</b></p>	

No./Content	Intent
<p><b>2. The consumer protection system must be such as to defend and protect the rights of the consumers with particular emphasis on four areas: (1) creation of the learning process for consumer empowerment, (2) provision of correct and comprehensive information to enable consumers to make informed decision, (3) provision of mechanisms for surveillance, monitoring, and examination of products and services at each level, and (4) wholehearted support for participation of consumers, consumer organizations and consumer networks in the execution of consumer protection.</b></p>	<p>- To lay down the principle of the consumer protection system to defend and protect consumer rights.</p>
<p><b>3. Consumers must be strong, well-informed, aware and able to protect their own rights and form groups against various forms of right violation, while it is the State's duty to promote and support them. In this regard, the implementation of consumer protection must be free from any kind of intervention.</b></p>	<p>- To ensure that consumers are strong and well-informed by supporting the learning process, providing correct and comprehensive information, and promoting formation of groups for self-empowerment in consumer protection, free from any kind of intervention. The State has an important role to play in this matter.</p>
<p><b>Desired picture</b>  <b>1. Consumers obtain qualified, standard and safe goods and services</b></p>	<p>- This is in line with the intent of Principle No. 1 and with the fact that children, youth, women, the elderly, people with disabilities and socially disadvantaged groups have more</p>

No./Content	Intent
<p><b>on an equitable, equal and comprehensive basis, including having their rights defended and protected under the law, especially those of children, youth, women, the elderly, people with disabilities, and socially disadvantaged groups. These people are entitled to special protection under the law.</b></p>	<p>limitation than do people in general and, consequently, deserve special care from the consumer protection system.</p>
<p><b>2. Consumers, consumer organizations and networks concerned form groups and receive promotion and support from the public sector to enhance their capacity for obtaining correct information, protect their consumer rights at every level, to monitor, and examine goods and services, including keeping an eye on laws and policies with potential impacts on the consumer protection system. In all this, children, youth, women, the elderly, people with disabilities and socially disadvantaged groups must also be given opportunity to participate in consumer protection activities.</b></p>	<p>- This is in line with the intent of Principle No.3.</p>

No./Content	Intent
<p><b>3. Entrepreneurs follow guidelines for good business practice, attach importance to the promotion of good governance and ethical conducts, run their businesses with a sense of social responsibility and with the protection of consumer rights in mind.</b></p>	<p>- Entrepreneurs can truly demonstrate a sense of responsibility by conducting business with an awareness of health impacts on consumers of goods and services. In this regard, efforts should be made to prepare guidelines or ethical criteria for various kinds of business designed for the protection of the consumer rights to health.</p>
<p><b>4. There is integration of consumer protection work of every sector – the public sector, local administrative organizations, private sector, and networks concerned. There is a system in place for the management of information and knowledge to ensure proper consumer protection and ready access in a timely manner. There is also in place communication management for appropriate consumer protection in a comprehensive manner through the use of the mass media network. There is a review of laws, rules and regulations concerned to ensure they are in alignment and support each other.</b></p>	<p>- As problems of consumer protection work are becoming more complex and severe at every level, every partner of network must work together to strengthen each other by managing the information system and body of knowledge that takes into account the changing situation and that every partner can get access to. In addition, today several laws are duplicated, have limitations and may not be in line with one another. There should, therefore, be a legal review to ensure that they all go in the same direction and support one another.</p>
<p><b>5. There is in place a system together with mechanisms for complaint, mediation, and damage compensation,</b></p>	<p>- To provide consumers with multiple channels for complaints, easily accessed and providing a fair consideration of damage compensation.</p>

No./Content	Intent
<p><b>easily accessed through multiple channels. There should also be a fund to compensate for the damages resulting from consumption of health products or services.</b></p>	
<p><b>6. There are in place two important mechanisms for health consumer protection: (1) a public autonomous consumer protection organization acting as lead agency operating with efficiency and good governance, and (2) a consumer protection organization of the consumer sector, operating independently to give opinions or recommendations on the formulation of policies, laws, or measures on consumer protection and serving to strengthen consumers, including enhancing, examining or balancing the work of the public mechanism in a constructive manner.</b></p>	<p>- To provide mutually-supporting mechanisms of the public and consumer sectors. The public mechanism should operate under an autonomous management designed to increase work efficiency and reduce any intervention, while that of the consumer sector – a grouping of various sectors – operates independently. These two mechanisms support, inspect or balance the work of each other in a constructive manner geared toward consumer protection.</p>

#### **4.7 Generating body of health knowledge**

No./Content	Intent
<p><b>Principles</b></p> <p><b>1. Health knowledge is an important basic element guiding the direction of the development of the health system and health in general. It is important, therefore, to have in place national and local mechanisms serving to support and generate knowledge in line with social, local and community contexts to ensure that the Thai health system is able to manage health problems likely to occur in the next ten years on the basis of participation from various sectors. These mechanisms must be managed systematically, protected, operated with quality and efficiency, accessed far and wide, and supported to ensure application of health knowledge to the development of various areas concerned.</b></p>	<p>- Today and in the future the Thai society will see a variety of knowledge-generating sources, with different resources, standards, and directions of investment in knowledge generation. These sources tend to follow their own interests and compete against one another. Meanwhile, it is generally admitted that the country as a whole operates under several constraints, managing the health knowledge-generating system with limited resources, thus causing the knowledge-generating process to respond to problems or social needs not as effective as expected. Even after the knowledge is generated, those who need it have problems getting access to it, one of the reasons being that it is scattered and is not systematically managed.</p>
<p><b>2. Health public policy at every level must be developed from a comprehensive, adequate, reliable and referenced knowledge base and appropriately responsive to problems and needs of every social group in accordance with the situation.</b></p>	<p>- The creation of health public policy and its implementation with potential overall social impacts need to be based on the correct, appropriate, and timely application of the body of knowledge responsive to the problems or social needs. It must be done efficiently and cost-effectively, covering all the targets equally and equitably, taking into account the available resources, accessibility and behaviors of the population.</p>

No./Content	Intent
<p><b>Desired picture</b></p> <p><b>1. There is in place a systematic management of generating health knowledge in various branches of health, with emphasis on the protection of the body of knowledge. There is a clear policy, strategy and direction designed to respond to the problems and social needs in accordance with the situation and future social changes, with budgets allocated and distributed adequately and appropriately for the generation of such health knowledge, including its integration with local agencies.</b></p>	<p>- Health knowledge recorded in various forms is explicit knowledge, while tacit knowledge comes in the form of wisdom, acquired through skills, expertise and experiences. An effective knowledge management is essential and must be developed to further create effective and appropriate mechanisms for knowledge generation, with an emphasis on participation of all sectors, especially the stakeholders and people concerned from policy to operational levels, setting the goal together and working together for better integration and less duplication, leading to their having knowledge and being able to apply it in the best interests of the current and future situations.</p>
<p><b>2. There is in place a systematic and efficient management to generate a body of knowledge with sources of knowledge and channels for health education, equipped with contents, use of language and use of media appropriate to various target groups and every age group, such that the people and agencies concerned can access and make the most possible use of such knowledge.</b></p>	<p>- Today, the body of health knowledge is much scattered, and management is wanting in many aspects, especially in the selection and development of health knowledge appropriate to various groups. It is, therefore, necessary to put in place a systematic and effective management.</p>

No./Content	Intent
<p><b>3. There is in place an effective mechanism for monitoring and assessing the technology, the system of health knowledge generation, and the implementation of the policy on health knowledge generation. In this regard, agencies concerned, professional and multidisciplinary organizations can make use of the outcome of such monitoring and assessment for further development on a continuous basis.</b></p>	<p>- At present, there lacks an effective mechanism for assessing the generation of health knowledge in Thailand.</p>
<p><b>4. There is in place a national mechanism with a duty to integrate and supervise research on bodies of knowledge in the health system and bodies of knowledge regarding social determinants of health, including supporting the existence of networks of academics to create and manage such a body of knowledge as well as supporting empirical evidence for further application in the health system.</b></p>	<p>- To put in place a national mechanism to look after research on the entire health system, including a body of health knowledge, the health system, social determinants of health or other social determinants (which are not directly concerned with health but have impacts on the health system), and accompanying with the academic networks geared toward the generation of the body of knowledge. There will be a systematic management for this purpose.</p>

#### **4.8 Dissemination of health information**

No./Content	Intent/implication
<p><b>Principles</b></p> <p><b>1. Communication of information in general and health information in particular to the public involves an efficient and timely management with correct, inclusive, comprehensive, reliable and easily understood message through appropriate tools and channels of communication to the target groups with no adverse social effects and without infringement on individual rights.</b></p>	<p>- The world today and tomorrow sees health information communicated to the public directly from its production sources or through various kinds of communicators. The information often undergoes certain transformation when going through various channels of communication. At the same time, message receivers from different backgrounds will find it difficult to differentiate facts from distortion. Even facts can be too difficult to grasp. It is, therefore, necessary to have an efficient management of health information communication to enable the public or the target groups to receive correct, reliable and easily understood message, and to apply it to the health care of individual, family and people under their charge so that they can enjoy a good appropriate quality of life accordingly.</p>
<p><b>2. The State and every sector must attach importance to health literacy of individuals or groups of people, as it provides basic necessary immunity for the general public in the age of information overload.</b></p>	<p>- Health literacy is the capacity of an individual to obtain, access, understand, and use health information. It has direct relationships with health behaviors of people. Health literacy will lessen the burden of the public health service system, including reducing the country's overall healthcare expenditure.</p>
<p><b>Desired picture</b></p> <p><b>1. There is in place a good health information system covering networks all over the country with linkages between organizations of the public sector, academic sector, people sector, and private sector at every level, from local to international, as appropriate, with a variety of channels to which</b></p>	<p>- The country's health information system should have a systematic and efficient management with adequate budget allocation for further systems development, thus making it possible for everyone to get access to correct and reliable health knowledge and information and for an effective exchange of information between agencies, nationally and internationally alike, in response to the health situations in the Thai and global contexts.</p>

No./Content	Intent/implication
people of each target group can get access for health knowledge and information.	
<b>2. There is in place a communication system to ensure that the people will receive correct and adequate knowledge and information with mechanisms to screen health knowledge and information, with a surveillance system focusing on the creation of consumer networks, and with a system to protect legally private health information.</b>	- Faced with information overload, society is experiencing a large number of health problems, because people receive so much incorrect information as a result of commercially-oriented publicity. Thai society should, therefore, be protected through mechanisms designed to screen important health knowledge and information to ensure that they receive correct and reliable health knowledge and information and achieve health literacy in the process. However, the screening mechanisms alone may not be able to do the task properly. For this reason, the Thai society needs to have a health information surveillance system with the participation of various social sectors so that they can monitor and report problems or undesirable situations caused by communication from various sources and bring the issues to the attention of the public policy development process for efficient control, prevention and resolution.
<b>3. Message producers, senders or those acting as media, and receivers share responsibility with good conscience for their duty to communicate correct health information to the public.</b>	- There will be a less amount of incorrect knowledge and information if the creator and sender of messages have a good conscience and social responsibility, while the message receiver should participate in the feedback process.

#### **4.9 Health workforce production and development**

No./Content	Intent
<b>Principles</b> <b>1. Health workforce is an important element to achieve people's good</b>	- Health workforce is an important resource that the World Health Organization identifies as one of the six building blocks of the health system that can make or undo the health work.

<b>No./Content</b>	<b>Intent</b>
<b>health goal. Thus the production and development of manpower must be given a top priority in the health system development plan.</b>	Health workforce does not mean only health personnel working in the provision of health services as specified by law, rules and regulations, but also other workers and groups of people not covered by law or other regulations. The latter groups, nevertheless, can participate in the delivery of health services in a harmonious and efficient manner.
<b>2. Health workforce planning must be in line with the design of the health system responsive to the health needs of the people of each locality based on long-term planning but with immediate implementation in mind, while the plan must be updated on a regular basis in line with the changing situation.</b>	- Health workforce planning should take into account different contexts and health needs of each locality.
<b>3. The public sector, local administrative organizations, professional councils, health workforce production and development units, the private sector, and civil society must play their roles together in formulating policy and supporting the planning of production, development, maintenance, and management of health workforce to be sufficient in number, equitable and truly responsive to the health needs of the people, while such activities must promote the quality of life and work satisfaction of the health personnel concerned.</b>	- Although the public sector plays a leading role in the formulation of health policy, the part played by other agencies in the private sector, local administrative organizations, civil society, professional councils, workforce production and development units, and other sectors concerned is also important and necessary. Every stage of the process must be carried out transparently, using the empirical evidence to assist decision-making, while taking into account the quality of life and work satisfaction of the personnel concerned.

No./Content	Intent
<p><b>Desired picture</b></p> <p><b>1. There is diversity in health workforce, with quality and in sufficient number, and appropriately distributed.</b></p>	<p>- To achieve the goal of people having good health and to respond to various health needs of the health workforce, it is necessary to have varied workforce in proportionally appropriate number in each profession, between different professions, and support staff in health services, to ensure efficient and cost-effective service provision. In this regard, health workforce in its diversity must be sufficient in number and appropriately distributed geographically and between the public and private sectors.</p>
<p><b>2. Health workforce is knowledgeable, capable enough to respond to the country's health needs, skillful in working with health teams, mindful of moral principles and ethical conducts, respectful of human dignity, happy with the quality of life and work, and interested in life-long learning.</b></p>	<p>- To enable health workforce to have the quality, knowledge, and capability in line with various changing contexts, including having communication skills, professionalism, team work, recognition of the roles and duties of personnel in other areas, and professional ethics. The health workforce also needs to have skills and disposition in doing such work as research, analysis and synthesis and is able to apply the knowledge and available resources to problem solving in the locality.</p>
<p><b>3. The system of health workforce production is based on the cooperation between producers and agencies or organizations concerned with the management of the country's health system, from the public sector, private sector, and civil society. The curricula are developed in accordance with the context of public health services and national health needs, attaching importance to the learning process that can lead to profound self-</b></p>	<p>- The system of health workforce development must be developed on the basis of the cooperation between producers and users of the health workforce in the public and private sectors, while education management must undergo transformation from the point of admission to the education system, pattern, method, and contents of education. All this must be in accordance with the real needs of the people, leading to a meaningful connection between the production process and the health system. Importance must be attached to the learning process that can lead to profound self-transformation through direct experience, new consciousness, and change of global perspective. It must also be able to create a better understanding of self, of the world, and of social relationships, greater awareness, and better balanced life, including research skills, analysis, synthesis, reflection, creativeness, and imagination, leadership as change agents, and health team building for a</p>

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<b>development, leadership as change agents, and health team building, all geared toward creating a society of well-being.</b>	society of well-being, justice and peace – in other words, transformative learning. [Strategic Plan of Education Development for Health Personnel in the 21 <sup>st</sup> Century (2014-2018)]
<b>4. There is in place a national mechanism composed of central public agencies, local administrative organizations, professional councils, agencies responsible for producing and developing health workforce, the private sector, and civil society. Its duty is to set policy and plans for production, development, and maintenance of health personnel, including monitoring the situation and managing health workforce both in the public and private sectors in a concrete manner in the wake of changing situations and public policy concerned.</b>	- It is necessary to have in place a mechanism for setting the policy and strategy on health workforce, including a system to monitor and assess the health workforce situation comprehensively in all dimensions on a regular basis. Coordination is also necessary to ensure that all organizations or agencies concerned work efficiently in an integrative manner to solve current health workforce problems and be prepared for any situation and public policy with potential impacts, e.g. policies on the international medical hub and advent of the ASEAN community.
<b>5. The State provides support for local administrative organizations to play a role in the management of local health workforce together with the community and public health facilities.</b>	- Health problems and needs vary according to local contexts. In order to manage health workforce in line with different contexts, local administrative organizations should play a greater role in the planning and management, with the integrated cooperation of local public health facilities and the community. The State must provide support for local administrative organizations to truly manage health workforce under their responsibilities, e.g. improving rules and regulations on recruitment of health personnel needed in the locality.
<b>6. Health professions councils have mechanisms to supervise the</b>	- To have in place mechanisms to supervise the production and professional conducts by professional councils, together with a system to monitor and assess the competency of the

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<p><b>production and professional conducts to ensure the required standard and compliance with moral and ethical principles, including the updating of the criteria for competency assessment.</b></p>	<p>personnel in each profession on a regular basis to ensure that people will receive health services from professional staff with adequate knowledge and technical skills.</p>

#### **4.10 Health financing**

No./Content	Intent
<p><b>Principles</b>  <b>1. Health financing must aim for the sustainability of the desired health system, with adequate financial status and equitable management.</b></p>	<p>- Health financing management must take into account overall efficiency of the system, with an efficient control of the spending on health of the people in the society. The State budget system as a whole should also be re-adjusted to reflect the changing situation, e.g. an increase in the number of senior citizens, increased personnel budget, and costs of new technology.  - Referenced in Control Knobs Framework 2003 (Marc Roberts, William Hsiao, Peter Berman, Michael Reich, 2003), explaining how various key components in the health system are related to achieve health system goals.</p>
<p><b>2. Health investment must take into account overall health impacts, both short-termed and long-termed, including the security of the health system and the efficiency of investment.</b></p>	<p>- Various forms of health investment, both direct and indirect investments, both tariff and non-tariff measures to promote investment, must take into account overall health impacts based on technical evidence.</p>

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<p><b>3. The financing of the Thai public health service system must create security for various groups of the population in an equitable manner and be able to protect them and the country from catastrophe due to health problems.</b></p>	<p>- The management of financial risks from health problems is something beyond the ability of an individual and family, as the spending could be so high that the family would go bankrupt. It is, therefore, necessary to have some kind of social cooperation in the risk sharing, including management to prevent the country from going bankrupt due to financial and fiscal burdens of the public health service system.</p>
<p><b>4. There must be a fair system of co-payment that is based on economic status, that poses no barrier to access to necessary services, and that causes no impacts or inequity on such access.</b></p>	<p>- Financial risk sharing must take into account overall efficiency of the system and the ability for co-payment by people with different economic statuses. Better-off people need to contribute more to the co-payment scheme than do those with less income so that there is enough funding against financial risks due to health problems of all people in society. Co-payment in this case is not made at the point of service, as it will cause inequity and adverse impacts on the access to services.</p> <p>- Referenced to WHO's concept and goals of the health system whereby in order to achieve good health, the health system must be responsive to the needs of the population and equitable financial contribution. <i>(from World Health Report 2000)</i></p>
<p><b>5. Financial allocation to service of various types must be made efficiently and equitably to achieve the goals of the health system.</b></p>	<p>- Financial allocation for health services to public health facilities must be aligned to actual costs of each facility and a different morbidity profile of each community such that the quality of treatment is maintained with effective health outcomes.</p>
<p><b>6. The health financing system must attach importance to health promotion, disease prevention, and management of health threatening factors in a more concrete manner.</b></p>	<p>- To bring about change in the budgetary allocation and spending with greater importance attached to health promotion and disease prevention.</p>
<p><b>Desired picture</b>  <b>1. The country has an efficient, transparent and accountable health</b></p>	<p>- The country's health financing management system requires a management mechanism to ensure equity especially in every health security scheme provided by the State.</p>

No./Content	Intent
<p><b>financing system with every sector concerned participating equitably on the basis of empirical evidences and a correct, reliable and timely information management system designed to enhance equity, quality and efficiency of the health financing system.</b></p>	
<p><b>2. There is health investment at a level sufficient enough to respond to the health needs of every group of people in accordance with the country's economy and financing capacity, especially in the areas of health promotion, disease prevention and control and management of health threatening factors, while appropriate and efficient efforts must be made to mobilize money support from various sources.</b></p>	<p>- Health investment must be sufficient enough to respond to the health needs of every group of people. Health spending must not be so high or so low that it poses barriers to the country's economic growth. Too much spending will lead to insufficient funding for future provision of health services, while too little will lead to more health problems in the Thai people.</p>
<p><b>3. There is special health investment to respond to the needs of certain groups of people, including those with specific health conditions, the socially disadvantaged and the vulnerable people.</b></p>	<p>- Each group of people has different health needs, e.g. those with specific health conditions, the socially disadvantaged, and the vulnerable people. Their problems are more severe than those of the general public, and there should be special health investment for the purpose.</p>
<p><b>4. There are measures and criteria for considering giving support to various</b></p>	<p>- Various forms of health investment, both direct and indirect investment, both tariff and non-tariff measures to promote investment, may strengthen the health system's ability for self-</p>

No./Content	Intent
<p><b>forms of health investment, using technical information from health impact assessment as a basis for supporting or stopping the investment concerned.</b></p>	<p>reliance in the areas, for example, of drug industry, medical devices, domestic health technology, and public health services that support the State's health security schemes. At the same time, there is need for resource sharing in such activities as the production of personnel and public health service, which may have an overall impact on the health system. It is important, therefore, to have in place measures and criteria for considering investment support based on knowledge of impact assessment before giving a green light. However, if the negative impact is likely to happen, even after the investment has already been given a green light, the support will be withdrawn.</p>
<p><b>5. More taxes are imposed on unhealthy goods to subsidize health promotion, disease control and prevention, and management of health threatening factors.</b></p>	<p>- To reduce motivation of the desire to consume unhealthy goods.</p>
<p><b>6. Local administrative organizations and community work together to promote health, control diseases and manage health threatening factors in the locality, using the budget from local administrative organizations or local health funds.</b></p>	<p>- Local administrative organizations and community enjoy greater flexibility in the provision of services for health promotion, disease control, management of health threatening factors and rehabilitation in the locality, as they are better able to manage, to a certain extent, different health problems according to the local contexts. However, at present the local administrative organizations still largely depend on the government for budgets. So, when using the budget, consideration should be given to the appropriateness of the spending, while effort should be made to avoid adding fiscal burden on the government's shoulder.</p>
<p><b>7. Every fund for public health services contains the same package of health benefits, with a payment format that reflects real costs and follows the same standard, and with a mechanism for harmonizing various health security schemes of the public sector.</b></p>	<p>- In coordinating various funds under the health security system there should be a mechanism to harmonize the health security schemes of the public sector to ensure public health services on an equal basis by devising a standard package of basic benefits, service reception and delivery, funding and expenditure, a management-oriented information system, a system overseeing the quality of service, and rights protection. At any rate, public health service users can opt to make additional payment on top of the treatment fee of the basic benefit package for the right to alternative treatment or to other additional benefits provided by an appropriate system.</p>

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<p><b>8. There is a co-payment which has no negative effect on the population or which does not pose or create a barrier to access to necessary services or leads to inequity between people of different economic positions, taking into the equity of co-payment based mainly on economic status.</b></p>	<p>- Co-payment in this case is not made at the point of service, as it will lead to negative impacts and inequity regarding the access to services.</p>

#### **4.11 Mental health**

No./Content	Intent
<p><b>Principles</b>  <b>1. Mental health is closely connected and associated with physical, social and intellectual health as well as with various other factors at individual, family, community and social levels. A good mental health is an important factor of well-being.</b></p>	<p>- To ensure a comprehensive consideration of the mental health work so that it is not separated from other health dimensions and implemented without due consideration of other factors in a connected and systematic manner.</p>
<p><b>2. Mental health work needs to emphasize mental health promotion and increased capability to manage problems of life and work constructively for the benefits of individual, family, community and</b></p>	<p>- It is generally accepted in the academic mental health circle that an ability to manage life problems, a healthy mind, and an ability to work constructively are internal factors for an individual to achieve a good mental health. So, the development of all these internal factors serves as the key or the leveraging of mental health promotion . It is also necessary to develop the mental health and psychiatric service systems in terms of greater efficiency and easy access.</p>

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<p><b>society, as well as ensuring the capacity of the mental health and psychiatric service systems to be efficient and easily accessible, while involving participation from all sectors.</b></p>	
<p><b>3. Family, community and society must be made to understand that people with mental health problems can live with others and enjoy a normal life in society. They must be given social support, a helping hand, and opportunity, without being left out or discriminated against. At the same time, a mental illness is an important issue of the country, especially in children and youth. It is imperative to enhance an access to mental health and psychiatric services in every age group in a proactive as well as reactive manner.</b></p>	<ul style="list-style-type: none"> <li>- To make Thai society know more about and understand people with mental health problems and appreciate the fact that they can live with others and enjoy a normal life in society.</li> <li>- In mental health work, although mental health promotion and prevention of mental health problems are important, there is clear evidence that mental health patients in Thailand still have problems and difficulties getting access to services. These problems are part of the iceberg that lie hidden under the water waiting to burst out in full force at any time.</li> </ul>
<p><b>Desired picture</b>  <b>1. Every sector attaches importance to increasing protective factors and reducing mental health risk factors at individual, family, community, and social levels.</b></p>	<ul style="list-style-type: none"> <li>- To enable Thai society to have a better knowledge and greater understanding about people with mental health problems and appreciate the fact that they can live with others and enjoy a normal life in society.</li> <li>- To enable every sector to appreciate the importance of mental health protective factors as well as risk factors at every level and know what issues should be developed in particular.</li> </ul>

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	<ul style="list-style-type: none"> <li>- To see every sector work together and drive forward family-oriented policies to strengthen the family and community, thus serving as an important mental health protective factor.</li> </ul>
<p><b>2. The community, local administrative organizations and every sector concerned realize that a caring society characterized by mutual trust with a good interpersonal relationship is an important factor conducive to a good mental health, and that they should have a part in the development of mechanisms designed to care for vulnerable groups of people.</b></p>	<ul style="list-style-type: none"> <li>- To show that every sector has an important role to play and should be given an opportunity to participate in the formulation of policies conducive to happiness and good mental health. The work may be done through the local health charters.</li> <li>- Local administrative organizations and community are important components, as they are closest to the people and know best about the community capability. At the same time, they get to know community problems at the earliest opportunity and, therefore, must be supported for motivation purposes possibly through local health charters as a management tool.</li> </ul>
<p><b>3. The State and various sectors work together to support the mental development of people in society, including emotional intelligence and life management skills to live a good and happy life, as well as volunteerism and social conscience.</b></p>	<ul style="list-style-type: none"> <li>- Formal and non-formal education is another leveraging point in mental health work, as it will lead to internal changes in the individual – an important goal and outcome of the performance. In this connection, such education must keep abreast with the changing information or body of knowledge.</li> <li>- To make every sector attach importance to the mental health of the Thai people, as it is associated with and leads to many kinds of outcome, including being associated with development of intellectual health.</li> </ul>
<p><b>4. The public health service system attaches importance to access to mental health and psychiatric services in health facilities and community responsive to people's needs, especially those of the socially disadvantaged and vulnerable people.</b></p>	<ul style="list-style-type: none"> <li>- To ensure that people can get access to all kinds of mental health services, including health promotion, prevention of diseases, curative treatment and rehabilitation, especially patients and risk groups.</li> </ul>

#### **4.12 Spiritual health**

<b>No./Content</b>	<b>Intent</b>
<p><b>Principles</b>  <b>1. <u>Spiritual health</u> is the basis of holistic health. Action for spiritual health leads to the state of knowledge in all its dimensions, awareness, and ability to differentiate good from bad and advantages from disadvantages, thus serving as the basis for a good and caring mind.</b></p>	<p>- A society of human-beings who well understand about themselves and others and exercise their reasoning power and caring nature in their daily life at every opportunity, will lead to a society of spiritual health.</p>
<p><b>2. <u>Spiritual health</u> is associated with physical, mental, and social health, covering a vertical dimension in that it connects humanity with faith, belief, ideal or things of highest value that we adhere to, and a horizontal dimension in that it connects humanity with every surrounding thing. So, to achieve intellectual health, there must be a balance between the vertical and horizontal dimensions.</b></p>	<p>- Spiritual health is another dimension of holistically good health. Together with good physical and social health, spiritual health can only be good. To develop spiritual health in a comprehensive and effective manner, consideration must be given to an individual's internal development (vertical dimension) as well as to social and environmental development (horizontal dimension).</p>
<p><b>Desired picture</b></p>	

No./Content	Intent
<p><b>1. The community, local administrative organizations, and every relevant sector have the knowledge and understanding of spiritual health along the same line and attach importance to opening up the space for activities or action related to spiritual health promotion at individual, family, community, and wider social levels, taking into account the age, gender, and individual status and in line with social contexts and circumstances, including the culture, tradition, belief, religion and history of each group of people or community.</b></p>	<p>- To enable the Thai society to have the same understanding and overall picture of spiritual health in relation to other missions, to be aware of and attach importance to the issue of spiritual health, as well as participating in the organization of activities geared toward spiritual health in line with the gender, age, and context of each locality.</p>
<p><b>2. The State supports and puts in place policies and mechanisms to enable every sector of Thai society to participate in the formulation of policies that help strengthen individual ability to get access to intellectual health.</b></p>	<p>- To help put in place structural mechanisms that enable every sector in the Thai society to have space to include intellectual health in the formulation of health policy, including allocating budgets to various organizations to organize activities concerned with the development of intellectual health.</p>
<p><b>3. The State supports and puts in place a policy to promote every sector to learn more about intellectual health, by supporting the creation of</b></p>	<p>- To make it possible for Thai citizens to get access to intellectual health at a low cost and unobstructed by a shortage of information, opportunity and resources in the development of individual capability, an agency or organization is to be set up to be responsible for creating a database system, collecting a body of knowledge, conducting research and studies,</p>

No./Content	Intent
<b>the information system, bodies of knowledge and necessary relevant learning activities, as well as integrating various resources to make it possible for Thai citizens to get access to intellectual health.</b>	generating a learning process for the benefit of the public, and allocating budgets to various organizations for this purpose.

#### 4.13 Health system governance

No./Content	Intent
<b>Principles</b> <b>1. Governance of the health system must be made sustainable and able to operate in an efficient, effective and unified manner, going in the same direction, for public interests, and attaching importance to social equity and equality.</b>	- This is to set all the goals of the governance of the health system on the same path, i.e. “for the interests of the public”. When there is a conflict or a divergence of understanding, the goals of various groups concerned should be taken into account, i.e. all for the interests of the public. In addition, consideration must be given to the issues of sustainability, efficiency, effectiveness and unity of the health system, including social equity and equality.
<b>2. Governance of the health system should combine, in a balanced manner, governance by state, governance by market, and governance by network in line with the changing global and social contexts. The State is the main responsible body in providing support</b>	- Today, the Thai health system is becoming more pluralistic. As Thai society is connected to a large number of sectors, the governance of the health system is such that every sector can participate in the system equitably, in other words, governance by network which is supported at the same time by governance by state and governance by market. This is a combination of various forms of governance appropriate to the situation. These three types of governance must be adjusted in suitable composition.

No./Content	Intent
<p><b>for all sectors concerned to work together efficiently and transparently, and connecting mechanism at various levels.</b></p>	
<p><b>3. Governance of the health system must attach importance of the integration of work across sectors and learning across disciplines in a multidisciplinary fashion. Space must be opened up for partners in and outside the health systems to participate in the development, advocacy, decision-making, inspection, and shared responsibility for healthy public policies which need synergy of inputs, while the learning process must be supported and adjusted on a continuous basis.</b></p>	<p>- This follows the principle of Health in All Policies. Although health may not be the main goal of all policies, especially those of the non-health sectors, impacts on health are often caused by economic, social or other development policies, e.g. impacts from trade negotiations. So, a health management must attach importance to cross-sectoral work and multidisciplinary/cross-disciplinary learning, while every sector is accorded equal weight; this, indeed, is a form of governance by network.</p>
<p><b>4. Governance of the health system must attach importance to decentralization, including adequate distribution of various types of resources to local administrative organizations so that they can support and coordinate with the community and other sectors in the locality in their duties to develop</b></p>	<p>- It is generally accepted that centralization will render ineffective the governance of the system. Today, the structure of local administration has been developed such that the community is well prepared to take care of itself concretely. It is necessary, therefore, to decentralize authority and resources to local administrative organizations so that they can coordinate with the community and various sectors and encourage them to participate more in the governance of the health system, the development of healthy public policy, and the management of health work.</p>

No./Content	Intent
<p><b>healthy public policies and manage the health work appropriately by themselves.</b></p>	
<p><b>Desired picture</b>  <b>1. There is in place national governance of the health system in various forms to harness the energy of every sector concerned to participate in the advocacy, decision-making and sharing of responsibility for public interests. In this matter, the Ministry of Public Health acts as the lead agency in health promotion, disease prevention, curative treatment, and rehabilitation as prescribed by the law, together with other public authorities or agencies concerned.</b></p>	<p>- To ensure that the overall governance of the health system uses mechanisms involving various forms of governance. In this regard, the National Health Commission acts as the mechanism focusing on governance by network to support the work with every sector, using tools for developing and driving forward participatory healthy public policies as prescribed by law, i.e. the Charter on National Health System, National Health Assembly, and health impact assessment, with the Ministry of Public Health acting as the mechanism focusing on governance by state and as the lead agency in supervising and driving forward the work on health promotion, disease prevention, curative treatment, and rehabilitation as prescribed by law.</p>
<p><b>2. There are efforts to promote and support mechanisms for governance of the health system based on the locality and with people as the center at various levels in an appropriate manner.</b></p>	<p>- To allow opportunity for people to participate directly in the governance of the health system at the local level, thus enabling the people in the community to look after their own health problems and reflect the problems and health needs to local administrative organizations which will take further appropriate actions to solve them including managements through subdistrict health fund, community welfare system, subdistrict community organization council, national strategic plan on community health system and the participation in the healthy public policy development process, e.g. issuance of local by-laws.</p>
<p><b>3. Local administrative organizations are sufficiently equipped with</b></p>	<p>- To make agencies concerned realize that it is important and necessary to support local administrative organizations in various forms under the principle of decentralization, especially</p>

No./Content	Intent
<b>personnel, management, and other necessary capabilities to perform the required health tasks.</b>	in matters concerning personnel development and improvement of laws so that the local administrative organizations can perform health tasks in a clearly defined manner, including setting guidelines for budgetary management and local revenue collection designed to support themselves in a self-reliant manner.

#### **4.14 Local health charters**

No./Content	Intent
<b>Principles</b> <b>1. A local health charter is a common agreement for setting the direction or guidelines designed to lead to community well-being. The community can prepare its local health charter on a voluntary basis according to its readiness, while the local administrative organizations and the State should support and participate in the matter.</b>	- To enable the community to have a tool to set the direction or common guidelines for the desired health system that can solve local health problems in an appropriate and timely manner.
<b>2. The preparation of the local health charter must attach importance to community rights, community way of life, community culture, local wisdom, community social capital, community health information, sustainable management of the community</b>	- To ensure that the local health charter is connected and related to the community context and can lead to sustainable management of the community health system, it is necessary to attach importance to the community rights, way of life, culture, local wisdom, community social capital, health information, and principle of sustainable management of the community health system.

No./Content	Intent
<b>health system under the Sufficiency Economy Philosophy.</b>	
<b>3. The preparation, advocacy, review and evaluation of the local health charter must attach importance to the participatory process that involves every sector in the community.</b>	- To ensure that the local health charter is truly owned by the community, accepted by every sector in the community and aligned with its common needs, as this will be good for all efforts to utilize the charter in the next stages of development.
<b>Desired picture</b> <b>1. The community, local administrative organizations and every relevant sector understand and are able to make use of the contents in the Charter on National Health System to prepare the local health charter, taking into account the way of life, culture, local wisdom and community health system.</b>	- To enable that every sector in the community studies the contents of the Charter on National Health System thoroughly and makes use of the Charter in the preparation of the local health charter appropriately in line with the community context.
<b>2. The community, local administrative organizations and every relevant sector use the local health charter as guidelines for development and advocacy of participatory healthy public policy through mechanisms and tools designed to develop the health system together with systems for</b>	- To ensure that the advocacy to use the local health charter leads to actual practical outcomes, leading to a healthy public policy, with evaluation and review by the community on a regular basis. This will form a development process that can strengthen the community health system in a concrete manner.

No./Content	Intent
<b>monitoring, reviewing and evaluating the local health charter on a periodically regular basis.</b>	
<b>3. Local health charter networks are connected to become networks of learning across and beyond local areas, build on the existing body of knowledge of the community health system management and expand it to other areas.</b>	<p>- To support learning through shortcuts by reducing trial and error and to support interaction between different localities that use local health charters with a view to creating more innovations and expanding the outcomes to other areas more speedily.</p>

