

**THE NATIONAL
SANGHA
HEALTH CHARTER**



B.E. 2566



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The National Sangha Health Charter
B.E.2566

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NATIONAL SANGHA HEALTH CHARTER B.E. 2566 DECLARATION

The National Sangha Health Charter B.E. 2566 (A.D. 2023) is formulated due to section 37 in chapter 5 of the National Sangha Health Charter B.E.2560 (A.D. 2017) which states that “the charter should be regularly reviewed at least in every 5 years”, so a reconsideration process was approved by Acceleration Committee of the National Sangha Health Charter in the 1/2564 Conference on 26th October 2021 and proposed to the Sangha Supreme Council of Thailand in the conference held on 30th May 2023 as a reporting matter. The Sangha Supreme Council of Thailand, as the chief administrative organization of Thai Sangha, passed an approval resolution for the enactment of The National Sangha Health Charter B.E. 2566 in the 14/2566 Conference on 30th May 2023, resolution number 336/2566 – to deem the B.E. 2566 health charter application appropriate to all hierarchical levels of Sangha as a framework, guideline, goal and strategy of health promotion, disease prevention and control, and healthcare for monks together with community and society under the Buddhist doctrine and discipline,

the so-called *Dharma Vinaya*, along with conforming to the concept of “giving priority to religious practices over secular ones” in the consistency of the Buddhist Affairs Development Plan – the integration of the Sangha Supreme Council committee’s own projects and activities from every section with principles of the 3rd Volume of the National Health System Charter B.E. 2565 and the 5th Resolution B.E. 2555 of the National Health Assembly.

To comply with the resolution of the Sangha Supreme Council of Thailand, Committee for Public Welfare of the Sangha Supreme Council and the National Office of Buddhism Thailand, in cooperation with Mahachulalongkornrajavidyalaya University (MCU), Mahamakut Buddhist University (MBU), National Health Commission Office (NHCO), Ministry of Public Health (MOPH), Thai Health Promotion Foundation (ThaiHealth), National Health Security Office (NHSO), Department of Religious Affairs, Bangkok Metropolitan administration and all relevant partial sectors and network partners, have formulated “The National Sangha Health Charter B.E. 2566” which follow the Buddhist doctrine and discipline together with being based on academic information. Public hearing forums were widely held in both central and local sections, as well. In this regard, a health assembly forum for the particular topic of the Sangha’s health revision B.E. 2560 was organized





on 19th April 2023 under the principle of participation and hearing-channelled providing for all the relevant partial sectors and network partners so that the Sangha Health Charter reflects the actual intention and co-commitment as well as being a reference of goal setting, objective and strategies for health promotion disease prevention and control, and healthcare for monks, communities and the whole society in advance.

Hereby the National Sangha Health Charter B.E. 2566 is declared as follows as the framework and health-promoting approaches for every Sangha hierarchical level and as role promotion for Monks' leadership in both community and social well-being from now on.

Declaration Date 3rd June 2023

(His Holiness Somdet Phra Ariyavongsagatayana)
The Supreme Patriarch of Thailand
President of the Sangha Supreme Council of Thailand



PREFACE

This circular process - birth, senescence, sickness and death, obligatorily appears to all beings as a law of nature. The Buddha, henceforth, emphasized his disciples to frequently ponder that “Generally, we are obliged with these inevitable states, which are senescence, sickness and death...” However, the Buddhist doctrine also focuses on health promotion, disease prevention and control, and healthcare so that the Buddhists become ones who rarely get sick. It is regarded as the best luck as mentioned in the Buddha’s proverb “*Ārogaya paramā lāpā* - Among kinds of luck, health is better than wealth for having no disease is the super most”. The Lord Himself suggested Buddhists live with less risk-of-getting-sick tendency as well as recognize true and false values of things to consume for these reasons – good health, life sustainability, well-being and ascetic-living appropriateness.

The Buddha designed a religious community composed of “Four Buddhist Partners” (*Buddha*




Pariṣada) in order to establish a firm relationship between each section by assigning a set of behavioural duties for both ordained ones and laypersons to positively deal with each other, namely “*heṭṭhima diśa*” (the above quarter) matter, in a topic called “reciprocity for six involved social quarters” (the *6 Diśa*) – Buddhist laymen and laywomen have to support, sponsor, provide the four living necessities, willingly welcome and kindly communicate with monks while the latter ought to teach the former not to commit any sins along with behave righteously, suggest them new knowledge, explain unclear subjects with kind hearts until the unordained disciples’ minds become uplifted enough to be released to the upper world after death, or even access higher states. These reciprocal commitments, thus, do not only reinforce monks but also laypersons so that all bring tranquilly contentment to the entire Buddhist partners.

Thanks to the fact that the ordained ones cut all family bonds off, a monk has to pay attention to maintain good health, under the Buddhist doctrine and discipline, of his own, his preceptor, mentor and monastic fellows as suggested by the Buddha that “*Natthi vo bhikkhave*



matā natthi pitā ye vo upaṭṭhaheyyuṃ tumhe ce bhikkhave aññaamaññaṃ na upaṭṭhahissatha atha kocarahi upaṭṭhahissati yo bhikkhave maṃ upaṭṭhaheyya so gilānaṃ upaṭṭhaheyya... – Here, Bhikkhus! Who will look after you whose (worldly) fathers nor mothers are no more? Who will nurse you if you yourself ignore each other’s illness? Instead of being my caregivers, you had better take care of a bhikkhu who is suffering from a disease...”

Any monks who remain indifferent to the sick ones in their Buddhist community must be charged with an accusation of monks’ petty offences, namely *dukaṭa* in Pali. Ones whose nursing care is required from the Sangha include the preceptors (*Upajjhaya*), mentors (*Ācārya*), particular preceptors’ pupils (*Saddhivihārika*), disciples (*Antevāsika*), and ones who are ordained or supervised by the same preceptors or mentors. Additionally, the Buddha specified characteristics of monks who are able to be caregiver monks – 1) the ability to prepare the right medicine 2) the ability to differentiate injurious food from nutritious ones so that the former will not be provided for patients 3) kindheartedness with no avarice 4) willingness to take any physical rejects away and 5) the ability to encourage patients by religious discourses at



all hours. Meanwhile, the Omniscient One gave permission to the Sangha, here means the community of monks, to hand down the dead patient's set of the three necessary robes, alms bowls, personal odds and ends and utensils of little value to the caregiver. It can be counted as his brilliance and sagacity to inspire monks and novices to be the caregivers if it is needed.

Nevertheless, monks' health and wellness care relies on community and social participation together with every relevant partial sector and network partner. Meanwhile, healthy monks with health literacy who are self-caring role models can carry on their duty as well-being leaders in the community or society in the reciprocation of achieving social support from the Buddhist laypersons.

“The National Sangha Health Charter” is a collective agreement or regulation in regard to making a commitment between monks, the Sangha, community, society and relevant partial sectors and network partners for health promotion, disease prevention and control and monks' healthcare at every hierarchical level, together with encourage monks to play a social role as the well-being leaders in the community so that they can be integratively and thoroughly

participated in the formulation of a community Sangha health charter without any conflicts of regulation in the principal Sangha health charter. This cooperative implementation will bring all to the goal as mentioned in the slogan “healthy monks, sustainable temples and happy communities”. The matters to be complied with are as follows.

Section 1

This charter is called “the National Sangha Health Charter B.E.2566”.

Section 2

The promulgation of the National Sangha Health Charter B.E.2566 has been effective since 3rd June 2023.



DEFINITIONS

Section 3 of this Charter

Buddhist doctrine and Discipline (*Dharma Vinaya*) refers to any regulation and prohibition mentioned in the Tipitaka and following canons.

Sangha refers to any monks as the whole community who are legally ordained by preceptors under the Buddhist doctrine and discipline; those who perform religious duties inside or outside the kingdom.

Monks refer to monks as individuals who are legally ordained by preceptors under the Buddhist doctrine and discipline; those who perform religious duties inside or outside the kingdom. Here in this charter, Buddhist novices are included, as well.

Buddhist Temples/Buddhist Monasteries refer to any of the Buddhist monk residences under the Buddhist doctrine and discipline, Sangha Act and Thai Sangha Rules and Regulation.

Buddhist Educational Institutes for the Sangha refer to Mahachulalongkornrajavidyalaya University (MCU), Mahamakut Buddhist University (MBU) and any monastic schools for Buddhist scripture studies under the Buddhist Scripture Study Act B.E. 2562.

Monastic-life Fellows (*Sahadharmika*) refer to ones who live monastic lives and practice themselves to attain the religious supreme goal - to be enlightened, together. Here in this charter, the definition includes Buddhist monks and novices.




Caregiving Monks (*Phra Gilānupaṭṭhāk*) refer to monks who nurse or look after another sick monk. Here in this charter, the definition includes monks who are health promoters, disease protectors, health-hazard preventers and palliative caregivers. (additional description: the term “caregiving monks”, the so-called *phra gilānupaṭṭhāk*, has existed since the Buddha’s lifetime and can be called in many words today, varied by the training courses taken by individuals; for example, monastic health volunteers (MHV monks), nurse-practitioning monks, or even a Pali word *phra gilānadharma*. As for unidirectional comprehension of all, the word “caregiving monks” here includes both monks who

nurse another sick monk and ones who encourage or sponsor the community or social acquisition of knowledge of well-being in every aspect.)

Self-healthcare under Buddhist Doctrine and Discipline refers to health promotion, disease prevention and control and taking care of both individual monks' well-being and their monastic-life fellows under the Buddhist doctrine and discipline that brings about "healthy monks, sustainable temples and happy communities."

Health refers to the state of complete physical, mental, spiritual and social well-being, the whole balance of all relevant factors. (The National Health Act B.E. 2550)

Well-being refers to the state of wellness or pleasantness which consists of several aspects – the physical, social, mental and spiritual ones. It can be indicated by individual feeling that differs from personal experience and background as well as being specified by one's living elements; for example, health, education, career, social relationship, environments, life stability, participation, inhabitation, work-life balance, etc. According to this particular concept, well-being is relevant to health since the former affects the latter overall while the latter impacts the former in advance.



Spiritual Health refers to new spiritual quality gained from the accessibility of truth, value, and meaning of life in all dimensions; the comprehension of oneself, others, nature, and one's spiritual anchor through scientific, cultural and intuitive knowledge.

Health Promotion refers to the process of enabling individuals/people, social mechanisms and environmental states to increasingly control health-influencing factors and develop holistic health including physical, social, mental and spiritual well-being. The responsibility of this does not involve only individuals, medical personnel and health organizations but also other social parts to bring about the well-being of way of life, society and the environment. In the widely-developed definition, the involvement of human rights and social and environmental fairness is included, as well. In some cases, the term health promotion is used, instead.

Health Literacy refers to personal capacity which consists of literacy, cognitive and social skills that lead to the motivation to access, understand, evaluate and use the information of health as methods of promoting and maintaining sufficiently good health. (Dictionary of Thai Public Health Terms B.E. 2561) Hereabout, the elements of health literacy are at 6 levels - access, understanding,

discussion, determination, behaviour modification and Information transmission. (Wachira Phengchan and Chanuanthong Thanasukan, 2017, cited in Principles of Health Literacy organization, Department of Health)

Community Sangha Health Charter refers to a framework, ongoing direction or collective agreement or framing principle accepted by monks, the Sangha, the community and all relevant partial sectors and network partners as the principal method of community health promotion – either a particular health issue or every topic mentioned in the National Sangha Health Charter. The implementation core hereof is the participation between monks, the Sangha, the community and all relevant partial sectors and network partners to design, develop, accelerate and revise the community Sangha health charter together.

Local Wisdom of Health refers to the body of knowledge, concepts, beliefs and healthcare skills that have been collected, transmitted and developed from the local past, including Thai, folk and alternative medicine used by monks to take care of their health depending on particular local conditions

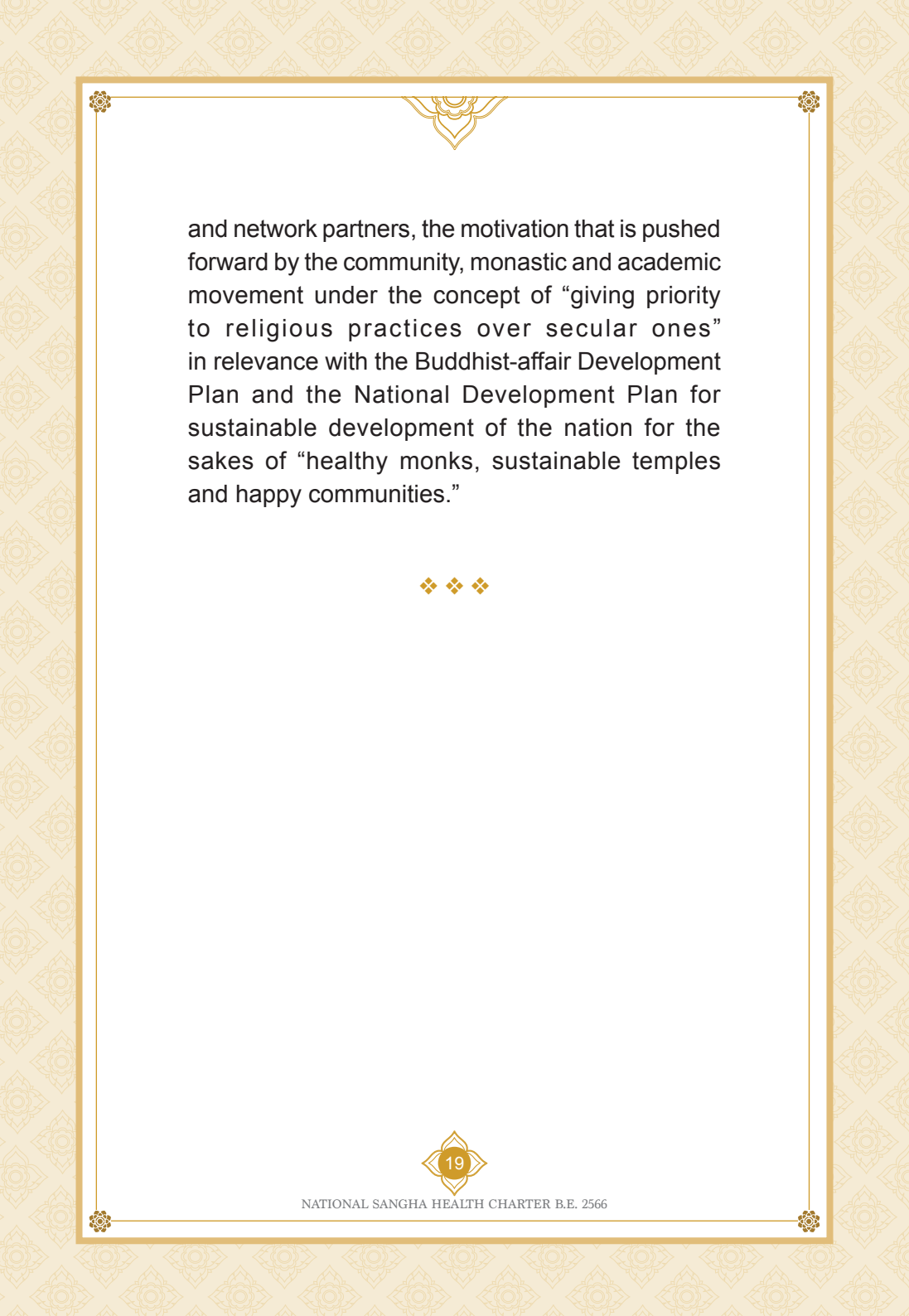
CHAPTER 1

Philosophy and Main Concepts of the National Sangha Health Charter

Section 4 Monks' well-being here means wellness for monks which consists of physical, social, mental and spiritual aspects. All aspects rely on the principle of four self-developing (*bhāvanā*) methods – physical development (*kāya bhāvanā*), self-moral-control development (*sīla bhāvanā*), mental development (*citta bhāvanā*) and spiritual development (*pañña bhāvanā*).

Section 5 The principal concepts of the National Sangha Health Charter focus on the self-encouragement for monks' healthcare under the Buddhist doctrine and discipline, the appropriate assistance that is compatible with Buddhism from the community or society that becomes beneficial to monks' healthcare and the promotion of monks' role as the community or social well-being leaders.

Section 6 The acceleration of the National Sangha Health Charter is a cooperative responsibility of all relevant partial sections



and network partners, the motivation that is pushed forward by the community, monastic and academic movement under the concept of “giving priority to religious practices over secular ones” in relevance with the Buddhist-affair Development Plan and the National Development Plan for sustainable development of the nation for the sakes of “healthy monks, sustainable temples and happy communities.”



CHAPTER 2




Monks' Self-healthcare under Buddhist Doctrine and Discipline

Section 7 Monks should get acquainted with health literacy so that they retain good health and life wellness that are appropriate for the full dissemination of Buddhism at any time.

Section 8 Monks should be enthusiastic about health promotion, disease prevention and control and continuously take appropriate care of the preceptor, mentors and monastic-life fellows for good health.

Section 9 Temples or Buddhist monasteries should support and promote monks' health literacy together with providing their health-promoting, disease preventing-and-controlling and health-caring systematic mechanism under the Buddhist doctrine and discipline that is well-suited for self-development and achievement of rights and duties in respect of health.

Section 10 Every Sangha hierarchical level should support and promote temples or Buddhist monasteries under the administrative area to reach



the potential toward health literacy development, health promotion, disease prevention and control and healthcare for monks under the Buddhist doctrine and discipline; for example, to establish the database management system “Wellness-creating Guidance from Temples, Communities and the Government”, Buddhist-oriented coordination centres for well-being, provincial coordination centres for public welfare, accommodation shelters for sick monks, standard medicine cupboards, health-promoting temples, caregiving monk training, and other developing methods for the Sangha well-being.

According to the first paragraph, monks can team up as a group, association or network to support the Sangha health promotion.

Section 11 The Sangha should promote and support monks to apply the body of health knowledge achieved from Buddhist wisdom toward the development training of caregiving monks as the collaboration of the entire process of health literacy development, health promotion, disease prevention and control, and preparation of healthcare, under the Buddhist doctrine and discipline, for the preceptor, mentors and monastic-life fellows.

CHAPTER 3

Community and Social Supports for Monks' Healthcare under Buddhist Doctrine and Discipline



Section 12 The government, communities and every relevant partial sector and network partner should promote, support and sponsor activities and projects that correspond with the Buddhist Affairs Development Plan and the all-levelled Sangha policies.

Section 13 The communities and society should realize and pay attention to supporting monks with four living necessities that suit the Buddhist doctrine and discipline and well-being.

Section 14 The government should supportively put forward the promotion among the government units at all levels along with other social sectors to educate people to prepare salubrious and nutritious food offerings, juices or sets of monks' equipment for merit-making, the so-called *sanghadāna*, which are acceptable in the Buddhist doctrine and discipline.

Section 15 The government, local administrative organizations and relevant partial sectors should support, sponsor and develop the health service system for monks so that they can access effectively full-cycled health services that are suited to the Buddhist doctrine and discipline. Village Health Volunteers (VHV) and caregiving monks should be assigned for integrative implementation throughout the area, as well.

Section 16 The government and other relevant units should provide fundamental rights on health services based on health insurance which covers health promotion, disease prevention and control, medical treatment and habilitation for monks in overall with equitable appropriateness.

Section 17 The local administrative organizations, along with the communities, should support and sponsor monks' health promotion, disease prevention and control, and protection of health hazards; the budget is set up by The local administrative organizations themselves and other funds, including the financial support accessed in local levels.

Section 18 The government should provide medical checkups and health-screening systems together with health literacy counselling

for the promotion of health-behaviour modification in order to avoid sickness and regularly keep on health-promoting behaviour.

Section 19 The government, communities and every relevant partial sector and network partner should supportively promote temples or Buddhist monasteries to become the local learning centres for the sake of health literacy development, health promotion, disease prevention and control and monks' healthcare under the methods that suit to the Buddhist doctrine and discipline.

Section 20 The government and other relevant units should assist in the establishment of bodies of knowledge, local wisdom and standard health innovation under the Buddhist doctrine and discipline as well as the development of health literacy courses, manuals, guidelines and continuing learning systems in the Buddhist educational institutes for the Sangha and other educational institutes at all levels.




Section 21 The government and other relevant units should develop information technology and public media for the monks' well-being in all aspects which are up-to-date and ready to be accessed by monks and other working units at any time.

CHAPTER 4

Monks' Roles as Leaders in Community and Social Healthcare

Section 22 Monks and the Sangha should supportively provide the communities, as well as the whole society, the acquisition of knowledge of well-being in all aspects in order to reach the sustainable development aim. The communities and society, herein, should be opened up for monks and the Sangha to take part as social partners at the entire level.

Section 23 Monks and the Sangha should develop temples or Buddhist monasteries for the operation of community and social well-being mechanisms along with adaptively applying the body of knowledge and local wisdom of health derived from the Buddhist doctrine and discipline. At this place, the mission mentioned above should be concretely and continuously supportively promoted and sponsored by the government, communities, society, relevant units and network partners.



Section 24 At every level, the Sangha should launch policies, courses of action, plans, projects and activities in relevance to the Buddhist Affairs Development Plan so that the temples and the monks can play the role in health literacy development, health promotion, disease prevention and control together with the community and social healthcare for well-being that aims to sustainable development.

Section 25 All hierarchical levels of the Sangha, along with other Buddhist organization networks, should be operated by the Sangha themselves to integrate the Buddhist doctrine with the concrete and continuing acceleration of community and social healthcare, health promotion and well-being.



CHAPTER 5

Acceleration of the National Sangha Health Charter in Practice

Section 26 The Sangha should organize a national mechanism that consists of the representatives from the Sangha themselves, the National Office of Buddhism and all relevant partial sectors and network partners to set out the aiming direction and integrate the Buddhist Affairs Development Plan along with supporting and keeping the eyes on the acceleration and assessment of the National Sangha Health Charter. Herein, the Sangha should set up, support and sponsor a local-levelled participative mechanism for accelerating the National Sangha Health Charter in practice.

Section 27 Monks, the Sangha, communities, society and all relevant partial sectors and network partners should take action on the National Sangha Health Charter as an acceleration and development framework as well as formulating the community Sangha health charter in acceleration that corresponds to local contexts.

Section 28 The Sangha should establish and develop both local and national funds for the

well-being of monks, communities and society with the administrative-managing system that complies with the Buddhist doctrine and discipline and good governance.

Section 29 The government, the Buddhist educational institutes for the Sangha and other relevant academic institutes should promote and support the potential development of both monks and the Sangha to develop their health literacy, health promotion, disease prevention and control, and healthcare among the monks themselves, communities and society for the purpose of sustainable development. Research in relevant topics, knowledge management, a body of knowledge establishment, relevant innovation, researcher network and communicative methods in relevance with the acceleration of the National Sangha Health Charter should be concretely and continuously broadcasted through all media channels.

Section 30 According to the mechanism mentioned in section 26, the results of the acceleration of the National Sangha Health Charter have to be reported to the Sangha Supreme Council of Thailand. The participatory process to follow up and revise the charters obligatorily takes place at least every 5 years, too.



APPENDIX

Necessary Health Glossary for Acceleration of Sangha Health Charter B.E. 2566



Health-promoting Factors refer to salutary factors, for example; clean drinking water, food safety, healthy environments, positive homes and communities, right information and knowledge of health, etc. (National Health System Charter Volume 2 B.E. 2559)

Health Risk Factors refer to both direct and indirect factors that increase the probability of disease and health impacts for example; hyperlipidemia, hyperglycemia, obesity, nicotine and drug addiction, etc. (Thai Health Promotion Foundation: Directions, Goals, and 10-year Strategies during 2012 – 2021)

Health Hazard refers to both direct and indirect external factors that increase the probability of disease and health impacts, for example; pollution, global warming, etc. (National Health System Charter Volume 2 B.E. 2559)

Disease Prevention refers to actions or non-actions for preventing the probability of

disease as well as protecting against disease recurrence after recovery which can be divided into 3 categories: 1) primary prevention – to prevent before disease or injury ever occurs 2) secondary prevention – to reduce the impact of disease or injury and 3) tertiary prevention – to soften the impact of an ongoing illness or injury along with physical rehabilitation after recovery. (National Health System Charter Volume 2 B.E. 2559)

Disease Control refers to practical action to control the epidemic, non-communicable, communicable and dangerous communicable diseases, diseases caused by the environment or food pollution, and so on, which can reduce any loss of health, life and resources if it is early detected and monitored. (National Health System Charter Volume 2 B.E. 2559)

Local Wisdom of Health refers to the body of knowledge, concepts, beliefs and healthcare skills that have been collected, transmitted and developed from the local past, including Thai, folk and alternative medicine used by local folks or communities to take care of their health depending on particular local conditions. (National Health System Charter Volume 2 B.E. 2559)

Physical Activities refer to any bodily movement produced by skeletal muscles that require energy expenditure. (World Health Organization)

Sub-district People-training Units refer to units for training people established in all sub-districts of the kingdom where at least a Buddhist temple or monastery is located. The purpose is to support, sponsor and build upon 8 beneficial aspects – morality and culture, health and hygiene, honest work, living serenity, educational support, public welfare preparation, reinforcement of gratefulness and solidarity.

Funds refer to financial supportive units established for the purposes of health promotion, disease prevention, rehabilitation and primary medical treatment which are necessary for monks' health and living under the Buddhist doctrine and discipline with the participation of monks, the sangha, communities, society and all relevant partial sectors. The amount of money is earned from members, government subsidies, donations and fund-gaining profits.

Health-promoting Temples refer to Buddhist temples or monasteries where health promotion and environmental health development are provided for monks, people and the whole community as issues of monastic management.

(adjusted from the definition from the Department of Health, Ministry of Public Health)

Rehabilitation Funds refer to funds or accounts needed for provincial health rehabilitation which are established by each provincial administrative organization in cooperation with the National Health Security Office to sponsor and develop the rehabilitation service system that is necessary for health care units, organization health centres and communication health services. (Dictionary of Thai Public Health Terms B.E. 2561)

Community Health Security Funds refer to local-levelled units for financial support for health promotion, disease prevention, rehabilitation and active primary treatment which are necessary for health and living. The local administrative organizations are supposed to supportively operate, sponsor and organize the community health security funds. (Dictionary of Thai Public Health Terms B.E. 2561)

Universal Health Coverage refers to the commitment to ensure all people access any needed health services at any time. These include quality, efficient and effective health promotion, medical treatment, rehabilitation and palliative care without financial hardship.



Giving priority to religious Practices over secular ones



Monks' self-care
according to Buddhist principles

Community and social supports
for Monks' health care
according to Buddhist principles

The role of Monks' as health leaders
in the community and society

Accelerating the implementation
of the charter

