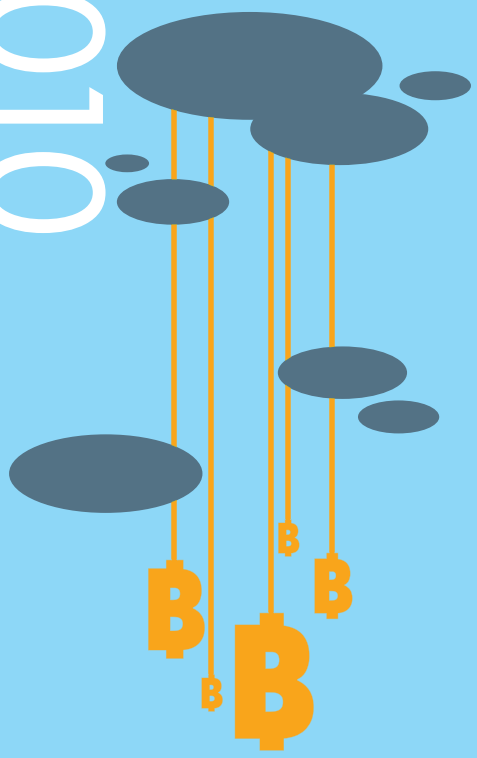
Thai Health 2010



Capitalism in Crisis: Opportunity for Society?

12 Health Indicators of Thailand's Workforce

10 Health Issues

ปัญญาของแผ่นดิน

สุขภาพคนไทย

สสส. สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ

สำนักงานคณะกรรมการสุขภาพแห่งชาติ

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Institute for Population and Social Research, Mahidol University
999 Phuttamonthon Sai 4, Salaya, Phuttamonthon, Nakhon Pathom 73170, Thailand
Tel. +66 2 441 0201, +66 2 441 9666 ext. 219. Fax +66 2 441 9333
Email : directpr@mahidol.ac.th
Website : http://www.ipsr.mahidol.ac.th

Thai Health Promotion Foundation
979, SM Tower (Floor 34), Phaholyothin Road, Samsen, Phayathai Bangkok 10400, Thailand.
Tel. +66 2 298 0500. Fax. +66 2 298 0501
Website : http://www.thaihealth.or.th/en

The National Health Commission Office
2nd Floor, Building North of Health Park (Sataranasuk 6 Lane), Ministry of Public Health Complex,
Tiwanon Rd., Mueang District, Nonthaburi 11000 Thailand.
Tel. +66 2 590 2304 Fax. +66 2 590 2311
Website : http://www.nationalhealth.or.th/eng/

Thai Health 2010

Thai society is now in the midst of many crises undermining social well-being. Some of these result from unresolved chronic problems such as the ongoing political strife and the unrest in the three southernmost provinces. Others are recently emerging concerns regarding natural disasters such as earthquakes and volcano eruptions which seem to be increasing in frequency and severity. In addition, the H1N1 flu pandemic which spread all over the world has severely affected on lives as well as social and economic systems. On top of all these, the current round of global economic downturn which originated in the US subprime mortgage crisis feels like the last straw.

This 2010 volume of *Thai Health* titled "Capitalism in Crisis: Opportunity for Society?" probes into the central philosophy of capitalism-profit maximization and economic growth on the back of environmental exploitation-which lies at the root of many problems such as pollution, global warming and social inequality. At the end of the discussion, an open question is suggested: How can we, after so many economic crises-turn this crisis into an opportunity using lessons we have learnt about capitalism? How to replace the purely profit-seeking capitalism with a new capitalism where the market processes are regulated in an appropriate, transparent and just manner to benefit society as a whole?

Preface

The next part, *Health Indicators*, examines the health situations of the Thai workforce. The twelve dimensions include physical and mental health, quality of life, financial situations, work safety, informal sector workers and at-risk groups.

This year's *Top Ten Health Issues*, derived from a public vote, looks into the four-years-old political conflicts, the problem-ridden Map Ta Phut case, H1N1 pandemic flu and other important topics.

Every year the Thai Health Working Group chronicles important events and information of the previous twelve months. We hope that readers will find the information contained herein valuable for their own use and for sharing with others to improve the overall well-being of our society.

The Thai Health Working Group
March, 2010.

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Health Indicators of Thailand's Workforce

Overview of Thailand's workforce in 2010

Thailand's golden opportunity to gain the demographic dividend is between 1990 and 2020, when the country's dependency ratio is low-approximately two people of working age will support one child or senior citizen. However, there are only ten years left as the proportion of population of working age will decline from 67.4% in 2010 to 66.0% in 2020. Thereafter, the proportion will continue to fall, reaching 59.3 in 2040. Therefore, skills development for the Thai workforce is necessary for the country's future economic security.

Since 2007, unemployment has grown in many countries resulting from the global economic downturn. The National Statistical Office survey found Thailand's unemployment rate from 2006 until mid 2009 to be around 1-2%. This is low compared to other countries in the Asia Pacific region whose average unemployment rate in 2008 was 5.7%.

The Thai workforce was also found to have a higher level of education compared to the previous decade. The proportion of workers with secondary education rose from 12% in 1999 to 15% in 2009, and those with tertiary

education increased from 10% in 1999 to 16% in 2009. With the current government's policy of 15-years of free quality education from kindergarten to secondary schools, all Thai schoolchildren will have better chance to become quality workers with higher incomes.

HIV/AIDS and chronic diseases were found to be important problems threatening the health of male and female workers of working age. In addition, mental health problems were found to be a leading cause for the losses of "years of quality of life". An ABAC poll revealed that a tenth of Thai workers have contemplated suicide, as a result of poor quality of life. Therefore improving their quality of life will positively affect the workers, their families and their work environment.

Following the quality of life approach, the Thai Health Promotion Foundation has initiated the Happy Workplace project which defines the "Happy 8" elements as the key to promote quality of life. The eight happiness elements are physical happiness, kindness, middle-way approach, intellectual development, religion and morality, freedom from debt, family happiness and social happiness. Among these, freedom from debt is the most difficult for most in the workforce.

Workers in the informal sector who account for two thirds of the workforce still lack social security and protection, although the rate of work-related injuries and accidents in the informal sector is higher than in the formal sector (174 and 106 per thousand respectively.)

In addition, there are also millions of foreign migrant workers who contribute to Thailand's growth. Although many of them are legally registered, many others are illegal workers who have no health care support from their employers and must pay out of their own meagre incomes. The government has alleviated the plight of illegal immigrants by allowing workers from Myanmar, Laos and Cambodia to apply for work permits. They are now employed as unskilled workers in households, educational institutions, health facilities, foundations and associations, as well as in the agricultural and livestock sectors and related businesses, in a higher proportion than in other employment areas.

According to Well-being composite index conducted by Surapone Ptanawanit which include four indicators-namely, the percentage of workers covered by the Social Security Scheme, average amount of monetary support a household receives per month, rate of violent crime, and rate of property crime. Workers in the Northern and North-eastern provinces were found to have a higher level of welfare than those in other parts of the country.

At the macroeconomic level, the government has expanded support and welfare measures for workers-for example, in the form of the Workmen's Compensation Fund and Social Security Fund which provides assistance for health care, funeral arrangement, child support, retirement benefits and unemployment benefits.

"The proportions of the workforce in Bangkok and the Central region are becoming smaller, as the proportions of the workforce in other regions grow. The number of informal sector workers has swollen to 24.1 million workers or 63.8% of the entire workforce."

1 Thailand's Workforce Situation

Thai people of working age are the main engine that drives the country's development. Among those currently being employed, the majority are private sector employees. The Northeastern region has the biggest proportion of the country's workforce (32%), followed by the Central region (25%), while the Greater Bangkok Metropolitan Area has the smallest share (11%). During the past five years, the Thai workforce continued to expand from 54.9% of the total population in 2004 to 56.7% in 2008, as a result of demographic change which saw the proportion of children under 15 decreased from 24.2% in 2004 to 21.8% in 2008 and also possibly because of the postponement of retirement beyond the age of 60 among senior workers-whose proportion has also grown as a result of demographic change.

The educational level of Thai workers has improved, but the informal sector with a large number of workers remains a key problem area. Skills development training and formalizing the large number of informal sector workers will help close some of Thailand's developmental gaps.

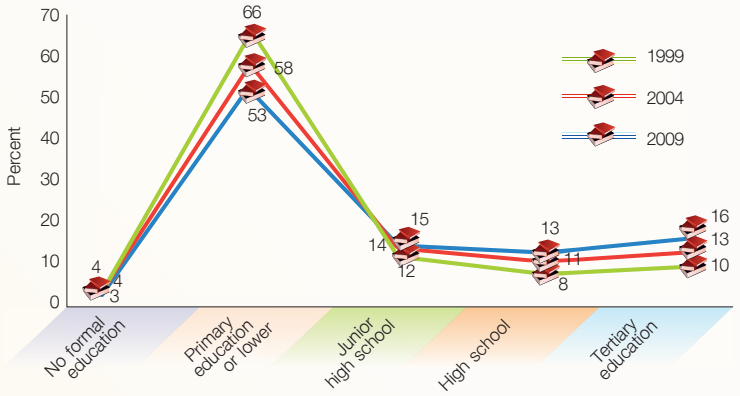
One of the positive trends among Thailand's workforce is the increased level of education. The proportion of workers with primary education or lower has continuously decreased in the past ten years from 70% of the total in 1999 to 56% in 2009, while the proportion of those with tertiary education has increased from 10% of the workforce in 1999 to 16% in 2009.

Although the rate of unemployment has remained low at approximately 2% of the total workforce, almost two thirds of all workers are employed in the informal sector which has continued to grow since 2006. Most of these informal sector workers are in the Northeastern and Northern regions. While accounting for only one third of all workers in Bangkok, informal sector workers account for four fifths -the highest proportion-of those in the Northeastern region. More attention is urgently needed for these informal sector workers, whose work-by the definition of the National Statistical Office-does not offer any social security or protection.

Written by ***the Thai Health Working Group***

Among the formal sector workers who are entitled to unemployment benefits, the number of layoffs and voluntary resignations continued to increase between 2004 and 2007. The number of male workers who suffered from work-related injuries and sought rehabilitation services from the Social Security Office was found to be greater than the number among female workers, perhaps because of the more dangerous nature of their works.

Educational level of the Thai workforce (First quarters of 1999, 2004 and 2009)



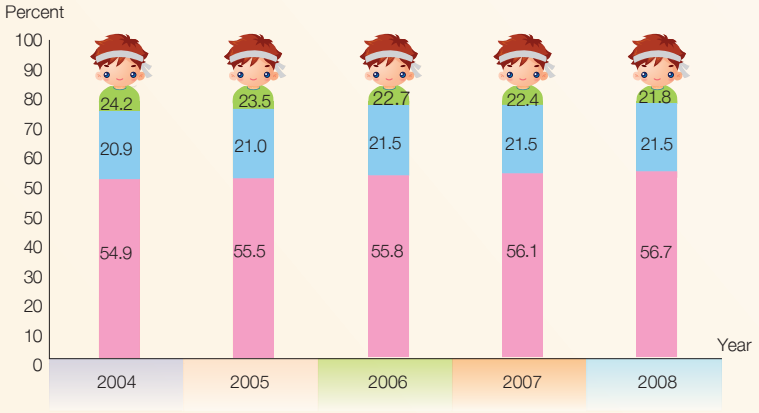
Note: First quarter = January – April

Source: National Statistical Office, 1999, 2004, 2009

Unemployment rates among the Thai workforce (2006-2009)

Source: National Statistical Office, 2009

Thailand's workforce (2004-2008)



Children (< 15 years old)

Non-workforce (≥ 15 years old)

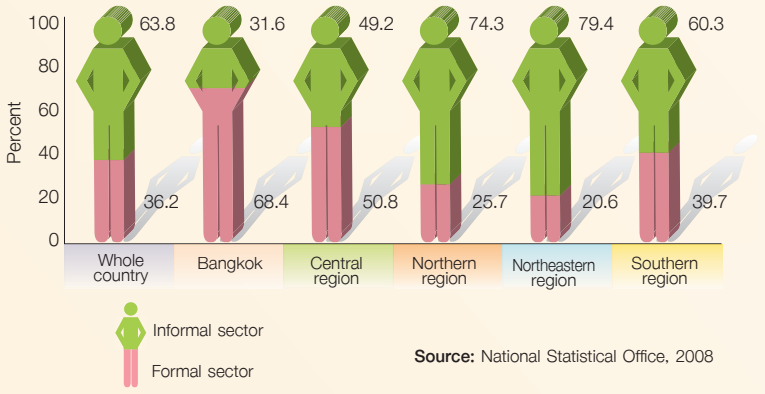
Workforce (≥ 15 years old)

Notes: Workforce (≥ 15 years old) includes employed and unemployed workers and seasonal workers.

Non-workforce (> 15 years old) includes those working at home, students and those over workable age.

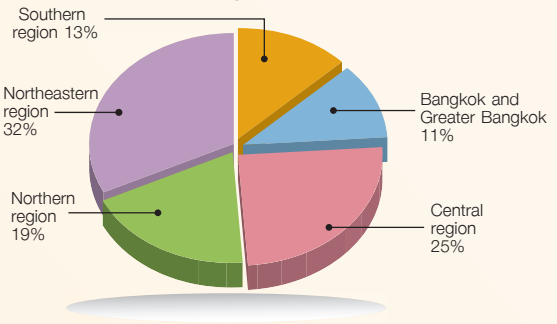
Source: National Statistical Office, 2004-2008

Proportions of the Thai workforce in the formal and informal sectors by region, 2008



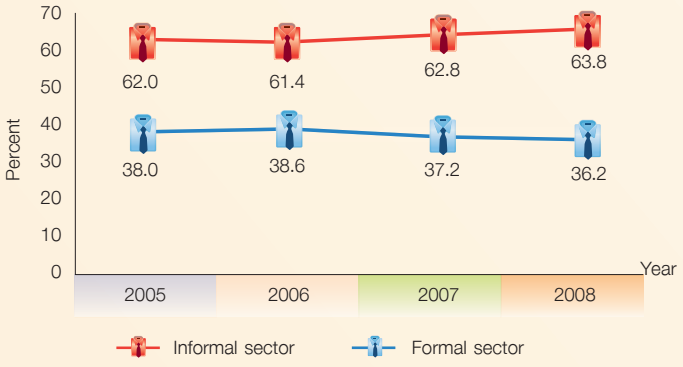
Source: National Statistical Office, 2008

The employed workforce by region (First quarter, 2009)



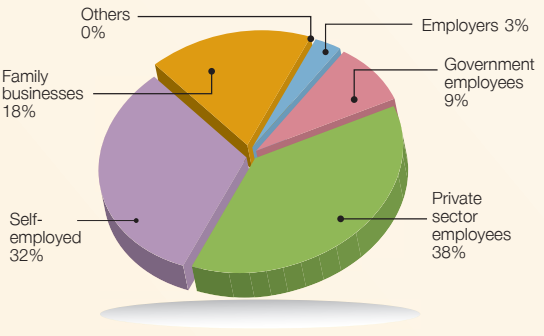
Source: National Statistical Office, 2009

Proportions of the Thai workforce (2005-2008)



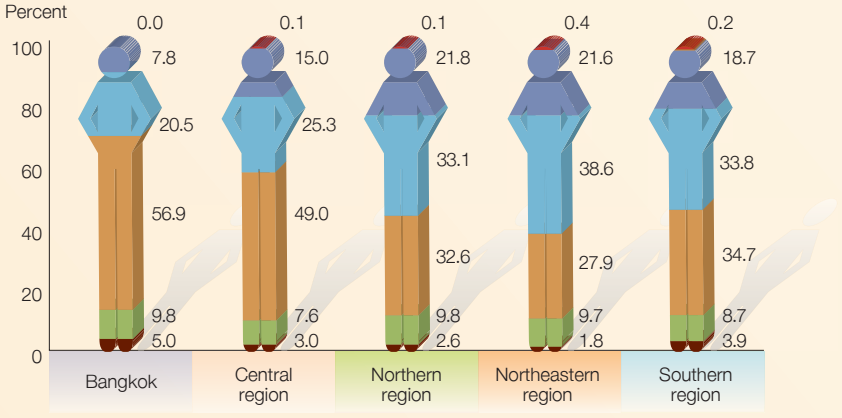
Source: National Statistical Office, 2005-2008

The employed workforce by sector (First quarter, 2009)



Source: National Statistical Office, 2009

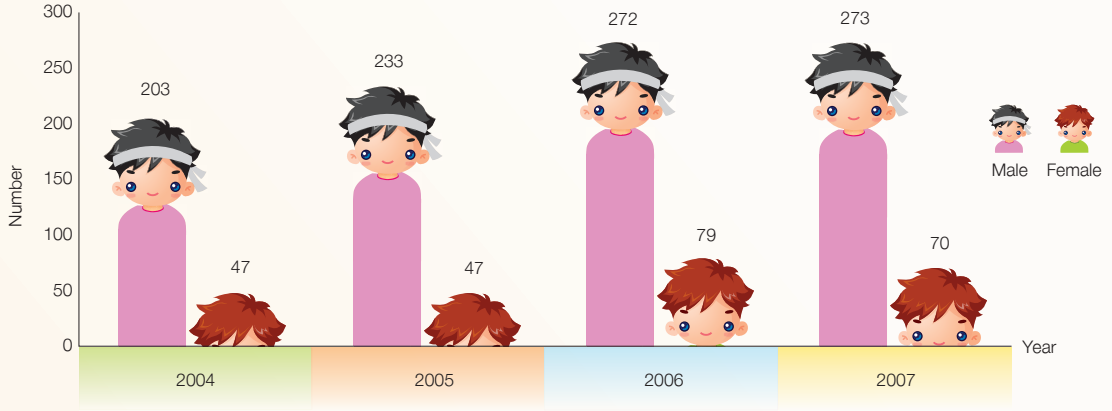
Employment status of the Thai workforce by region, 2009*



* First quarter (January – April 2009)

Source: National Statistical Office, 2009

Number of workers aged 16-59 who received vocational rehabilitation services (2004-2007)



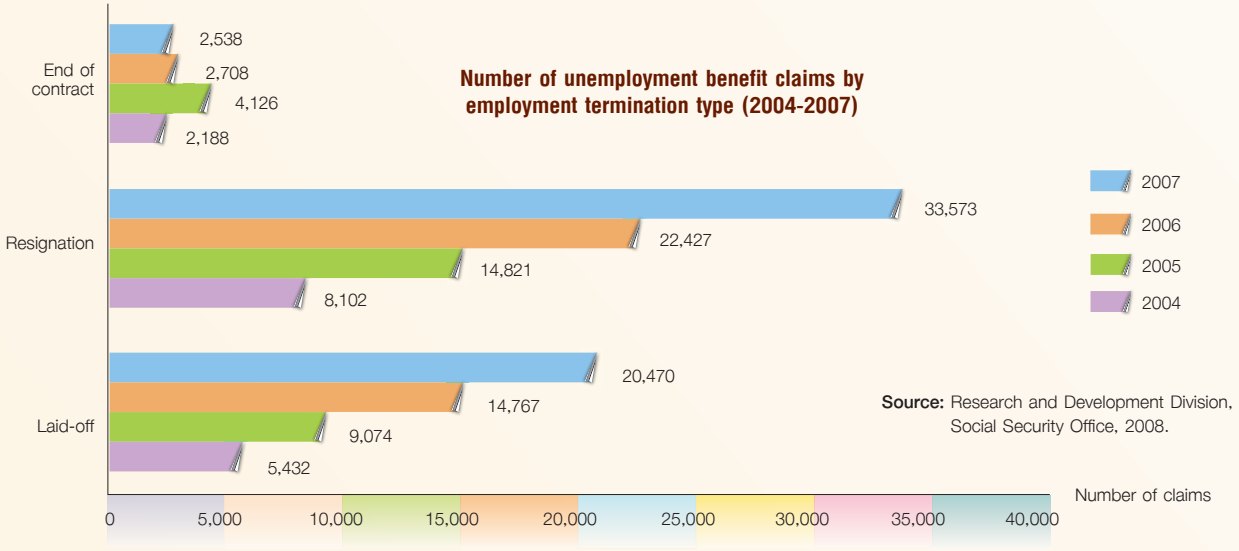
Note: Data from Pathumthani and Rayong provinces

Source: The Industrial Rehabilitation Center, Social Security Office, 2008

Vocational rehabilitation services consist of medical rehabilitation and vocational training which are given by the Social Security Office to workers who have experienced work-related injuries. At the moment, there are two rehabilitation centers in Pathumthani (Central region) and Rayong (Eastern region), with a combined capacity of 200 beds per year.

The Social Security Office is in the process of expanding these services to other parts of the country. Two new rehabilitation centers will soon open in Khon Kean (Northeastern region) and Chiang Mai (Northern region). There's also a plan for a third center in Songkhla (Southern region).

Number of unemployment benefit claims by employment termination type (2004-2007)



Source: Research and Development Division, Social Security Office, 2008.

2 Physical Health of Workforce

Road traffic accidents rank as the most common cause of deaths among workers aged 15-44. More caution will help reduce deaths and injuries from road traffic accidents.

"Accidents, psychiatric disorders and HIV/AIDS are the main health problems of Thai workers aged 15-29. As they grow older, infectious and chronic diseases become important causes of illness among those in the middle and later parts of their working life (aged 30-59)".

According to the 2008 disease surveillance report, poisoning from herbicides and pesticides ranked the highest among work-related health problems (80%), followed by petrochemical poisoning (8%) and work-related lung disease (6%).

A 2004 study on disease burden and injuries of the Thai population by the International Health Policy Program found that the causes for loss of years of quality of life among Thai workers of both sexes aged 15-29 were accidents, psychiatric disorders and HIV/AIDS. However, the pattern changes when they grow older. The proportion of male workers aged 30-59 who loses their "years of quality of life" from accidents and psychiatric disorders was found to decrease by half, while cancer becomes a major problem. Cancer is also the number one cause of illness among female workers aged 30-59, along with cardiovascular disease which was another leading cause for the loss of "years of quality of life". These key health problems are also connected with the top causes of death among Thai workers, namely, road traffic accidents, HIV/AIDS, liver cancer, cervical cancer and strokes.

A critical health problem found both in male and female workers of all age groups is HIV/AIDS which remains an important problem. Many organizations are working hard to educate the public on the prevention against the virus, as well as how to live and work with HIV-positive people in the community.

However, those who are entering or already in the workforce should live a careful life, take appropriate care of their health to reduce the risks of burdensome illnesses.

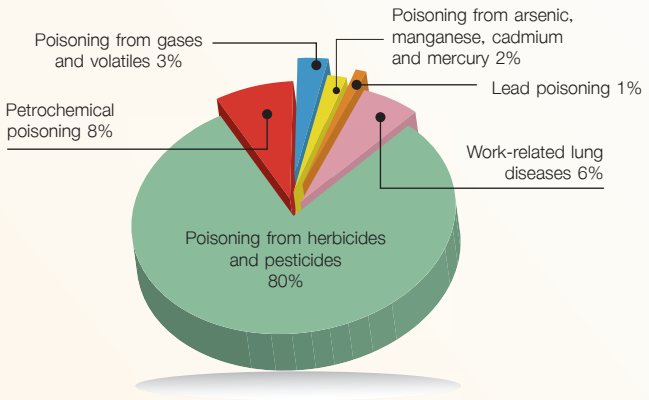
Written by the ***Thai Health Working Group***

Physical Health of Workforce

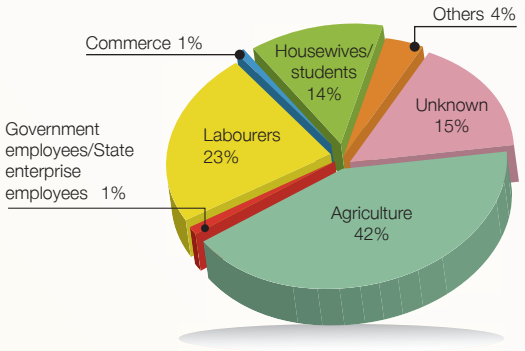
Age group (years)	Major causes of death	
	Males	Females
0-4	Low birth weight, perinatal asphyxia	Low birth weight, congenital heart defect
5-14	Road traffic accidents, accidental drowning	Accidental drowning, HIV/AIDS
15-29	Road traffic accidents, HIV/AIDS	HIV/AIDS, Road traffic accidents
30-44	HIV/AIDS, Road traffic accidents	HIV/AIDS, Road traffic accidents
45-59	Liver/bile-duct cancer, HIV/AIDS	Cerebrovascular diseases, liver cancer
60-69	Liver cancer, cerebrovascular diseases	Cerebrovascular diseases, diabetes
70-79	Cerebrovascular diseases, chronic obstructive pulmonary disease	Cerebrovascular diseases, diabetes
80 and over	Cerebrovascular diseases, chronic obstructive pulmonary disease	Cerebrovascular diseases, ischemic heart disease

Source: Thailand Health Profile 2005-2007

Work-related health problems by cause, 2008

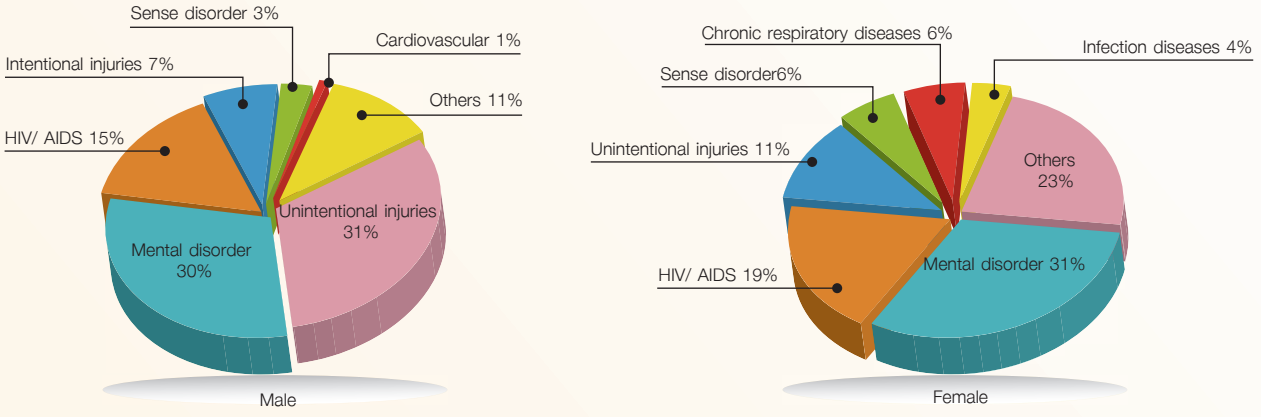


Patients with work-related health problems by occupation, 2008



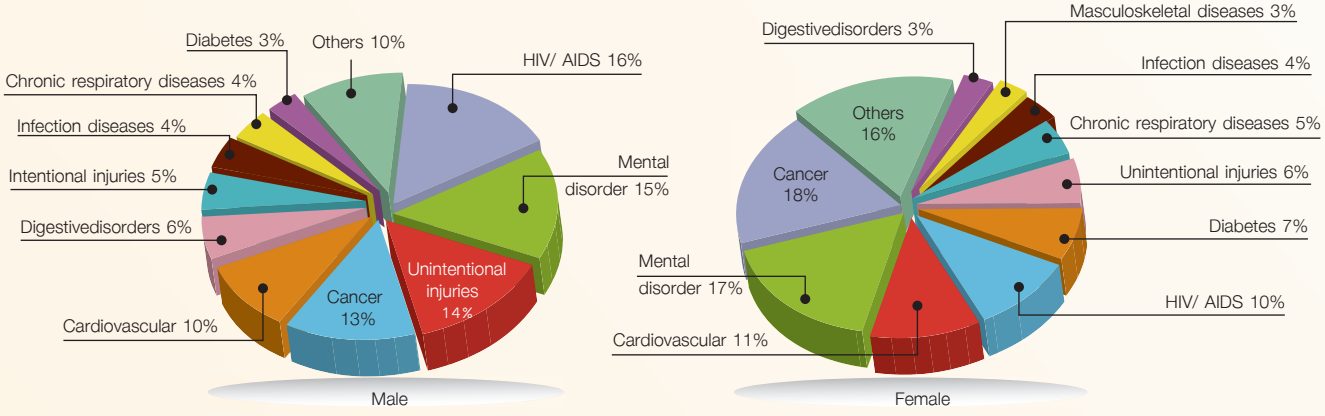
Sources: Disease surveilance report 2008. Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health, 2008.

Causes for loss of years of quality of life among Thai workforce aged 15-29, 2004



Source: 2004 report on disease burden and injuries among the Thai population (intermediate stage), International Health Policy Program Thailand, 2008

Causes for loss of years of quality of life among Thai workforce aged 30-59, 2004



Source: 2004 report on disease burden and injuries among the Thai population (intermediate stage), International Health Policy Program Thailand, 2008

"Years of quality of life" is a year lived in health with normal activities without disability, illness or accidents.

Source: Disease burden: Looking back for the future. Health Information System Development Office, 2009

3 Mental Health and Well-being of Workforce

"The level of happiness depends on one's ability to manage problems. Those better at problem management are happier."

The many problems that Thailand is currently facing, especially the economic crisis, are no doubt affecting the mental health of Thai people. Those most affected by the economic downturn are likely to be the workers who are the main engine propelling Thailand's economic growth.

The Public Health Statistics stated that the rate of suicide in 2007 among those of working age was seven in 100,000 population higher than the overall national rates in 2007 and 2008 at 5.95 and 5.96 per 100,000 population respectively.

The Thai workforce has a high level of stress. The suicide rate is as high as 7 per 100,000 population.

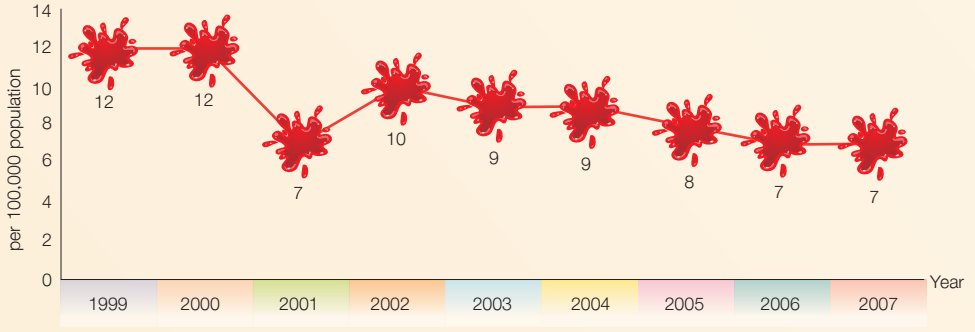
Besides suicide, stress levels have also risen. A 2007 ABAC Poll conducted in 13 provinces with support from Thai Health Promotion Foundation, found that almost 10% of Thai workers-from unskilled workers to office workers-had contemplated suicide due to low quality of life. Day-wage workers were found to have lower level of mental health than other groups of workers, perhaps because of their occupational insecurity and unreliable income.

This finding agrees with the data from the National Statistical Office survey on conditions of society, culture and mental health in Thailand. Conducted in collaboration with Institute for Population and Social Research, Mahidol University, the survey found day-wage workers to have the lowest mental health scores, while government and state enterprise employees were found to hit the highest marks.

Although there are some signs of troubles, the overall picture of Thai workers' mental health indicates a high level of happiness which, however, decreases with age. Moreover, the level of happiness is found to correspond with the ability to manage problems. Those who are better at problem management are found to be happier.

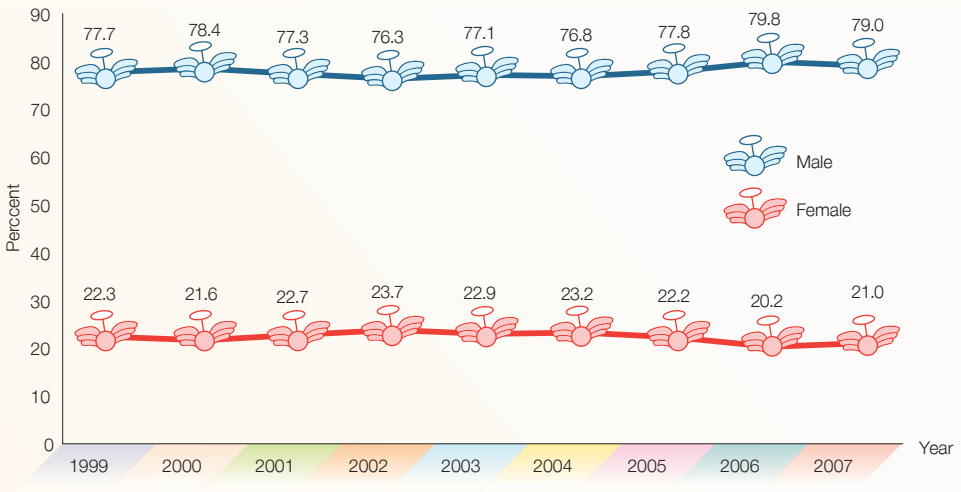
Written by ***the Thai Health Working Group***

Mental Health and Well-being of Workforce



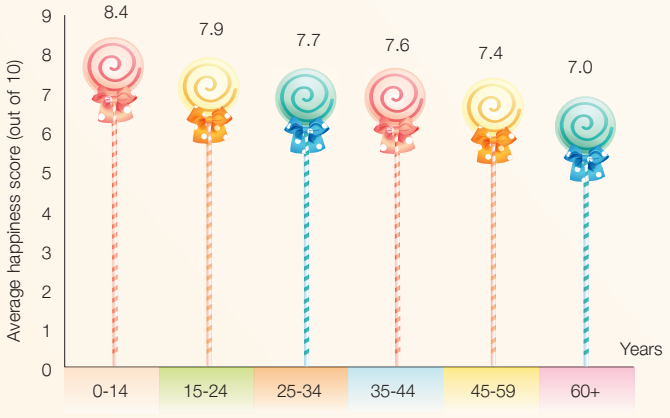
Source: Bureau of Policy and Strategy, Ministry of Public Health, 1999-2007

Suicide rate of workers aged 15-59



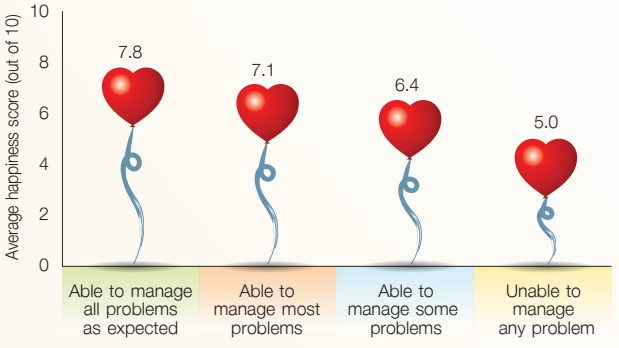
Source: Bureau of Policy and Strategy, Ministry of Public Health, 1999-2007

Average Happiness Scores by age group



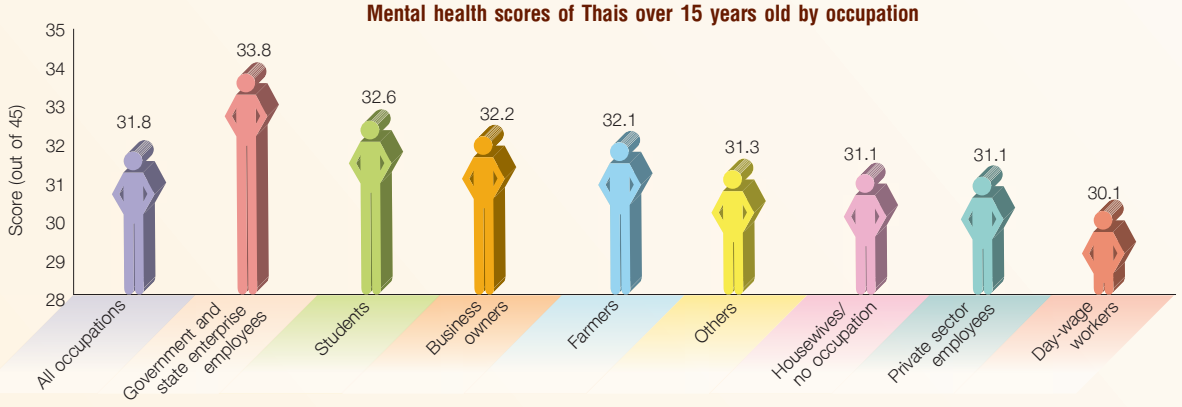
Source: The 2008 Survey on Conditions of Society, Culture and Mental Health. National Statistical Office in collaboration with Institute for Population and Social Research and the Department of Mental Health, 2008.

Average happiness scores of workers in the industrial and service sectors categorized by problem management ability



Source: Churnrurtai Kanchanachitra et al, 2008, Quality of life of the workers in industrial and service sectors.

Mental health scores of Thais over 15 years old by occupation



Source: The 2008 Survey on Conditions of Society, Culture and Mental Health. National Statistical Office in collaboration with Institute for Population and Social Research and the Department of Mental Health, 2008.

4 Quality of Life of Thai Workforce

Younger workers are less interested in religion and morality than older workers, but person-to-person kindness is unaffected. Workers who spend most time on recreation and splurging are government and state enterprise employees.

"While more than half of all workers relax with sports, music or reading, only 38.6% of day-wage workers use music as a relaxation method."

Office of the National Economic and Social Development Board defines "quality of life" as "life as normally and happily lived in the society, with attainment of basic needs that a person or community is entitled to such as food, housing, safety to property and access to basic services."

Quality of life is based on the balance between professional life and the happiness as lived in the three spheres: personal, family and community/ society. The eight happiness elements are physical happiness, kindness, middle-way approach, intellectual development, religion and morality, freedom from debt, family happiness and social happiness.

As the working age is the time for professional success, young workers in the beginning of their career tend to be more self-centred and less interested in religion, morality and social awareness than older workers. However, all workers retain person-to-person kindness regardless of age.

Reading, sports, music and singing are popular pastimes among all workers. The amount of free time spent on personal activities varies according to occupation. Government and state enterprise workers are found to have more free time than other workers. As a group, they are also the least likely to be economical

Written by ***the Thai Health Working Group***

Desirable behaviours which promote quality of life by age group

Age group	Kindness		Social order and manner	
	Assisting non-kin (%)	Letting others receive service first (%)	Queuing (%)	Non-littering (%)
15-24 years	92.5	93.0	58.0	47.1
25-34 years	94.4	93.6	68.8	54.8
35-44 years	96.1	93.4	73.9	60.3
45-59 years	95.6	92.6	77.0	64.6

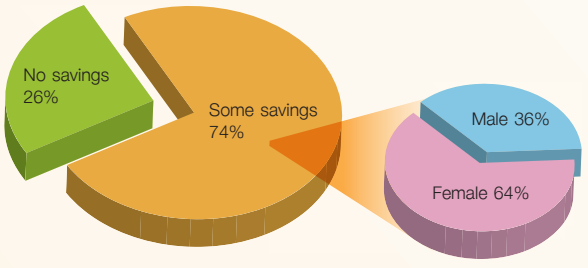
Source: National Statistical Office, The 2008 Survey on Conditions of Society, Culture and Mental Health

Recreational activities by occupation

Occupation	Recreational activities			Spending
	Sports (%)	Music/singing (%)	Reading (%)	Frugality (%)
Government and social enterprise employees	82.0	70.4	92.0	49.6
Private sector employees	65.7	52.3	77.2	60.7
Business owners/entrepreneurs	64.0	46.6	78.6	64.9
Farmers	68.7	43.0	66.3	79.6
Day-wage workers/labourers	72.3	38.6	64.1	79.0
Students	92.0	67.4	97.3	52.8
Housewives/No occupation	52.3	41.3	74.1	71.3

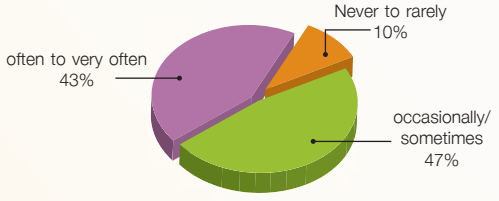
Source: National Statistical Office, The 2008 Survey on Conditions of Society, Culture and Mental Health.

Savings among Thai workers



Source: Kanchana Tangchonlatip et al, 2010. Quality of life of Thai civil servants: developing benchmark and quality of life indicators.

Level of satisfaction with the balance between working and personal life of civil servants, 2009



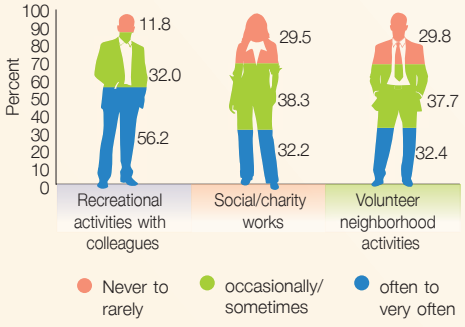
Source: Kanchana Tangchonlatip et al, 2010. Quality of life of Thai civil servants: developing benchmark and quality of life indicators.

Average scores for religiosity and compliance to religious teachings (out of 10)

Age group	Averaged score as rated by other age groups	
	Religiosity	Compliance to teachings
15-24 years	5.5	5.6
25-34 years	5.7	5.8
35-44 years	6.0	6.0
45-59 years	6.2	6.2
60 years and over	6.7	6.7
All age groups (over 15)	6.1	6.1

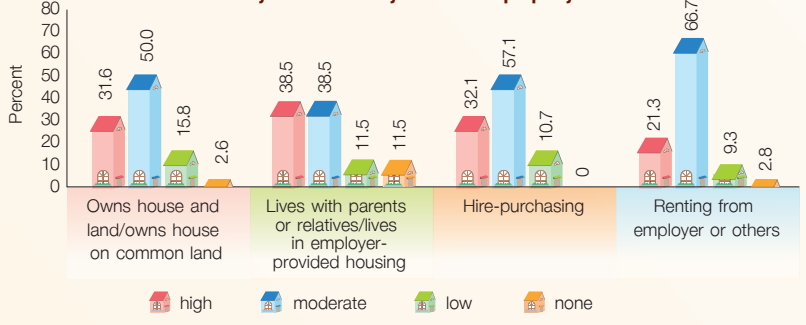
Source: National Statistical Office, The 2008 Survey on Conditions of Society, Culture and Mental Health.

Level of participation in recreational activities and social works by civil servants



Source: Kanchana Tangchonlatip et al, 2010. Quality of life of Thai civil servants: developing benchmark and quality of life indicators.

Housing ownerships of workers in the industrial and service sectors, by level of safety to life and property



Source: Churnrurtai Kanchanachitra et al, 2008, Quality of Life of the Workers in Industrial and Service Sectors

5 Financial Situations of Workforce

Bangkok's workers have the largest amounts of debt, but their debt repayment burden is the lowest at only 7.5%. Those with higher income tend to have more expenses too. Appropriate financial management will help workers to become debt-free and increase their savings.

"The biggest amount of debt incurred by Thai workers is housing-related. This obviously points to the desire for housing security."

In 2009, an average worker's household was found to have a combined monthly income of 21,139 baht, of which 41.1% was spent on food. The average debt of a worker's household was at 133,328 baht.

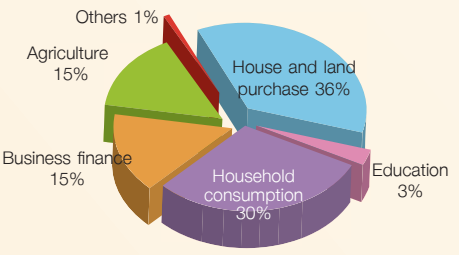
It was also found that the higher income a household earns, the higher in debt they tend to be.

The minimum wages for both skilled and unskilled workers in Bangkok, the Eastern region and the Central region are higher than in other regions.

The National Statistical Office survey on household socio-economic conducted in the first half of 2009 found that workers in the electricity, gas and water supply companies have the highest income average at 60,875 baht per month, followed by those working in the areas of financial intermediation (57,936 baht per month). Workers who work primarily in the agricultural sector were found to have not only the lowest monthly income but also the most unreliable. This is because their income depends on the bounty of the harvest and there is a high level of disguised unemployment.

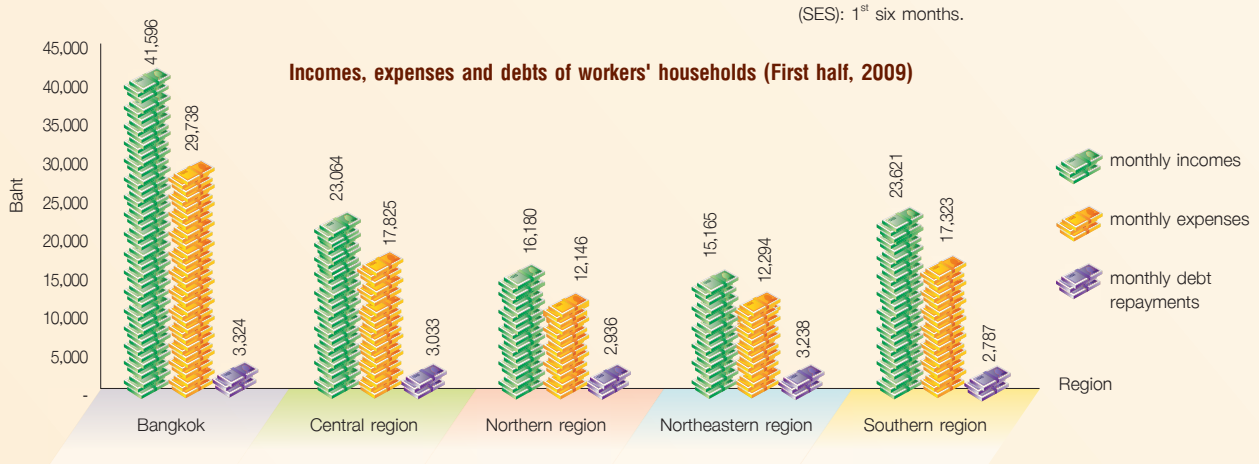
Written by ***the Thai Health Working Group***

Purpose of loans



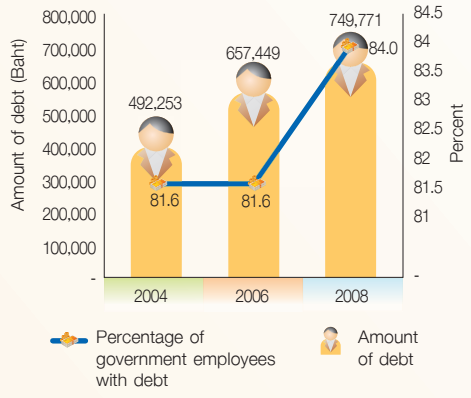
Source: National Statistical Office, 2009.The Preliminary Report of the Household Socio-Economic Survey (SES): 1st six months.

Incomes, expenses and debts of workers' households (First half, 2009)



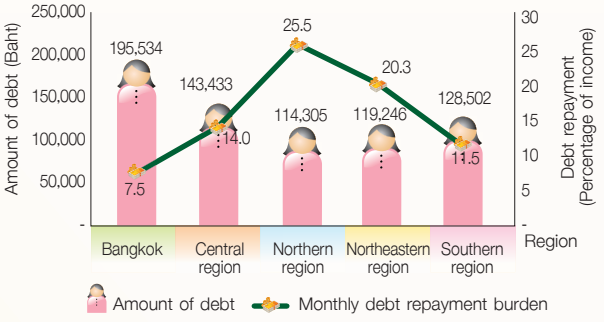
Source: National Statistical Office, 2009.The Preliminary Report of the Household Socio-Economic Survey (SES): 1st six months.

Amount of debt per household and percentage of government employees with debt



Source: National Statistical Office, 2004-2008. Report of the Civil Servants' Living Condition Survey.

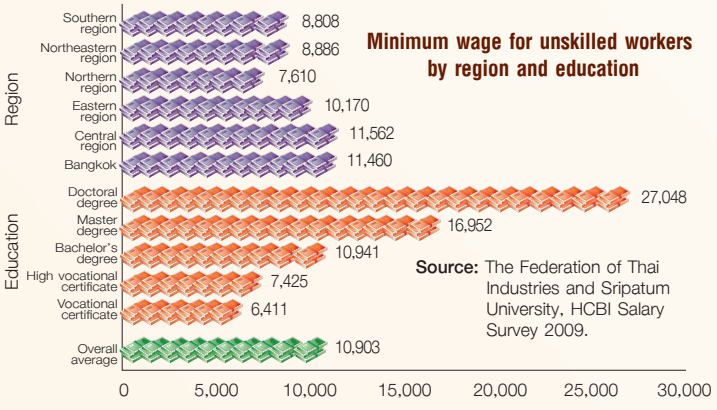
Amount of debt and debt repayment burdens



Note: Debt repayment burden is calculated by dividing the monthly debt repayment amount by monthly income.

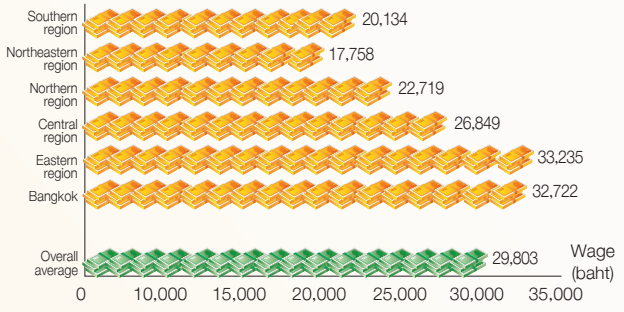
Source: National Statistical Office, 2009. The Preliminary Report of the Household Socio-Economic Survey (SES): 1st six months.

Minimum wage for unskilled workers by region and education



Source: The Federation of Thai Industries and Sripatum University, HCBI Salary Survey 2009.

Minimum wage for skilled workers by region



Source: The Federation of Thai Industries and Sripatum University, HCBI Salary Survey 2009.

Incomes, expenses, amount of debts and debt repayment burden by sector

Industry type	Income (monthly)	Expenditure (monthly)	% of Food Expenditure	Total Debt	Debt Repayment (monthly)	Debt-repayment/ Income (%)
Agriculture,hunting,forestry	14,653	11,939	43.8%	88,823	3,060	23.2%
Fishery	17,675	15,205	46.3%	46,268	1,524	7.8%
Mining and Quarrying	31,498	25,007	36.7%	82,983	4,742	10.8%
Manufacturing	22,133	17,309	40.0%	118,746	2,266	14.2%
Electricty, gas and water supply	60,875	31,995	32.4%	524,289	9,846	26.3%
Construction	18,383	14,693	43.4%	85,725	2,659	34.5%
Wholesale and Retail	28,269	19,349	38.6%	213,479	3,709	13.9%
Hotel and Restaurant	26,795	19,459	39.5%	152,306	2,789	11.9%
Transport and Communication	30,310	21,470	40.4%	180,478	3,537	12.7%
Financial intermediation	57,936	37,786	29.7%	418,023	7,981	14.6%
Real estate and business activities	33,394	26,072	36.2%	238,278	3,875	11.0%
Public admin and social security	29,882	22,940	33.9%	293,029	5,887	20.4%
Education	47,152	29,701	28.9%	598,002	9,474	19.9%
Health and Social work	34,329	23,814	33.3%	312,447	6,776	19.8%
Other social and personal service	19,180	17,276	39.8%	114,456	2,954	13.6%
Private HH with employee	13,182	11,379	46.0%	26,146	890	6.5%
Extra-territorial	21,587	19,612	24.6%	-	-	0.0%
Total	21,139	16,082	41.1%	133,328	3,080	17.3%

Note: Debt repayment burden is calculated by dividing the monthly amount of debt repayment by monthly household income.

Source: National Statistical Office, 2009.The Preliminary Report of the Household Socio-Economic Survey (SES): 1st six months.

6 Occupational Injuries

The number of work-related injuries decreases with increasing age, and large establishments have lower rates of work-related injuries.

According to the Social Security Office statistics, the rate of employment injury decreased in the last decade from 32.3 per thousand employees in 1999 to 21.7 per thousand employees in 2008. The same is true for serious injuries (death, disability, partially loss of organs and sick leave of over three days) which dropped from 10.2 per thousand employees in 1999 to 6.1 in 2008.

However, although the employment injury rate has decreased continuously, but the number of injuries remains still high, annually affecting 150,000-200,000 workers, as well as their families, employers, society and the country. The total amount of 1.6 billion baht from the government was paid as compensation benefits to employees. These injuries also take a heavy toll on productivity, as well as becoming a burden on the workers' families.

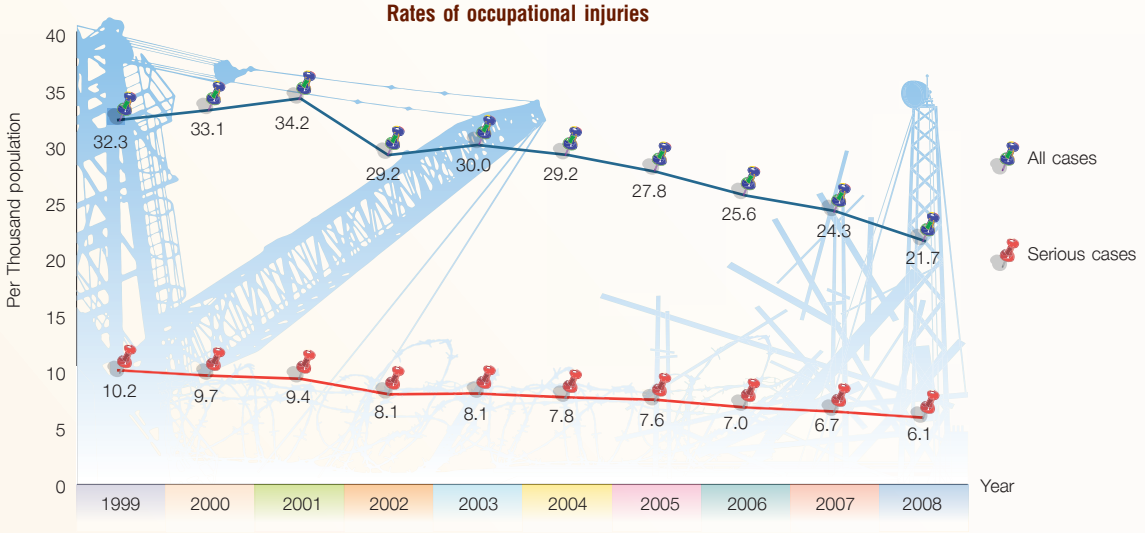
The rate of occupational injuries has continued to fall over the last decade, although unsafe work environment and workers' carelessness remain a concern.

The Ministry of Labour has announced a policy to reduce the rate of employment injury by 2% per year. The national agenda "Safe and Healthy Workers" campaign has implemented for all sectors to raise awareness on occupational safety, health and work environment. However, the goal of reducing occupational injuries cannot rest on the government alone. Employers and employees are important mechanism to reduce the unsafe work problem that is employers must facilitate employees to work safely by providing personal protection equipment, complying to work environment standards or appointing safety supervisors in workplace as required by law. Most importantly, employees themselves must recognize the importance of a safe work environment, because many injuries are caused by careless practices on the part of the employees such as failing to use the personal protective equipment provided by the employer.

In short, work safety can only be achieved when the government, employers and employees work together toward that goal.

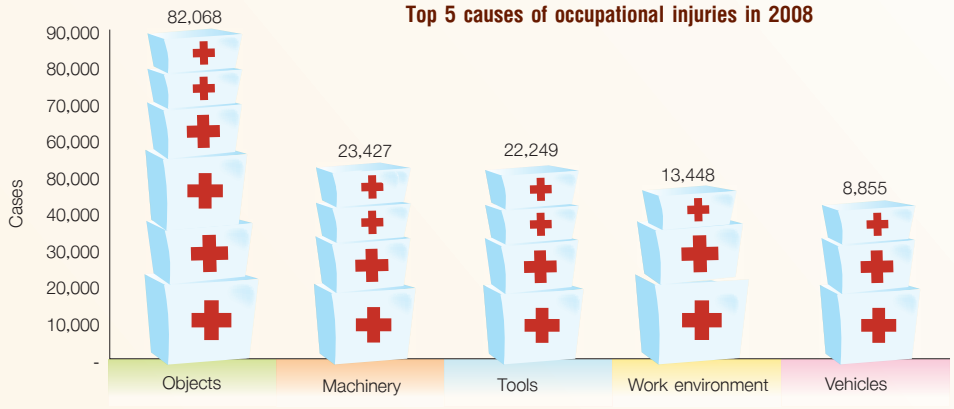
Written by ***Dr. Vepavee Sripiean***
Labour Standard Development Bureau, Ministry of Labour

Rates of occupational injuries



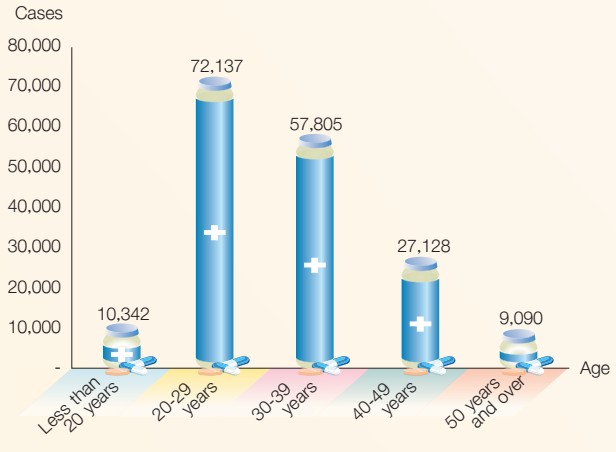
Source: Social Security Office statistics, 2008

Top 5 causes of occupational injuries in 2008



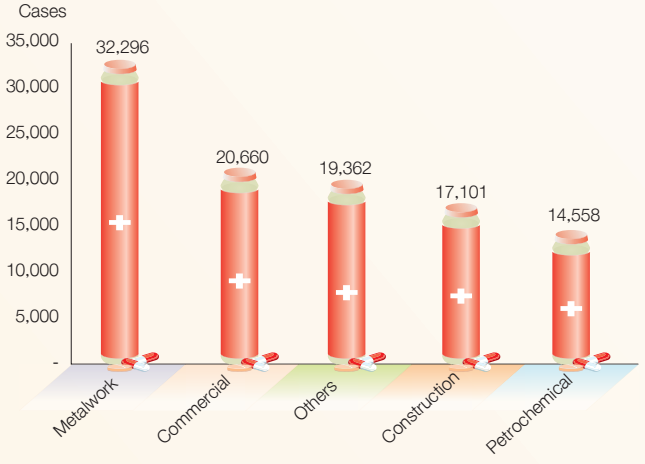
Source: Social Security Office statistics, 2008

Number of work-related injuries by age



Source: Social Security Office statistics, 2008

Number of work-related injuries by business type (top 5)



S0ource: Social Security Office statistics, 2008

7 Informal Sector

Three fifths of the informal sector workers are subject to unsafe chemicals. In addition, two fifths are put to excessive work with negative effects on their health.

"The informal sector accounts for two thirds of Thailand's workforce and contributing approximately 70% of the GDP. Therefore, the informal sector is extremely important to Thailand's economy."

Most informal sector workers are employed in agriculture, fisheries, service, handicrafts and labour-intensive work without legal recognition or formal organization. Therefore, they have no negotiating power and have always been neglected and exploited.

The National Statistical Office found in a 2008 survey that among informal sector workers the most common unsafe environments involve hazardous chemicals, followed by heavy machinery and tools.

Informal sector workers were found to be 1.64 times more likely to incur more injuries than formal sector workers (174 and 106 per thousand population respectively). The large difference demonstrates the level of vulnerability and risks in which the informal sector workers are employed.

Moreover, two fifths of informal sector workers work more than 50 hours per week. Such long work hours inevitably affect their health. A Huachiew University research study shows that although informal sector workers may have high amounts of primary and secondary incomes, most lack other security apart from health services under the Universal

	Motorcycle taxi-drivers	Flee market vendors
Primary income	301-400 baht per day	401-500 baht per day
Secondary income	201-300 baht per day	201-300 baht per day
Proportion of those with secondary incomes	16.8%	13.8%
Monthly savings	1,001-2,000 baht per month	2,001-3,000 baht per month
Loans	Shark loans of less than 5,000 baht	Institutional loans of more than 20,000 baht
Health care	- 80% never have annual physical checkups and do not exercise - 15.8% has chronic conditions such as allergies, asthma, cataracts, hypotension - Purchase over-the-counter medicine, when slightly sick. Visit hospital when seriously ill, using the Universal Coverage Scheme (Gold Card) free services. - 21% are reluctant to visit public hospitals because they are inefficient and troublesome; their Gold Card specified hospitals in home provinces; public hospitals only prescribe low-quality medicine.	- 80% never have annual physical checkups and do not exercise - Purchase over-the-counter medicine, when slightly sick. 60% visit hospital when seriously ill, using the Universal Coverage Scheme (Gold Card) free services. - Almost 30% do not have Gold Card.
Government services desired	1. Housing for low-income workers 2. Free health care 3. Low-interest loans for investment 4. Retirement support money 5. Child support money for low-income workers	

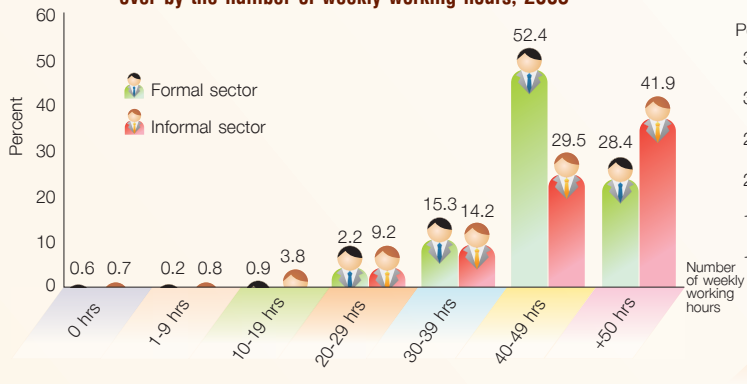
Source: Vichit Ravivong, et al.,2009. Study on the development of quality of working life of informal labour: Case studies of motorcycle drivers and temporary market vendors.

Coverage Scheme. Even these services are inaccessible to some migrant workers outside their registered domiciles.

The government's policy of including informal sector workers under article 40 allows them to receive benefits for child delivery, disability, death, illnesses and retirement by contributing 280 baht per month to the Social Security Fund. The welfare of many informal workers improved as a result. This is an important step on the government's part in order to develop human resources and reduce social inequality.

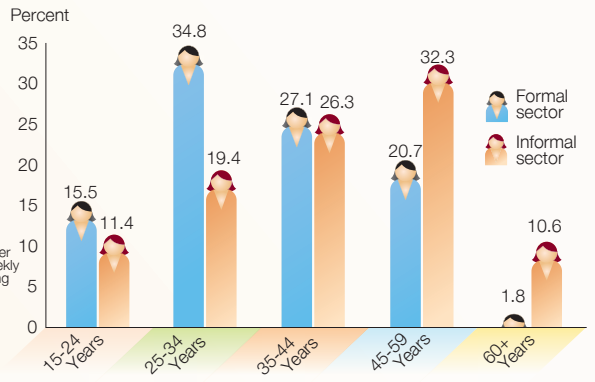
Written by the Thai Health Working Group

Proportion of informal sector workers aged 15 and over by the number of weekly working hours, 2008



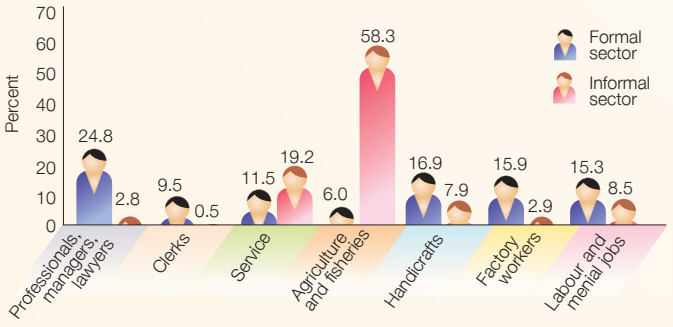
Source: National Statistical Office survey on the informal sector workforce, 2008

Informal sector workforce by age, 2008



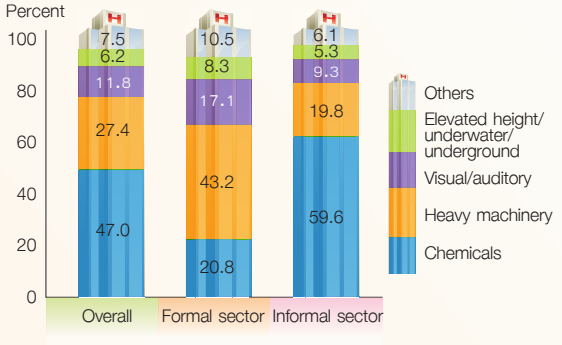
Source: National Statistical Office, 2008. The 2008 Informal Employed Survey Whole Kingdom.

Proportion of informal sector workers aged 15 and over by occupation, 2008



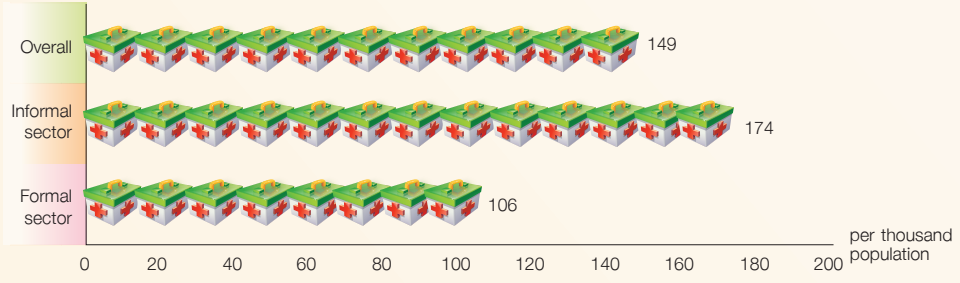
Source: National Statistical Office,2008. The 2008 Informal Employed Survey Whole Kingdom.

Occupational risks by sector, 2008



Source: National Statistical Office, 2008. The 2008 Informal Employed Survey Whole Kingdom.

Incidents of occupational injuries (per thousand), 2008



Source: National Statistical Office,2008. The 2008 Informal Employed Survey Whole Kingdom.

8 Health of Migrants

Migrant workers face physical and mental health problems. So do those left behind.

"The 2009 human development report stated that migration affects the human development of both the migrant workers themselves and their communities of origin including the families who are left behind."

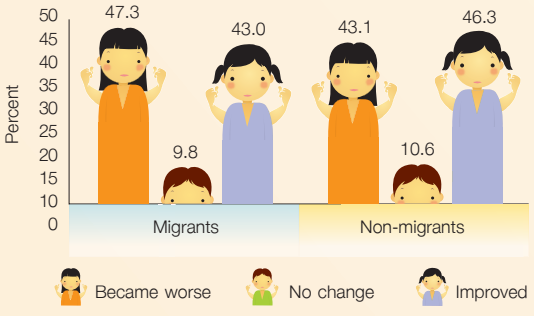
Although most migrant workers do not have chronic diseases, one fifth of those affected have cardiovascular disease. Only 6% do not have health security coverage. Comparing to those in other regions, there are more migrant workers in Bangkok who do not have health security coverage and more than half of them buy over-the-counter medicine when sick.

A comparative study conducted by the Migrant Workers' Health Program of Institution for Population and Social Research in Kanchanaburi surveillance area found no significant differences between migrant and non-migrant workers aged 15-29 in terms of physical and mental health.

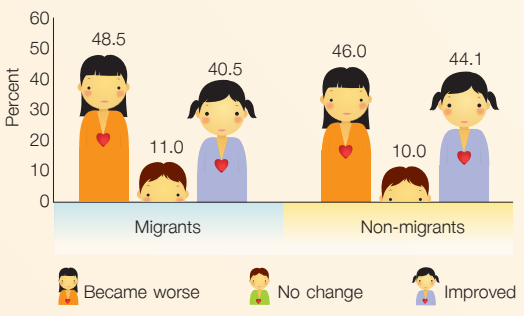
However, negative effects have been found in the community left behind by migrant workers. Children whose parents have moved away to work in big cities have slower intellectual development than those whose parents remain in the community. A qualitative study in Kanchanaburi by Institute for Population and Social Research showed that this is a result of inappropriate rearing by caretakers-usually grandparents-who cannot fully participate in economic activities and who receive little and irregular remittances from the children's parents. In conclusion, the negative effects of labour migration are more heavily felt by the community of origin than on the migrant workers themselves.

Written by ***the Thai Health Working Group***

Change in physical health, 2005-2007



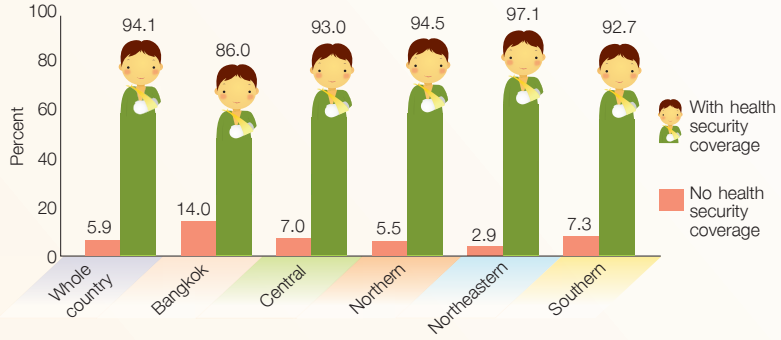
Change in mental health, 2005-2007



Note: Migrants refer to those aged 15-29 in 2005 living in rural areas. They were interviewed once again in 2007 after moving to urban areas (Bangkok, Nakorn Pathom and Kanchanaburi Municipality.)

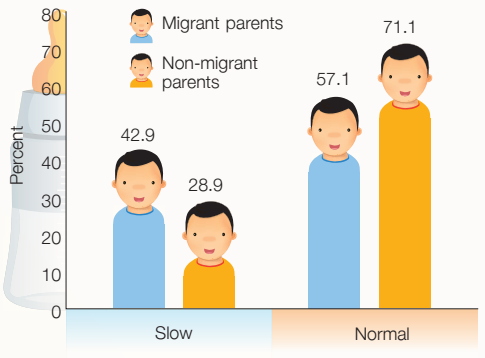
Source: Institute for Population and Social Research, 2008. Migration and Health in Karnchanaburi Demographic Surveillence System.

Proportion of migrant workers with no health security coverage by region, 2004



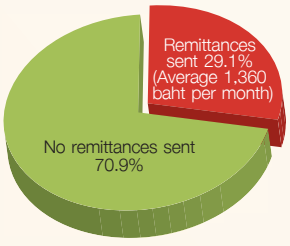
Source: National Statistical Office 2005.Migrant Workers in Bangkok Metropulis, its Vicinity and Specific Areas 2005

Intellectual development of children aged 1-12 in Phrae, Buriram, Saraburi and Bangkok



Source: Sutham Nanthamongkolchai, Sirikul Isaranurug and Chokchai Munsawasengsub, 2006. Parental migration and health status of children aged 1-12 years old.

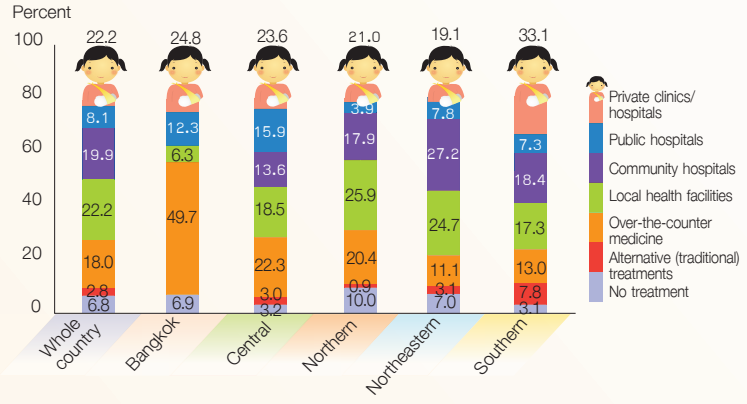
Remittances sent by migrant workers, 2005-2007



Note: Migrant workers from Kanchanaburi's rural areas who were currently (2007) living inurban areas (Bangkok, Nakorn Pathom and Kanchanaburi Municipality) and their remittances in the previous two years.

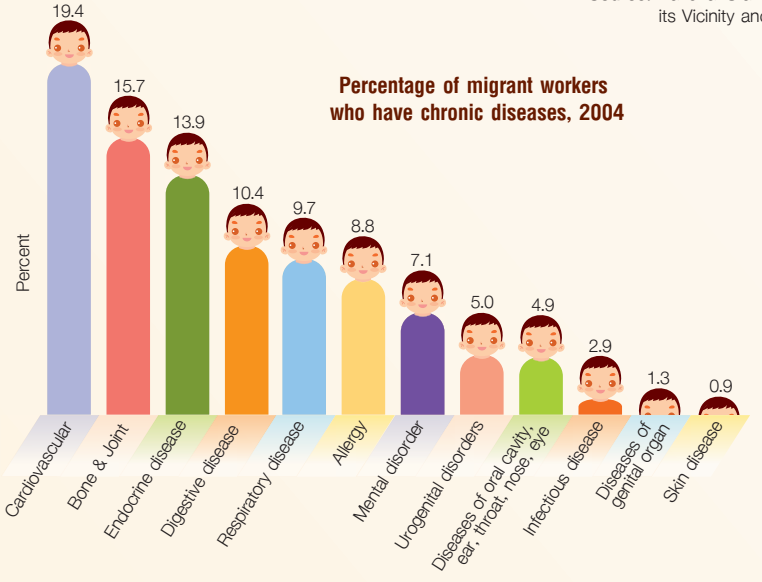
Source: Institute for Population and Social Research, 2008. Migration and Health in Karnchanaburi Demographic Surveillence System.

Treatments sought by migrant workers when ill, 2004



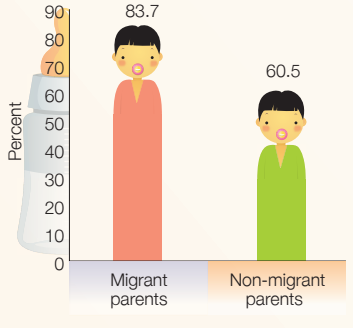
Source: National Statistical Office 2005.Migrant Workers in Bangkok Metropulis, its Vicinity and Specific Areas 2005

Percentage of migrant workers who have chronic diseases, 2004



Source: National Statistical Office 2005. Migrant Workers in Bangkok Metropulis, its Vicinity and Specific Areas 2005.

Children aged 1-12 raised inappropriately in Phrae, Buriram, Saraburi and Bangkok



Source: Sutham Nanthamongkolchai, Sirikul Isaranurug and Chokchai Munsawasengsub, 2006. Parental migration and health status of children aged 1-12 years old.

9 Thai Workers in Vulnerable Situation

Labour protection laws are not efficiently enforced. 12% of unskilled workers were found to be child labourers (15 years old or younger). Many Thai workers fall victims of deception during recruitment to overseas. The rights to work of the disabled should be promoted.

"Thai workers who are at risks of exploitation are children, the disabled, the elderly and victims of cheating."

Although Thailand's labour protection laws specified the minimum working age at 15 years old, there are still many children working as domestic help, waiters in restaurants and entertainment venues as well as beggars.

The survey of household socio-economic during the first half of 2009 found that child labour of 15 years old or under made up 12% of all unskilled labour. It also showed that children on average worked 22 days per month, or more if they are non-Thais-28 days for Burmese children and 25 days for Cambodian children.

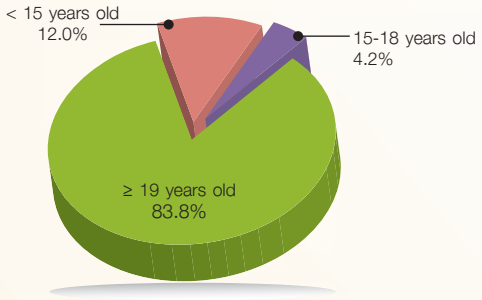
When it comes to employment opportunities, the disabled have obvious disadvantages. While three quarters of non-disabled persons have jobs, only one third of the disabled are employed-half of which are in agriculture and fisheries. To make matters worse, disabled workers are also not entitled to the same wages and benefits as others. 53.2% of disabled workers earn less than 3,000 baht per month. This means that three fifths make less than the minimum wage.

Thai workers also often fall victim to overseas employment frauds. Many men have been unwillingly sent to fishing boats off far coasts, and women into sex works in foreign countries. The reason for the ubiquity of such frauds is the obsolete law that regulates recruitment companies. The Recruitment and Job Seekers Protection Act B.E.1985 requires only five million baht guarantee for the setting up and operation of a recruitment company. Many companies often recruit more workers than existing quotas-or even without a quota-to demand high fees from job seekers. When a complaint is lodged against them, they can easily fold and forfeit the guarantee fund, and open a new company to start a new scam.

The Mirror Foundation reported that some of the women tricked into prostitution abroad had done sex work in Thailand. Once abroad, however, they often face harsher work conditions than agreed upon. Many others were deceived by match-making companies promising marriage with a foreigner and end up being forced to do sex works or heavy domestic chores.

Written by ***the Thai Health Working Group***

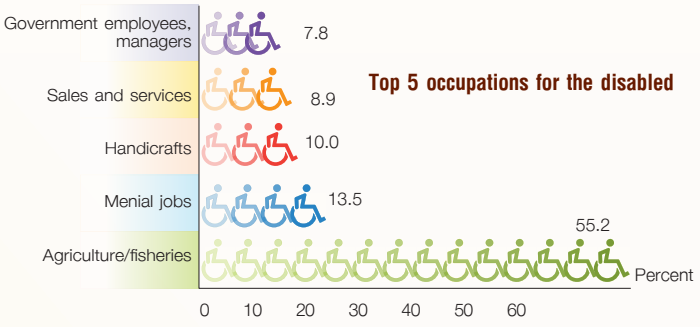
Unskilled labour, by age



Note: "Unskilled labor" refers to workers in menial jobs.

Source: National Statistical Office, 2009. The Preliminary Report of the Household Socio- Economic Survey (SES): 1st six months.

Top 5 occupations for the disabled



Source: National Statistical Office, 2007. The 2007 Disability Survey.

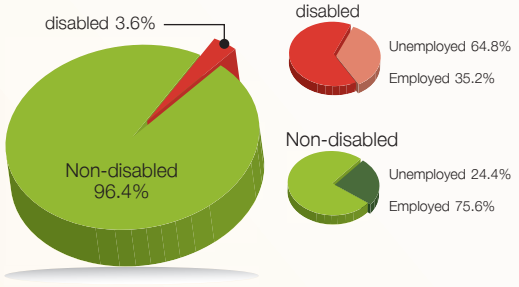
Average number of working days per month (Average number of daily working hours) of unskilled labour by age and mother tongue

Age	Mother tongue				
	Thai	Burma	Khmer	Others	All
< 15 years old	22 (8)	28 (7)	25 (9)	19 (7)	22 (8)
15 -18 years old	20 (8)	28 (10)	30 (8)	8 (6)	22 (8)
≥ 19 years old	22 (8)	26 (8)	24 (8)	22 (8)	22 (8)

Note: "Unskilled labour" refers to workers in menial jobs.

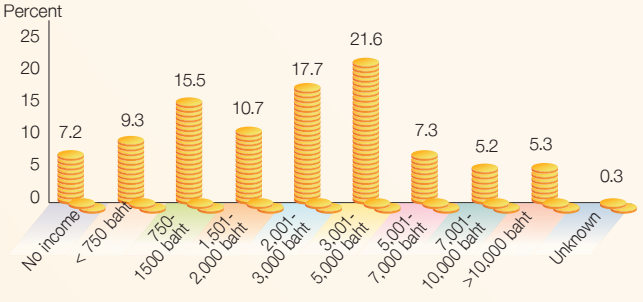
Source: National Statistical Office, 2009. The Preliminary Report of the Household Socio-Economic Survey (SES): 1st six months.

Proportion of disabled workers in the workforce and unemployment rates



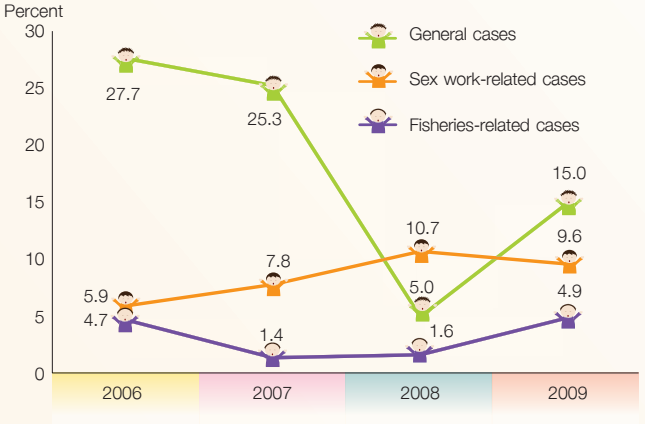
Source: National Statistical Office, 2007. The 2007 Disability Survey.

Disabled workers' income



Source: National Statistical Office survey on disability, 2007.

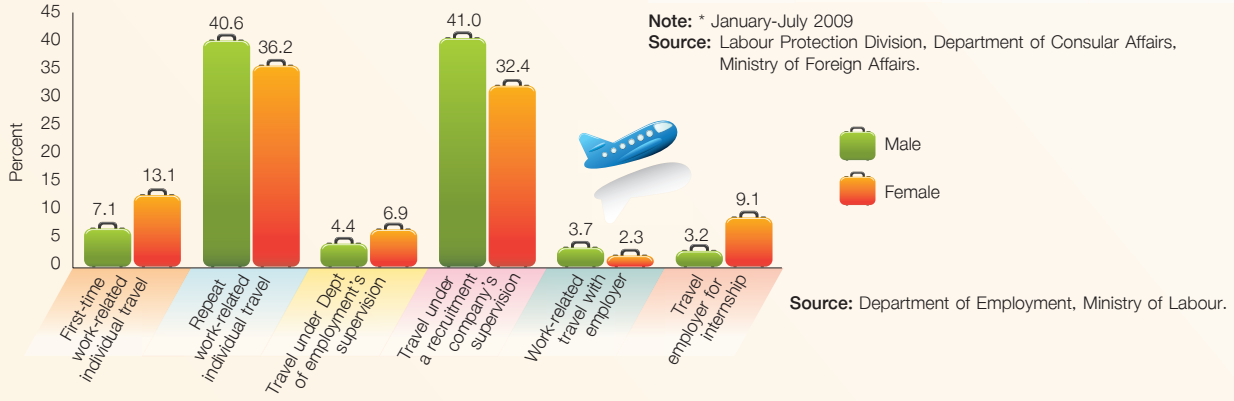
Thai workers abroad requiring assistance from the Ministry of Foreign Affairs, 2006-2009*



Note: * January-July 2009

Source: Labour Protection Division, Department of Consular Affairs, Ministry of Foreign Affairs.

Nature of foreign travels undertaken by Thai workers



Source: Department of Employment, Ministry of Labour.

10 Health of Migrant Workers from Myanmar, Cambodia and Laos

Thai government has relaxed labour regulations to allow irregular labour migration from three neighbouring countries since 1996. Migrant workers from Myanmar, Laos and Cambodia can register and apply for work permits for menial and labour-intensive works.

"Almost one fifth of foreign migrant workers are employed in Bangkok. Non-infectious diseases are the top cause of death among these workers, two thirds of whom must pay for health care out of their own pockets."

In 2009, the cabinet passed another resolution to allow workers from the three neighbouring countries to apply for and renew work permits. The number of registered workers from these countries currently stands at 1,310,690-each must pay 1,300-baht for a Health Security card. Since 2006, the government also allowed immigration of workers from Laos and Cambodia to do labour-intensive works. These are legal workers with health care coverage under the Social Security Act. As of 2009, there are 26,562 workers in this category.

The 1,310,690 registered foreign migrant workers are found in every province, with the highest concentration in the Central region. Bangkok (250,465) and Samut Sakorn (159,554) have the largest numbers of foreign migrant workers, while Amnat Charoen has the smallest number (64). Most foreign migrant workers are employed in the service sector (28%), followed by agriculture, livestock and related enterprises (23%), construction/mining industries (17%) and fisheries and related enterprises (15%). Notably, a small group of 822 are employed in educational institutions, foundations and health care facilities. Many of these are public health officers stationed in hospitals or volunteers who assisted schools and other charitable organizations.

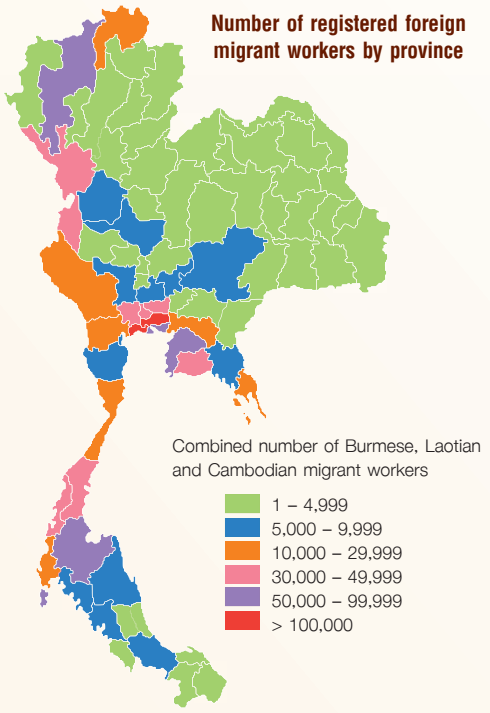
The illnesses and death of foreign migrant workers are often results of unsanitary living conditions, unhealthy diets and unsafe work environments. According to 2008 data on the health of foreign migrant workers-systematically collected since 2004-the most common illness is diarrhoea, followed by malaria, pyrexia (fever with unknown cause), pneumonia and dengue fever. During the past five years (2004-2008), it was found that the most common cause of death among foreign migrant workers was non-infectious diseases, followed by accidents, infectious diseases and homicide/suicide.

Among foreign migrant workers, there are those who have Health Security cards, those without them-also called underground labour-and those covered by Social Security Fund, as well as Burmese, Laotian and Cambodian citizens who cross the border to access health care services in Thai hospitals along the border.

The 2008 data showed that Thai hospitals spent 5.6 million baht on foreign migrant workers who have no health insurance and cannot pay. There were also those who paid out of their own pockets, contributing 53 million baht altogether. Foreign workers with Health Security cards cost the hospitals approximately 19.7 million baht out of the amount of approximately 300 million baht collected by the Ministry of Public Health in 2008.

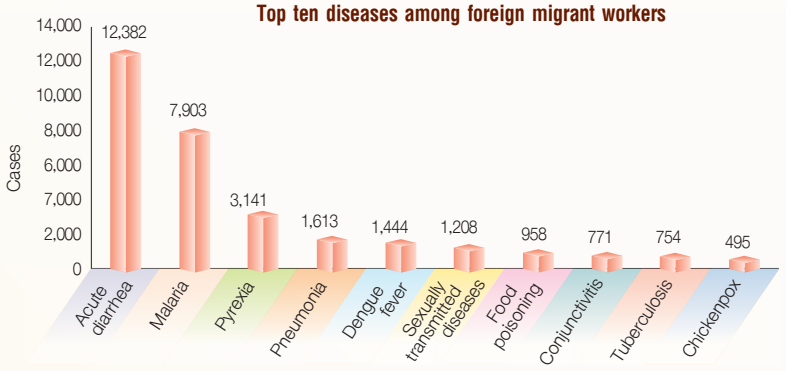
Written by
Associate Professor Dr. Kritaya Archavanitkul and Kulapa Vajanasara.

Number of registered foreign migrant workers by province



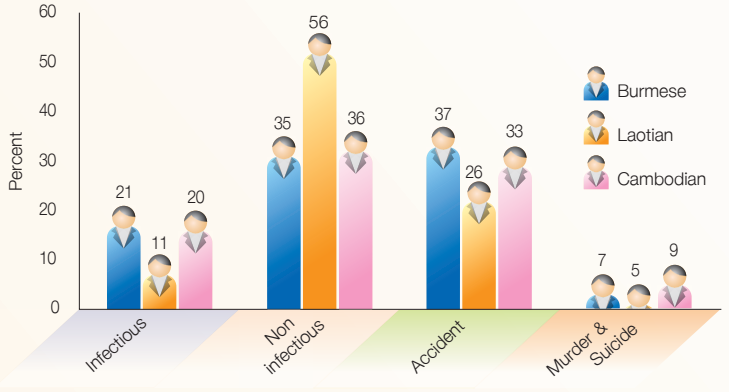
Source: 2009 report on work permit applications by Burmese, Laotian and Cambodian illegal immigrants following the cabinet resolutions on December 18, 2007, May 26, July 28, and November 3, 2009. (Last updated on November 26, 2009)

Top ten diseases among foreign migrant workers



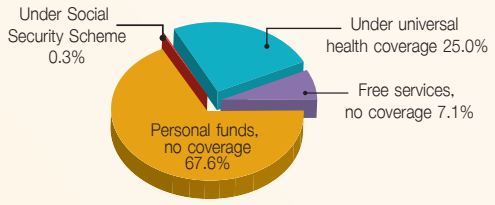
Source: Adapted from Table 6, Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health, 2008. Disease Surveillance Summary 2008.

Cause of deaths among foreign migrant workers (2004-2008)



Source: Nucharee Srivirojana and Sureeporn Punpuing. 2009. Health and Mortality differential among Myanmar, Laos and Cambodia Migrants in Thailand. Paper presented in the 2009 Annual Meeting of the Population Association of America, April 30-May 2, 2009. (calculated from Migrants' vital registration 2004-2008, Ministry of Interior)

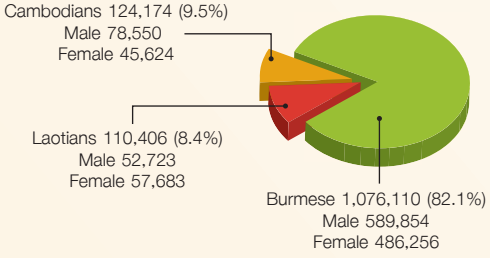
Health care financing among foreign migrant workers



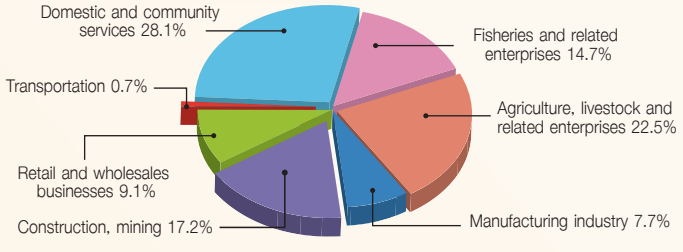
Note: October 2008 – September 2009.

Source: Calculated from the database of health of foreign migrant workers, Department of Health Service Support, Ministry of Public Health

Composition of foreign migrant workforce by nationality



Work permit applications by Burmese, Laotian and Cambodia migrant workers by sector (as of 26 November 2009)



Note: Domestic and community services include household servants, service personnel in educational and public health institutions, foundations and organizations.

Source: Kritaya Archavanitkul, 2010. (Calculated from the 2009 report on work permit applications by Burmese, Laotian and Cambodian illegal immigrants following the cabinet resolutions on December 18, 2007, May 26, July 28, and November 3, 2009. Office of Foreign Workers Administration, Ministry of Labor.)

11 Welfare of Thai Workforce

"Most workers in the Northeastern and Northern regions have a high degree of welfare."

Social insurance coverage, an average amount of transferred cash received by the household, and personal and property crime rates are the four indicators of workers' welfare.

Individual welfare is a dimension of workers' well-being. It is focused on social security which provides support to workers in time of unemployment or insufficient income and on being safe from personal and property crimes. Statistical indicators of workers' welfare available at the provincial level comprise social insurance coverage, an average transferred cash benefit of which the amount received is based on the household's poverty, and the rates of personal and property crimes. The first two statistics are positive indicators whereas the latter two are negative ones.

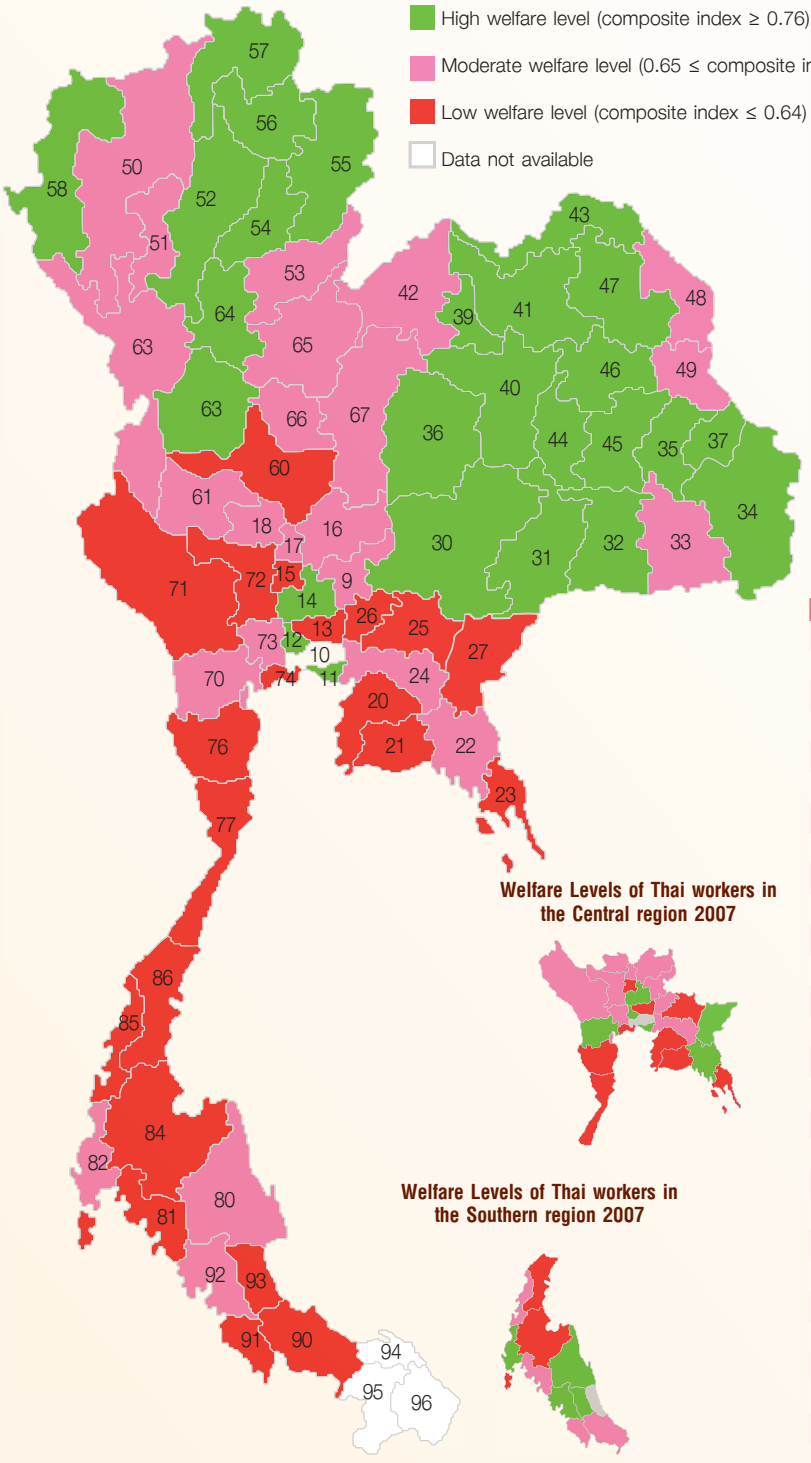
Analysis of workers' welfare by the 4 aforementioned indicators shows that the workforce in the Central and Southern regions come out on top only for social insurance coverage but they rate lower on the transferred cash benefit, personal and property crime rates.

As a result, composite indexes which take into account the 4 statistics combined indicate better welfare in the Northeastern and Northern regions than their counterparts in Central and Southern provinces.

The analysis of well-being by a composite index helps to suggest strategies for spatial development of workers' welfare in different regions. Resource allocation and forming of development clusters based on degree of well-being are some of the examples of applying composite index analysis in socio-economic planning. Composite index analysis can also show how to balance economic growth, urbanization, and industrialization which always emerge simultaneously with crime, environmental problems and income insecurity in particular areas with appropriate social development aspects.

Written by ***Associate Professor Dr. Surapone Ptanawanit***
Faculty of Social Administration, Thammasat University

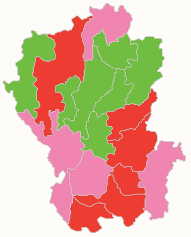
Welfare Levels of Thai workers, 2007



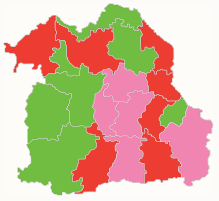
Welfare Levels of Thai workers in the Central region 2007

Welfare Levels of Thai workers in the Southern region 2007

Welfare Levels of Thai workers in the Northern region 2007



Welfare Levels of Thai workers in the Northeastern region 2007



Province Code		Province Code	
10	Bangkok	51	Lamphun
11	Samut Prakan	52	Lampang
12	Nonthaburi	53	Uttaradit
13	Pathum Thani	54	Phrae
14	Ayutthaya	55	Nan
15	Ang Thong	56	Phayao
16	Lop Buri	57	Chiang Rai
17	Sing Buri	58	Mae Hong Son
18	Chai Nat	60	Nakhon Sawan
19	Saraburi	61	Uthai Thani
20	Chon Buri	62	Kamphaeng Phet
21	Rayong	63	Tak
22	Chanthaburi	64	Sukhothai
23	Trat	65	Phitsanulok
24	Chachoengsao	66	Phichit
25	Prachin Buri	67	Phetchabun
26	Nakhon Nayok	70	Ratchaburi
27	Sa Kaeo	71	Kanchanaburi
30	Nakhon Ratchasima	72	Suphan Buri
31	Buri Ram	73	Nakhon Pathom
32	Surin	74	Samut Sakhon
33	Si Sa Ket	75	Samut Songkhram
34	Ubon Ratchathani	76	Phetchaburi
35	Yasothon	77	Prachuap Khiri Khan
36	Chaiyaphum	80	Nakhon Si Thammarat
37	Amnat Charoen	81	Krabi
39	Nong Bua Lam Phu	82	Phangnga
40	Khon Kaen	83	Phuket
41	Udon Thani	84	Surat Thani
42	Loei	85	Ranong
43	Nong Khai	86	Chumphon
44	Maha Sarakham	90	Songkhla
45	Roi Et	91	Satun
46	Kalasin	92	Trang
47	Sakon Nakhon	93	Phatthalung
48	Nakhon Phanom	94	Pattani
49	Mukdahan	95	Yala
50	Chiang Mai	96	Narathiwat

Composite index is calculated from :

$$\sqrt{\frac{Z_t + \left| M_Z + \frac{f_2}{f_1} \right|}{2 \left| M_Z + \frac{f_2}{f_1} \right|}}$$

Z_t = Total Z score

M_Z = Absolute value of the maximum total Z score

f_1 = Number of provinces with Z scores lower than zero

f_2 = Number of provinces with Z scores higher than zero

12 Social Security Funds

More than eight million employees across the country are protected against work-related injuries and illnesses by the Workmen's Compensation Fund. Among employees with general illnesses, chronic diseases were found to be on the rise.

"Workmen's Compensation Fund provides supports for activities related to the promotion of safety in the workplace and work environment. In addition, workers must tend to care their health by, for example taking annual physical checkups, exercising and eating healthy food in order to protect themselves against chronic diseases."

Workers who experience work-related injuries and illnesses can seek compensations from the Workmen's Compensation Fund under the management of the Social Security Office, Ministry of Labour. This fund is collected from employees at annually variable rates adjusted to the associated risks of their specific enterprises as measured by the rates of employee injuries.

Workmen's Compensation Fund currently covers every business in Thailand employing one or more workers, totalling 282,212 enterprises and 8,135,608 employees in 2008 according to Social Security Office statistics. The money collected from employees amounted to 2,875.29 million baht, while the compensations paid to employees totalled 1,688.35 million baht or 58.72% of the collected sum.

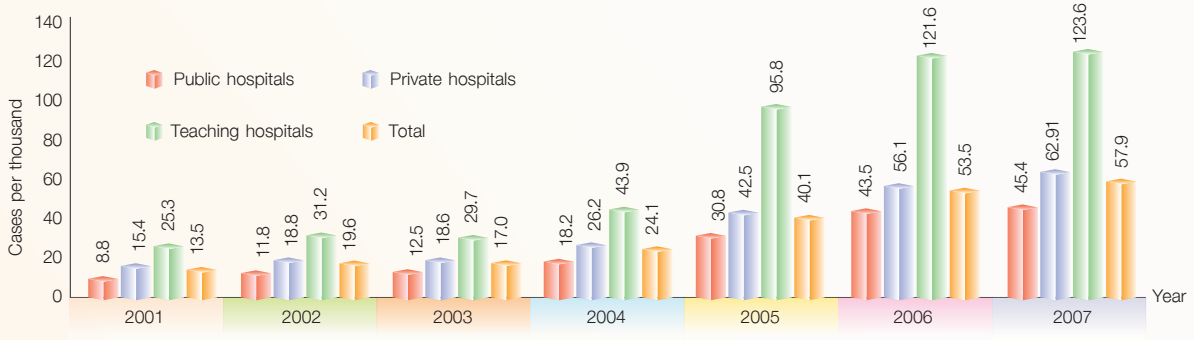
Employees with chronic diseases were found to make up 5% of those covered by the Social Security Scheme, although their health expenses take up a quarter of all out patient expenses and are quickly ballooning. From 2,291.21 million baht in 2005, the number rose to 3,109.01 and 4,381.70 million baht in 2006 and 2007, or 267.46, 346.57 and 458.39 baht per head (capita) in 2005, 2006 and 2007 respectively.

The proportion of expenses from chronic diseases also increased from 16.79% of all health care expenses in 2005 to 18.55% and 22.31% in 2006 and 2007 respectively. This fast increase will increasingly become a problem for the Social Security Scheme.

There should therefore be proactive measures and appropriate management for the promotion of health and disease prevention among workers against common chronic disease such as diabetes, hypertension and hyperlipidemia which can be found in more than half of those with chronic diseases. Emphasis must be put on regular physical checkups for the purpose of screening, appropriate and continuous treatments for diseases to prevent complications which may lead to disability or premature death. Health promotion by exercise and healthy diets must also be promoted.

Written by ***Dr. Sontaya Pruenglampoo***
Medical Advisor, Social Security Office

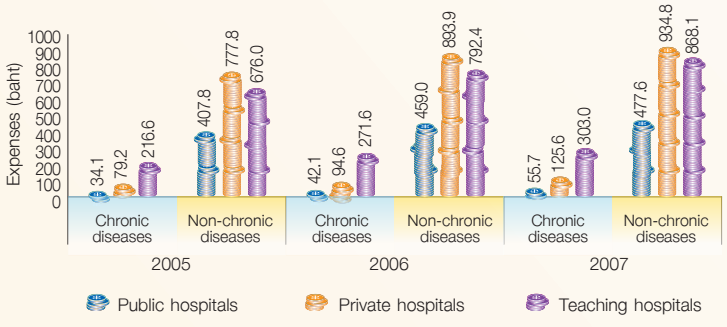
Cases of chronic diseases among those covered by Social Security Scheme (2001- 2007)



Note: Between 2001 and 2004, there were eight diseases on the list of chronic diseases. Since 2005, the list has expanded to cover 25 diseases.

Source: Sontaya Pruenglampoo, 2008. The Analysis and Review of Medical Expense Management System ; The Risk of Providers in Social Security Scheme.

Average annual expenses for in-patients covered by the Social Security Scheme



Note: Per head expenses calculated by dividing total expenses with the number of beneficiaries for each hospital category. In-patients are those who receive treatments during hospitalization.

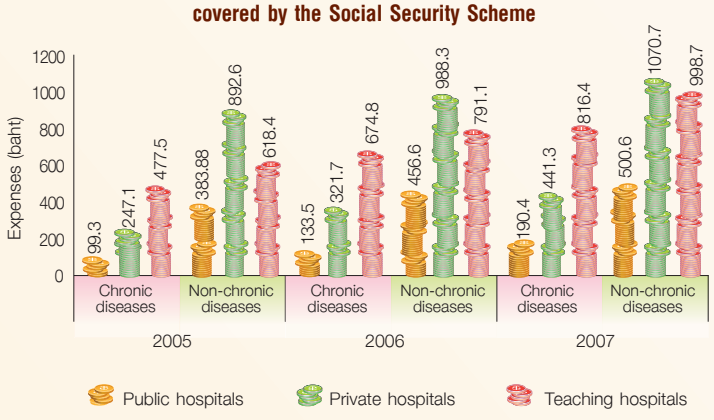
Source: Sontaya Pruenglampoo, 2008. The Analysis and Review of Medical Expense Management System; The Risk of Providers in Social Security Scheme.

Amount of health care fees that health facilities receive from the Social Security Office

Note: Health facilities include public hospitals, private hospitals and teaching hospitals. Health care fees include per-head lump sum fees, complications fees, admission charges and specialist fees.

Source: Sontaya Pruenglampoo, 2008. The Analysis and Review of Medical Expense Management System; The Risk of Providers in Social Security Scheme.

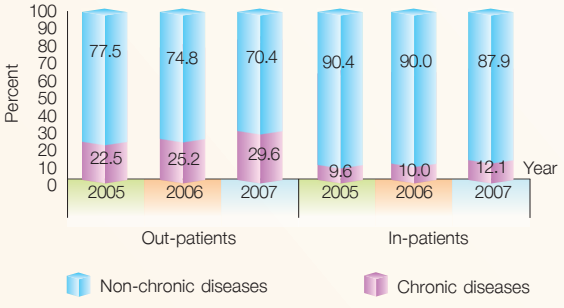
Average annual expenses for out-patients covered by the Social Security Scheme



Note: Per head expenses calculated by dividing total expenses with the number of beneficiaries for each hospital category. Out-patients are those who receive treatments without hospitalization.

Source: Sontaya Pruenglampoo, 2008. The Analysis and Review of Medical Expense Management System; The Risk of Providers in Social Security Scheme.

Comparison of expenses between chronic diseases and non-chronic diseases (2005-2007)



Note: Expenses paid in public hospitals, private hospitals and teaching hospitals.

Source: Sontaya Pruenglampoo, 2008. The Analysis and Review of Medical Expense Management System; The Risk of Providers in Social Security Scheme.

10

Health Issues

Over the last five years Thailand's political situation has been filled with conflicts. Instead of improving, the conflict's intensity seems to be escalating, which has turned around the slightly growing economy into one that is suffering. The political ill winds have blown away the calls for harmony, resulting in a lot of people experiencing "political stress syndrome" (PSS). It looks as if the answer to the question "whether or not there is any "way-out" of this long crisis" is still unfound.

1 Is There Any "Way-Out" of the Thai Political Crisis?

Thais and the PSS

Nowadays, we may greet people with "Do you have PSS today?" and not with the popular greeting word "Sawasdee". The so-called "Political Stress Syndrome" or PSS in short, was unknown by Thais until mid 2008 when political tensions rose. At that time, Prime Minister Samak Sundaravej was disqualified from his position after the Constitutional Court ruled that he acted illegally hosting the television program "Tasting and Grumbling". He was replaced by Somchai Wongsawat, brother-in-law of Pol. Lt. Col. Thaksin Shinawatra

While the Prime Minister had been replaced, the People's Alliance for Democracy was holding a street protest, which had continued for more that 100 days. This was accompanied by threats and counter threats plus physical attacks from both sides of the political divide.

During this time, Dr. M.L. Somchai Chakrabhand, Director-General of the Department of Mental Health, Ministry of Public Health, mentioned that stress from the political situation was affecting Thais nationwide,[1] particularly those living in Bangkok, who were surrounded by the intense situation daily. The stress was particularly affecting those who kept their eyes on politics through TV, radio and newspapers, plus politicians and those who joined political gatherings, either pro or anti government.

Physical symptoms included headaches, muscular pain, tension around the temple, back of the neck or legs and arms, insomnia, palpitations, short of breath, abdominal and stomach aches. Mental symptoms included excessive worry, easily getting irritated, moodiness, aggression, desperation, short concentration and daydreaming. Both physical and mental conditions produced impacts on behaviours and relationships with others, from moody conversations to the thought to use physical aggression.

"Red Shirts" Took Action in 2009

Polls conducted by various institutions show that PSS is having an affect on Thai society. Questions about politics and happiness over the last few years reveal similar answers. People get bored and stressful when talking about politics. They were hopeful of having peaceful country without the conflicts between different people.[2] It seemed that the political tension had pulled down Thais' level of happiness and the lowest happiness score belonged to people in Bangkok.[3]

When the political power "shifted" with a new government put in place, the "yellow shirt" protestors were replaced by the "red shirts". According to Surachat Bamrungsook, "... if 2008 was the year of the yellow shirts, with their success in brining down the government, overtaking government house and invading Bangkok's airports, 2009 might belong to the red shirts in spite of being vanquished during Songkran festival, as it is not possible to wipe the red shirts from politics".[4]

The red shirt demonstrators, who call themselves the "United Front for Democracy against Dictatorship" (UDD) organized themselves on a strategy similar to those of the yellow shirts or the "People's Alliance for Democracy", just like "if you can, so I can".[5] The similarity ranged from selecting a shirt colour, the use of hand and feet clappers, the *Dao Kra Jai* strategy (to besiege strategic places), the siege of government property, and using "satellite television". The one difference, perhaps, was that the red shirts had various media in their hands. Supported by Thaksin Shinawatra and his network, these media played a significant role to occupy news spaces including video links, phone-ins, SMS, weekly internet broadcasted radio programs and a daily twitter. Local media, such as magazines and community radio stations, acted as an announcer to their supporters to counter the government, raise new issues and plan their movements.[6] Because of these tools, the government stayed under pressure over the year. Inside the parliament, the Pua Thai Party took charge of the fight against the government. However the Party still could not find a person to act as its opposition leader.

The red shirts expected that the siege at Government House and the protest in front of See Sao Thewet House of General Prem Tinsulanonda, Privy Councillor President, on Songkran holidays between April 8 and 14, 2009, would drive out the government as well as overthrow of the bureaucracy polity completely. Rather, the Reds "stumbled" as their operations went "too far" particularly with the raid on the ASEAN summit at Pattaya and the invasion of the Ministry of Interior, followed by brutally damaging the car of the Prime Minister Abhisit Vejjajiva.

On April 13, 2009, the red shirt's army of taxis blocked vehicles on roads at the Victory Monument and other major routes, then completely closed down roads, burned public buses and dragged a gas truck into the road at Din Daeng Apartment Area. The riot ended after the government's declaration of Emergency Decree that allowed the military crackdown. Two people from Nang Leuang Community died from gunshots though the shooter was not found. Around a hundred people were injured in the fight and crackdown. Their leaders agreed to cease the protest later. They faced the charge of assembling people for a riot[7] while some leaders flew overseas.

Seemingly, the "April Riot" brought more careful steps to the red shirts, for instance peaceful demonstrations, "submission of a pardon petition" with the name of five million supporters for Thaksin Shinawatra on August 7, 2009 and a few political gatherings. On the other side, after invoking the Internal Security Act, the government exercised power according to it to prevent violence from re-happening. Last year alone, the government declared law enforcement under the Act for six times.

No Dissolution - No Coup, But "Rusting Inside"

For the government, the Reds and Pol. Lt. Col. Thaksin Shinawatra were comparable with an "external battle" for the coalition government under the Democrat Party. However, the government also had an "internal battle", among coalition parties. This looked like cause "rust from within" and could cause grievous injuries to the government.

The relationship between the Democrat and coalition parties was usually problematic. The Bhumjaithai Party led by Mr. Newin Chidchob, "pressured and demanded" until the Prime Minister

agreed on what it wanted. The Prime Minister then was named "Lak Loy" (or no principle) by correspondents at the Government House because of possibly corrupted projects and amendment of articles of the Constitution. Article 190 concerned the agreement with a foreign country without parliamentary approval. Further, there was conflict over Article 93-98 concerning the total number of MPs and the electoral system for the election of MPs. Finally, after prolonging the "buying-time", the Democrat Party abode the Party's resolution not to participate in the Amendment on January 26, 2010,[8] causing a visible "split" in the coalition.

Two cases illustrate the rusting with inside the government, the Sufficiency Community Project and the Strong Thailand Project. The first one took the scalp of the project supervisor and Deputy Prime Minister Korbsak Sabhavasu who taking responsibility for the mistakes was moved to the position of Secretary General to the Prime Minister, replacing Mr. Niphon Prompan who earlier resigned in response to the appointment of the National Police Chief. This appointment was a "time bomb" in the government's hands. The other case, removed two Public Health Ministers from their posts after accusations of budgetary fraud.

The rumour of a "House dissolution" spread. The dissolution would break the political deadlock allowing coalition parties to turn back and shake hands with the Pua Thai Party to form a new government. Another expectation, the dissolution might be a means as an escape from a no-confidence censure debate prepared by the opposition since early 2010. Despite all rumours, Prime Minister Abhisit Vejjajiva continued to confirm that it was not time to dissolve the parliament.[9]

Rumours about a "coup" were taking place at the same time as other rumours indicating the dissolution of parliament and along with the 'red shirts' protests. Thus, General Anupong Paojinda was forced to repeatedly guarantee that neither a coup nor bloodshed would happen. He insisted that "the military would not let Thai people fight against each other". He also stated that "no one should break the law otherwise we cannot live together. I confirm that there will not be any bloodshed or a coup next year. We still have many paths to solve problems of Thais".[10]

Do We Have Any Way-Out? And in Which Direction Should We Go?

Just after the beginning of 2010, the red shirts shifted its strategy by focusing on another privy councillor, General Surayud Chulanont, and used his "Khao Yai Thieng property" as their target. They also released new tactics and mobilized the "anti-coup" movement. In this pursuit, Pol. Lt. Col. Thaksin Shinawatra declared his readiness to fight through the establishment of the government in exile and creating a People's Army for Democracy under His Majesty the King. After all, his plans collapsed less than two days owing to heavy resistance from leaders of UDD and House Number 111, and civil society as well.[11]

Mr. Surachat Bamrungsuk, a lecturer from Faculty of Political Sciences, Chulalongkorn University, revealed his analysis over the risks in Thailand in 2010. In terms of military, his focus was on the insurgency in the southern region and conflict of the eastern border of Thailand and Cambodia. In politics, he gave much weight to the red shirt operation and the role of military in politics. In his view, attempts to turn Thailand back to normalcy were just "dreams". What we should question was whether or not we needed our politics broken down so we could re-build it later. If the answer was 'Yes', what kind of violence would there be?[12]

Views of different political scientists concerning Thai politics have been collected by Martin Petty, a foreign analyst from Reuter. Many of these analysts thought that the most likely scenario would be for demonstrations to take place, and that they would end without any violence. They reasoned that violence yielded nothing, particular for the red shirts. The last April's riot damaged the red shirts' credibility. Hence, a big peaceful demonstration would lessen the credibility of the fragile government.[13]

An analyst from the Eurasia Group, Mr. Robert Herera-Lim, said that "Now there is no key political group in the country with the capacity or desire to turn this intense and frustrated situation around. The political game now was only a waiting game in which the people were playing with unblinking stares ..."[14]

Mr. Chatcharin Chaiwat, a journalist and columnist who had followed Thai politics for over 30

years, held different views, as he saw the ongoing conflicts were not caused by current events or political controversy, but rather because of structural problems rooted from the country's development plan over the last 50 years.[15] Similarly, Professor Pasuk Phongpaichit from the Faculty of Economics, Chulalongkorn University, views the conflict as structural and that Thai political problems originate from "inequality" between the wealthy and middle class, and the poor.[16]

According to Chatcharin Chaiwat, current political conflicts, whether between parties or between parties and people, particularly the middle class or urbanites, were "unlimited", unlike in the past. They burst into unstoppable structural conflicts, despite the many years of keeping them under control.

Indeed, these problems are an ideological battle between the urban and the rural, for justice of income and opportunities that require "many years" to solve. However, the problems of today can be more complex and violent as they can be aggravated by money and the media.

Based on different, opinions and comments, he has proposed two solutions;[17]

1. The first solution is to "take time" while adjusting differences of income and opportunities along with state mechanism reformation to maintain justice and equality to all people.

2. The second solution is "not to take any more time". In this solution, the conflict would lead to an absolute social collapse in no time and resulting in the reformation of social structures. Nevertheless, this option would be opposed by the majority, as their desire is for democracy.

Conversely, Mr. Kasien Tejapira, a lecturer from Faculty of Political Science, Thammasat University, said "Thai people like short cuts ... but the results are long-term dangers. The short cuts place heavy burdens on the people who are requested to solve the problem, forcing them into precarious political positions. They also force the national institution to take side, creating further problems".[18]

Lessons from the September 19, 2006 coup[19] are not solutions to the current political crisis. As pointed out by Dr. Pitch Pongsawat from the Faculty of Political Sciences, Chulalongkorn University, the latest coup yielded two critical issues: 1) more criticism at the monarchy, privy councillor and judiciary and; 2) problems in the interpretation of justice, particularly concerning double standards.[20]

After more than 78 years of democracy, Thailand has slipped into a state of half-democracy intermittently interrupted by coups. We are now in an atmosphere of high political participation through the yellow, the red and other colours shirts such as blue, white and so forth. Definitely, the people of each colour desire to continue to walk to liberal democracy and so they are prone to deny shortcuts. **From now on, Thailand's political road will not be the same.**

In the short term, the parliament dissolution may be the solution for this year (2010). It will pave the way for general elections and representative democracy. Whenever there is overall acceptance to the election results there will be a gradual return to "political normalcy" in Thailand.

No longer able to bare the suffering from the pollution, Map Ta Phut residents filed a complaint with the Administrative Court. The Administrative Court suspended 76 projects, resulting in a hot economic, environmental and health issue and leading to a (temporary) mechanism to resolve the problem in the form of an independent organization.

2 Map Ta Phut: A Hot Economic Issue for the Nation, A Pollution Problem for Local Communities

A New Fighting Dimension

It is undeniable that Thai society is aware of the long-standing problems faced by Map Ta Phut residents who have had to live with industrial pollution in Rayong province. Thai society is also aware that the locals have continuously demanded the problems to be solved by issuing formal letters of complaint and demonstrations, but to no avail.

The major reason is that the government sector continues to be worried that the country's main economic bloodline will be affected. As a result, the option used to solve the pollution in Map Ta Phut has been "buying time" through the formation of countless study committees, the establishment of funds for villagers, and commercials stating that investors have good corporate governance and corporate social responsibility (CSR).

"Shutting an eye" to the enforcement of regulations, especially city planning regulations, resulted in industrial plants being located next door to residential areas resulting in chronic illnesses. Environmental problems did not decrease, but continued to rise in line with the expansion of heavy industries.

On 1 October 2007, 27 residents from 11 communities in the Map Ta Phut Industrial Estate decided to file a complaint with the Rayong Administrative Court. The lawsuit was filed against the National Environment Board for failing to declare Map Ta Phut a pollution-control zone.[1]

Announcement of the Pollution-Control Zone

On 3 March 2009, the Rayong Administrative Court ruled that the National Environment Board was negligent in not announcing Map Ta Phut municipality and vicinities as pollution-control zones.

The Court ruled that the National Environment Board must announce all areas near and in Map Ta Phut municipality, including Nernpra, Mabkha and Tabma sub-districts in Muang district and all sub-districts in Ban Chang district, as pollution-control zones in order to control, reduce and eliminate toxic waste, as directed in the National Environment Quality Act, within 60 days of the Court's order.[2]

The verdict referred to both government and private sector documents, especially the Map Ta Phut report from the National Health Assembly, which reported pollution in the air, public canals and seawater as well as effects on the environment and health. The locals, the plaintiffs in the lawsuit, considered the verdict "the first step to success" while investors urged the Prime Minister to "appeal" against the court ruling, citing potential significant damage to the country's economy.

Vice Chairman of the Federation of Thai Industries, Payungsak Chartsupipol stated, "This case may have an impact on investment and economic expansion and may cause investors to relocate their manufacturing base to other countries". "It may also affect overall investor confidence because Map Ta Phut Industrial Estate is a major industrial area with revenue as high as 11 trillion baht per year, equivalent to 11% of the country's GDP, and employs over 100,000 people."[3] He confirmed, "The pollution problem is not as critical as it seems as the majority of the companies that invest in Map Ta Phut have high enough standards".[4]

Mr. Detcharat Sukkamnerd, a professor at the Faculty of Economics, Kasetsart University, had a positive view on the implementation of the court's ruling. "The announcement of the pollution-control zone will allow different sectors in society, including the government, private and public sectors, to work together in order to control and reduce pollution in the area and have a more systematic work process."[5] It provided an "opportunity" to improve the environmental standards and health of the people in Rayong, leading to investment in clean technology in all industries which would be beneficial to trade in the international arena.[6]

Eventually, Prime Minister Abhisit Vejjajiva, Chairman of the National Environment Board, declared on 16 March 2009 that the board meeting had a unanimous decision to announce Map Ta Phut Industrial Estate as a pollution-control zone. However, the National Environment Board would appeal the court ruling that the government agencies were negligent of their duties in declaring pollution-control zone. The Prime Minister said, "The announcement of the pollution-control zone in order to effectively solve the environmental problems is not to fight against businesses. Businesses must respect maintaining environmental standards, must not harm communities, and should not think that it will have a negative impact on the investment environment."[7]

Suspension of 76 Projects

After the declaration of Map Ta Phut and nearby areas as pollution-control zones according to the Rayong Administrative Court's ruling, the private sector continued to give interviews about the impact on investment, quoting losses in the trillions figure. There was also a special report in the economic page of Thairath newspaper questioning the declaration of the pollution-control zone by the government.[8]

Sarinee Archavanuntakul, an independent researcher, wrote "if the industrial sector in Map Ta Phut Industrial Estate had real 'corporate social responsibility' or 'CSR' as publicized, they should consider this case as an 'opportunity' to show their sincerity by dedicating their funds, time and expertise to help the villagers and local agencies to develop a pollution reduction plan. According to CSR principles, the key is cooperation with all stakeholders, not just standing still to see what the local authorities 'can do', waiting to point a finger 'it serves you right' afterwards, or letting villagers continue to suffer."[9]

While local administrations in Rayong province are moving forward to develop plans to reduce and eliminate toxic waste, approval of new industrial projects are underway. One such project is to reclaim land from the sea in order to construct a port and chemical terminal on more than 1,000 rai of land, while chemical leakages with fatalities still occur.

When the demand to slow down new investment so to develop a plan to reduce and eliminate pollution was not met, Map Ta Phut locals and the Stop Global Warming Association again filed a complaint with the Administrative Court on 19 June 2009. The complaint was against eight government agencies that had approved the construction or expansion of plants in the Map Ta Phut area which was not in accord with Article 67 of the 2007 Thai Constitution and the 2007 National Health Act or did not completely comply with all three requirements under the law.

1. Did not do an assessment of the health impact
2. Did not hold a hearing of the opinions of the public or stakeholders
3. Did not have an independent organization, consisting of representatives from private environmental and health organizations and from higher education institutions providing studies in the field of environment, natural resources or health, provide an opinion prior to the operation of such project

Mr. Srisuwan Janya from the Lawyers Council of Thailand, one of the plaintiffs, said, "Since the 2007 Constitution has been in use (only 1 year and 9 months), the Office of Natural Resources and Environmental Policy and Planning (ONEP) through the Expert Committee has approved the health impact assessment (HIA) reports of 76 plants in the Map Ta Phut, Ban Chang and nearby areas".[10]

Meanwhile, the private sector in the petrochemical industry and the Federation of Thai Industries publicized about caring for the environment in the Map Ta Phut area[11] and confirmed that Rayong ranked as one of the most livable cities. The quality of the seawater and the canal water was better than before, the incidence of cancer was lower than the national average and thus it could not be concluded that the environmental quality and health of the Rayong people were being affected by the industries in the area.[12]

Investors in Map Ta Phut were once again "shocked" when the Administrative Court ruled on 30 September 2009 that the pollution problem in Map Ta Phut has continuously affected the communities and the problem seems to be intensifying. Therefore, it is necessary and fair to temporarily suspend 76 projects in accordance with Article 67(2) of the Constitution.

Since then, the private sector, including the Industrial Estate Authority of Thailand and the Federation of Thai Industries, has provided interviews about their losses resulting from the court decisions. Further, they are claiming the private sector is confused, investor confidence has fallen and there may be a slowdown in investment. Further, they claim operators may move their production base to other countries which may affect future economic expansion and employment. The Administrative Court's verdict was like a "big slap in the face" to investors. Sarinee Archavanuntakul called what happened as a "CSR failure".[13]

Map Ta Phut became headline news again and was one of the top stories of 2009.

Counting 1 Again at Map Ta Phut

Due to investors' "nervousness" and news of increasing losses, Mr. Korbsak Sabhavasu, Deputy Prime Minister responsible for solving the Map Ta Phut problem at the time, said, "I would like to ask the private sector to stop talking about the losses. Even though the losses may be great, if we have to lose even one life, it is not worth it".[14]

Prime Minister Abhisit Vejjajiva tried to find a solution by allowing projects that were approved before the 2007 Constitution took effect to appeal with the Administrative Court. At the same time, former Prime Minister Anand Panyarachun was appointed as the Chairman of the committee to resolve the problems in the Map Ta Phut Industrial Estate in accordance Article 67(2) of the Constitution. The four-party panel, which comprises of academics, the public, the private and the government sectors, is responsible for determining the criteria for preparing environmental impact assessment (EIA) and health impact assessment (HIA) reports and public hearings.

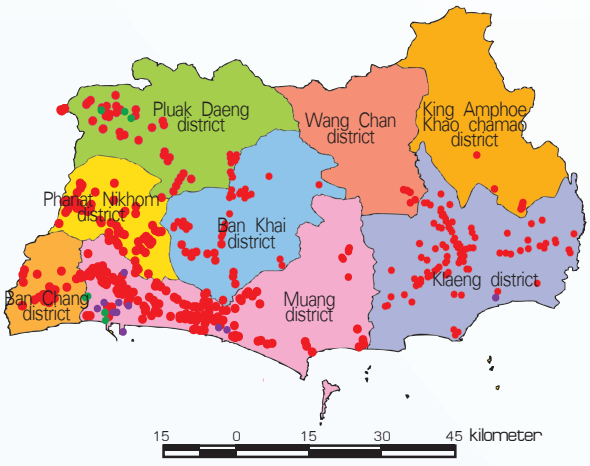
One day before the New Year in 2010, the Ministry of Natural Resources and Environment's Notification Re: Rule, Procedure, Method and Guideline for Preparation of the Environmental Impact Assessment Report for Project or Activity which may Seriously Affect Community with respect to Quality of Environment, Natural Resources and Health, which is considered the work of the four-party panel, was promulgated in the Royal Gazette on 30 December 2009. The private sector welcomed the rule as it provided a clear guideline for their implementation.

(Ad Hoc) Independent Organization A Temporary Mechanism to Resolve the Map Ta Phut Crisis

At the beginning of the year, the Cabinet passed a resolution approving the formation of an (ad hoc) independent organization working under the (draft) regulations of the Office of the Prime Minister "Re: Coordination of the Independent Organization in Providing Opinion on Project or Activity which may Seriously Affect Community B.E...."[15] so that the process under Article 67 (2) of the Constitution would have complete tools, that is, the Notification of the Ministry of Natural Resources and Environment on environmental impact assessment and health impact assessment, public hearing and opinions from an independent organization. To support the future of this independent organization, the Cabinet has approved a draft act to be submitted to the Office of the Council of State and then proposed to the National Assembly.

Under the draft act, a coordination committee will be established to provide advice to and support the work of the independent organization. Initially, the coordination committee will make an announcement

Map showing source of pollution in Rayong province



- Industrial plants
- Petroleum terminals
- Industrial estates

Number of industrial plants in Rayong province

Muang district	585 plants
Pluak Daeng district	339 plants
Klaeng district	239 plants
Ban Khai district	203 plants
Phanat Nikhom district	189 plants
Ban Chang district	65 plants
Wang Chan district	20 plants
King Amphoe Khao chamao district	10 plants
Total	1,704 plants

Source: Rayong Provincial Industry Office (1 February 2007)

calling for private organizations to voluntarily join in the establishment of the independent organization, agree on the conditions of the formation of the independent organization, and inform the Cabinet in order to announce the formation of the independent organization within 60 days after the appointment of all committee members.

Projects or activities that must be submitted to the independent organization for review must include an environmental impact assessment report, opinion of the Expert Review Committee, and a summary of the measures to prevent and control impact towards the environment. The coordination committee will follow up with the independent organization for the recommendation within 60 days. The recommendation will then be sent to the government agencies responsible for issuing licenses for final decision.

The Turning Point of Development

The problems faced by the communities in Map Ta Phut, Rayong province for many decades reflect development that used natural resources, the environment and the health of the people in surrounding communities as "cheap" investment costs.

It is undeniable that the huge economic loss today is a result of continued prolonged ignorance of the pollution problems faced by the locals because of "obsolete" and "unreasonable" fear that it will have an impact on investors.

Map Ta Phut was selected as the best example that reflected the "disability" of Thailand. Thomas Fuller of the New York Times/IST said, "This lawsuit is more significant to Thai society than other typical lawsuits. It is a landmark case and a new dawn in the country's development, which is hard to find in a society where filing lawsuits to create legal standards is not popular like closing streets for demonstrations... This case will make protecting lives and the environment a necessary "investment cost" for future projects. This will help prevent Thai society from being "disabled" and bring more worth to lives."[16]

On the direction of investment in Map Ta Phut, Mr. Akenithi Nithitanprapas, Director of the Macroeconomic Policy Bureau, Fiscal Policy Office (FPO), said, "The direction of the Thai economy has reached a turning point because investors in the heavy industries will gradually withdraw investment from Thailand to invest in other countries, in line with the world economy which now emphasizes environmental protection, green industries, clean and alternative energy industries, and agricultural industries."[17]

It seems that Aphisit Vejjajiva, as the Prime Minister affected by the Map Ta Phut pollution case for the past year, has a clear conclusion. "The case of Map Ta Phut involves more than just legal aspects. It has more to do more with lack of trust and confidence of villagers towards the industrial sector. It is undeniable that part of it was caused by the government and the private business sectors. Due to non-compliance with the original city plans and negligence without good reason, the problem has become difficult to solve. From now on, we must develop the economy and industries in a balanced, sustainable and careful manner. We must be stricter in developing standards and regulations. We must not think of convenient and fast shortcuts which will eventually destroy the potential of all parties."[18]

Mr. Noi Jaitang, a 70-year old Map Ta Phut villager who has been expropriated from his home twice to give way to factories and has repeatedly lost family members to cancer, said, "If the villagers cannot survive, how can the factories survive?"[19]

No one can further deny that no other area will be willing to "sacrifice" lives and the environment for development like Map Ta Phut.

Source: www.bangkokbiznews.com/home/detail/594.html

Despite the experience of battling the outbreak of SARS and avian flu, when H1N1- a new strain of flu spread to Thailand, and as the number of patients and deaths escalated, panic gripped the nation. The only solution against this new pandemic was a vaccination.

3 Thailand and the H1N1 Flu

From Mexico to a Borderless Virus

In mid-March 2009, countless villagers in La Gloria, Veracruz, Mexico became sick with an acute respiratory illness of unknown provenance. The outbreak intensified and the number of deaths continued to increase. On 25 April 2009, Dr. Margaret Chan, Director-General of the World Health Organization (WHO), announced that there was a new virus outbreak and that the health emergency situation should be closely monitored by the international community.[1]

The United States which shares a border with Mexico also found patients with similar symptoms. In a short while, the virus strain was identified as type A H1N1 from an American patient who had returned from Mexico. The new flu has a genetic code similar to swine flu found in the past, leading to the name "swine flu" being used initially.

Since then, the virus has rapidly spread across borders from one country to another. On 27 April 2009, WHO issued a statement that containment of the outbreak was not feasible, and elevated the pandemic alert from Phase 3 to Phase 4. Phase 4 indicates sustained human-to-human transmission. Only two days later, WHO raised its pandemic alert level from Phase 4 to Phase 5, its second highest phase. Phase 5 is a strong signal that a pandemic is imminent.[2]

WHO's elevation of the pandemic alert sent a clear signal worldwide including to Thailand that there was an immediately threat from this virus, setting off a flow of news about the spread of "swine flu".

Numbers Infected Rises, Deaths Soar... People Alarmed

The fear of "swine flu" spread worldwide as the number of reported patients and deaths from "swine flu" continued to rise. In Mexico where the outbreak originated, the number of deaths was over 180 cases and the number of people infected was 1,614 persons at that time, prompting the Mexican government to declare 1-5 April 2009 as a special holiday. People were ordered not to leave their home unless necessary and businesses were requested to temporarily close and cease all activities. All schools and universities were closed and masks were handed out in communities to prevent the virus from spreading further.

Afterwards, the Mexican Finance Minister spoke of the impact of the announcement of the special holiday on Mexico's economy. "Mexico's losses from the H1N1 flu are estimated at US 2,300 million dollars, or almost 0.3% of GDP."[3]

Meanwhile, the United States which experienced rising cases of infection; also announced a health emergency situation and distributed 12 million tablets of Oseltamivir nationwide.

The European Commission called an emergency meeting of EU health ministers. ASEAN also announced the 'ASEAN One Health' statement with measures to prevent and fight the outbreak in the ASEAN region and 500,000 courses of antivirals stockpiled in Singapore.[4]

One measure implemented by many countries was screening patients at the airport with a thermal scanner. At the same time, masks and alcohol gel for hand cleansing immediately became best-selling products.

Paul Kelly, Associate Professor of Epidemiology at the Australian National University, warned, "Swine flu is more dangerous than avian flu even though it has a lower fatality rate because it can more easily and rapidly spread among humans". He also said that the next few days would be crucial as the world would know whether "swine flu" would be a global pandemic.[5]

Meanwhile, the term "swine flu" caused misunderstanding and became "destructive" to pig farmers around the world. Many people did not dare to eat pork. In Egypt, the government ordered more than 400,000 pigs to be slaughtered to prevent the spread of swine flu. The World Organization for Animal Health (OIE) said that the term 'swine flu' was a serious misnomer since the virus was not transmitted from pigs to humans. As a result, countries began to rename the disease.

In Thailand, Dr. Kamnuan Ungchusak, an expert at the Department of Disease Control, Ministry of Public Health, said that the disease control experts at the World Health Organization called the new flu found in Mexico as the 'new 2009 flu'. The strain is genetically sequenced as A/California/04/2009 as it is an influenza virus type A, first identified in California in 2009.[6]

The H1N1 Flu Arrives in Thailand

When the news of the H1N1 flu outbreak reached Thailand, the Ministry of Public Health assured the Thai people by announcing measures to prevent the spread of the disease as well as immediately establishing the H1N1 Flu Prevention and Control Center.

Two committees were set up to monitor the situation daily and revise prevention and control measures to effectively handle the situation. In addition, measures that were previously used to battle the SARS and avian flu outbreaks were used again such as the Rapid Response Team, virus detection center, mobile detection units, and laboratory networks with Chulalongkorn Hospital and Siriraj Hospital. The Cabinet approved 100 million baht to the Ministry of Public Health to use in combating the H1N1 flu outbreak.[7]

At the time, Thai society calmly followed the news of the H1N1 flu outbreak. It could be said that most Thais were confident in the Ministry of Public Health's experience in effectively handling the SARS and avian flu outbreaks.

However, a large number of Thais went for flu vaccinations at hospitals, resulting in the one million doses of flu vaccine that the National Health Security Office had originally prepared for the population at risk to rapidly disappear and be insufficient. Consequently, Dr. M.L. Somchai Chakrabhand, Director of the Department of Disease Control came out to clarify that "the H1N1 flu is a new strain that does not yet have a vaccine to prevent it". The best prevention is to maintain strong health, avoid crowded places, and follow the Ministry of Public Health's recommendations, namely to eat hot food, use a serving spoon when eating together, and frequent hand washing. Those who have a cold should wear a mask to prevent spreading the disease to others.[8]

Despite the measures, on 9 May 2009 Thailand recorded the first suspected case of the H1N1 flu, which was a person who had traveled back from Mexico, and became the 31st country in the world with reported cases of the H1N1 flu.[9]

Confidence in the country's prevention and control of the H1N1 flu was greatly shaken when the first Thai person died from the H1N1 flu on 20 June 2009, before the number of infected persons and fatalities would soar, ranking Thailand the 2nd highest

with the number of infected persons in the Asia Pacific region and the first rank with the number of fatalities in the Asia region. Mr. Amara Sriphayak, Senior Director of Bank of Thailand's Domestic Economy Department commented, "The new H1N1 flu is another negative factor for the Thai economy."[10]

Since the end of June 2009, fear and news about the number of H1N1 flu patients and deaths gripped the nation. As a result, the Prime Minister ordered the Ministry of Public Health to publicize how to handle the outbreak. In addition, the Cabinet approved a budget of 850 million baht to procure ten million tablets of the anti-flu drug Oseltamivir and another 600 million baht to order two million doses of the H1N1 flu vaccine.[11]

Amid criticism of the Ministry of Public Health's "failure" to fight the H1N1 flu outbreak, there is another interesting outlook. "The United States with a lot more modern tools than Thailand; also could not do anything. Swine flu spread to over 50 states. China, with strict quarantine regulations, has as many swine flu patients as Thailand. Of course, there may be errors, but we have to understand that this is a new disease and the behavior of the disease is not the same in every country."[11]

Number of Patients and Deaths in Thailand and Worldwide

Up until 12 March 2010, there were 16,713 confirmed deaths worldwide (see Table). The number was tabulated from the WHO regional offices (http//www.who.int). WHO expects that the number of deaths from the H1N1 flu "is definitely a lot higher than reported".[12] In the United States alone, the United States Center for Disease Control on 14 November 2009 estimated that the number of deaths from the H1N1 flu is 9,820 cases.[13]

In Thailand, the outbreak is divided into two waves. The first wave was from May to September 2009. Since the first week of February 2010, the Department of Epidemiology announced the second wave of the outbreak. From 3 May 2009 to 10 March 2010, the accumulated number of confirmed H1N1 flu patients totaled 35,446 persons. The number of deaths amounted to 208 persons, 105 males and 113 females.

The number of deaths as of 12 March 2010 Worldwide from H1N1 Flu

Region	No. of Deaths
Africa	167 people
Americas	at least 7,567 people
Eastern Mediterranean	1,019 people
Europe	at least 4,571 people
South-East Asia	1,664 people
Western Pacific	1,716 people
Total	**at least 16,713 people**

Source: World Health Organization http://who.int/csr/don/2010_03_12/en/index.html

Vaccines Are the Solution

At the end of July, ten million tablets of the anti-viral drug Oseltamivir which was originally available at government hospitals was distributed to private clinics across the country that joined the Ministry of Public Health's program. The trend of infections and fatalities from the H1N1 flu gradually declined.

On 11 November 2009, Withaya Kaewparadai, Minister of Public Health at the time, reported that the past week was the first week in six months that Thailand had no fatalities from the H1N1 flu. The accumulated number of fatalities was 184 people. "The Ministry of Public Health has been able to successfully beat the H1N1 flu." This is due to two reasons, that is, (1) the number of patients has declined in all areas and the public have knowledge and understanding on how to protect themselves and (2) the people who are sick have been able to get treatment faster.[14]

Even though it seemed that the H1N1 flu outbreak situation in Thailand had improved at the end of 2009, the Ministry of Public Health continued to closely monitor the situation and issued measures to prevent another outbreak.

Professor Prasert Thongcharoen, President of the Influenza Foundation of Thailand said, "The situation in 2010 is still unpredictable. However, the severity of the disease and the decline in the outbreak during this period indicate that the severity of the H1N1 flu is decreasing and becoming a seasonal flu.[15] The best preventive measure is vaccination. Two million vaccine doses have been ordered from France to prevent against the H1N1 flu for the two million high risk people who can be divided into six groups.

(1) Doctors, nurses and staff responsible for looking after patients

(2) Women who are over 3 months pregnant

(3) People weighing over 100 kg

(4) Disabled people who are unable to help themselves

(5) Those aged between six months and 64 years with chronic diseases such as chronic obstructive pulmonary disease, asthma, all types of heart disease, cerebrovascular disease, renal failure, cancer patients undergoing chemotherapy, thalassemia with severe symptoms, immune deficiency, and diabetes

People Who Work with Animals, Especially Pigs

With the decline in the outbreak and news about an infant dying in the womb from the vaccination, those at risk became hesitant to receive the vaccination. From 11 January - 16 February 2010, only 290,000 people in the risk groups, or approximately 15% of the target group, received vaccination. The majority were doctors, nurses and health officers. There were 279 reports of adverse reactions with 19 people who experienced severe side effects including two health officers, 14 pregnant women, and three patients with chronic disease. Considering the number of people with severe side effects to the number of normal cases, it can be concluded that the vaccination is still highly safe. Therefore, campaigns to encourage high risk groups to voluntarily receive the vaccination will continue.[16]

Source: nationmedia

In early February, the Ministry of Public Health reported that since a new outbreak is more severe, the Ministry will continue to carefully control the outbreak. There are approximately 500 flu patients and three to five deaths per week. One patient may infect around 300-400 people. Therefore, 150,000-200,000 people are at risk of infection every week.[17]

Meanwhile, the Government Pharmaceutical Organization successfully tested its live attenuated vaccine on the first group volunteers and found no severe side effects. The second trial will be conducted at the end of April 2010. If this program is successful, Thailand will be able to manufacture 500,000-10,000,000 doses of the vaccine.[18] It will be considered as a great national achievement in flu vaccine development, that is, (1) the country has been able to develop its technology to manufacture flu vaccines from both live and dead viruses and (2) at the international level, there has been technology transfer from a technologically-advanced country to a developing country such as Thailand through a middle agent such as the World Health Organization and Thailand has further transferred the technology to India. Most important, the technology transfer was free, with real humanitarian concern about fighting the outbreak together.[19]

In approximately one year, the H1N1 flu spread to every region across the globe, it is still uncertain whether the virus will spread rapidly again. However, the World Health Organization continues to urge all countries to closely monitor whether the H1N1 flu virus will mutate into a more deadly strain. What is certain is that it won't be long before the H1N1 flu becomes a seasonal flu that everyone is familiar with.

Source: *http://gotoknow.org/file/easyeasy/list?page=2

"Diabetes and hypertension" are among the top ranking killers in the world. Around the world, diabetes accounts for 6% of disease related deaths and hypertension 13% of deaths. Although the world has developed modern medicines and technologies increasing life expectancy there are new risks threatening the lives of people.[1] They are diabetes and hypertension-silent killers that can cause huge impacts on human bodies.

4 Diabetes and Hypertension Silent Killers

"Diabetes: An Unsweetened and Severe Chronic Illness for Life

According to the International Diabetes Federation, an international cooperation organization, the number of diabetic patients aged 20-79 years old worldwide is expected to reach 285 million in 2010 and up to 438 million in the next 20 years. Around 4 out of 5 of them will be Asians and the number of patients in Southeast Asia will increase from 58.7 million in 2010 to 101 million in 2030, which would be a 72 times increase.[2] These data presents clearly how serious diabetes is.

In 2008, the Bureau of Epidemiology, Ministry of Public Health, conducted a surveillance of Thais with five non-communicable chronic diseases, namely diabetes, hypertension or high blood pressure, ischaemic heart disease, stroke and chronic respiratory disease. It found that a total of 645,620 diabetic patients were treated in hospitals in 44 provinces. It also revealed that the numbers of women with diabetes and high blood pressure were two times greater than for men. The survey results also showed that people under 40 years were more likely to become ill because of non-communicable chronic diseases.[3]

Dr. Manit Teeratantikanont, Director-General of the Department of Disease Control, added that in 2008 there were 224,506 chronic disease patients having complications, or 10% of all patients. Most of the complications were artery or renal failure, accounting for 30% of all complications.[4]

From Table 1, there were 645,620 diabetic patients treated at hospitals in 44 provinces nationwide. These patients were categorized into two groups. The first group consisted of 550,956 new and old patients without complications. The second group had 94,664 patients with complications. The percentage of patients having artery complications and diabetic nephropathy

was quite similar (15 and 14.5% respectively). Most patients had other complications (47%). However, the numbers in this study were relatively low as they represented patients in 44 provinces only.

Table 1: The number of diabetic patients treated at hospitals in 2008

Diabetic patient	2008		
	Male	Female	Total
Total number of diabetic patients	**211,836**	**433,784**	**645,620**
(1) Without complication	178,897	371,999	550,956
(2) With complication	32,939	61,785	94,654
- Other complications	15,134	29,694	44,828
- Artery complication	5,153	8,863	14,016
- Diabetic nephropathy	4,882	8,887	13,769
- Multiple complications	3,541	6,951	10,492
- Diabetic retinopathy	2,842	4,591	7,433
- Diabetic neuropathy	1,119	2,385	3,504
- Amputation complication	268	414	612

Sources: Modified from Wanassanan Rujiwipat. 2009. Report on the Non communicable chronic disease surveillance in 2008. Epidemiology of non communicable disease Section, Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health

Based on findings from the Bureau of Epidemiology, females accounted for 67% of all patents with diabetics. Among these patients, most were elderly, aged 60 years or older, though around 30% of them were 50-59 years old. The highest number of diabetic patients existed in Khon Kean. However, the greatest rate of cases per 100,000 people was in Sukhothai (3,837.34 people), followed by Chai Nat and Ang Thong.[5]

Based on ten-yearly data for 1986, 1996 and 2006, the diabetes situation in Thailand was neither insevere nor sweetened. The rate of treatment in hospitals shows an increase every 10 years. In 1986, 33 cases per 100,000 people were treated in hospitals. This jumped to 586.8 per 100,000 people in 1996.[6] What was surprising was the percentage of diabetic patients who had never been diagnosed before was considerably high, 65% in males and 49% in females.[7] Perhaps, all the mentioned numbers are just the tip of an iceberg.

What We Should Know about Diabetes

Diabetes can quickly affect our health without visible symptoms at the first stage. Diabetes results from the failure of the pancreas to produce insulin hormone. The insulin takes sugar into the cells to burn for energy. When pancreas produces less insulin, the sugar is not properly controlled, and thus gets into our blood stream and organs. The excess sugar will be washed out in our urine, providing us with an initial possible awareness of diabetes, such as ants being attracted to the urine, frequent urination and feeling thirsty. When the body cannot burn sugar into energy, muscle and fat cells will be stimulated. At this stage, weight loss and lean muscles occur. Also patients will feel exhausted and get easily infected. However, what is truly serious about diabetes are the complications and abnormalities caused by sugar congestion in body.

Dr. Surat Komin from the Department of Medicine, Faculty of Medicine Ramathibodi Hospital, said that diabetes is a threat to public health. "People with diabetes have high sugar level in blood. If they let it happen, they will have complications in ten years, such as neuritis and artery diseases. The latter complication causes a blockage of blood to organs and causes infections, for instance chronic wounds. When the wound is incurable, it leads to feet infections and leg amputation. Having renal failure, people need peritoneal dialysis or haemodialysis. Cerebrovascular disease causes paralysis and paresis. Heart blood vessel degeneration results in coronary artery disease. If the degeneration occurs in the eyes' blood vessels, it causes macular degeneration and then blindness.[8]

What to do if think you have diabetes? First, you should have a fasting-plasma glucose (FPG) test, six hours after eating. If the blood glucose level is greater than or equal to 126 mg (the normal level is less than 110 mg) after two tests at least, you will be diagnosed with diabetes. Then you will have to take care of your blood sugar levels as well as make changes to

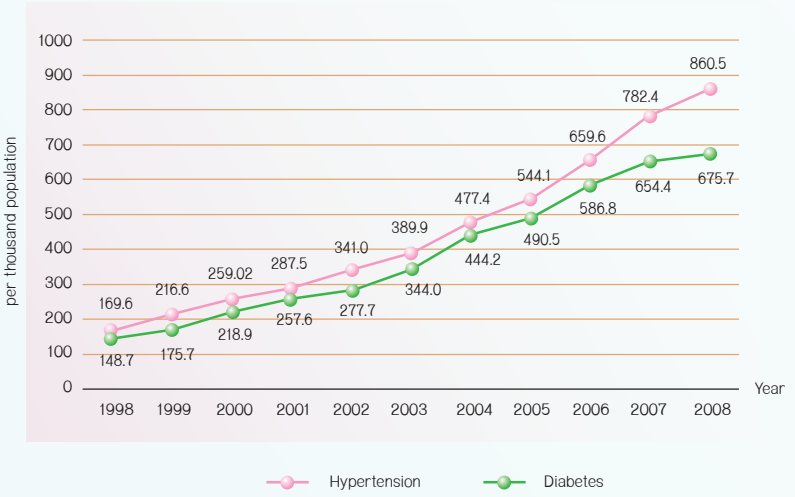
your lifestyle. If only you do exercise, lose weight and avoid fatty diets, all kinds of sweetened food and snacks,[9] you can live your life normally.

Hypertension: Another Silent Killer

At the global level, the World Health Organization reports that around 1,000 million people worldwide are hypertension patients. The World Hypertension League argues that 1 out of 4 people, both male and female at some stage in their life, have hypertension.[10]

In Thailand, the Bureau of Policy and Strategy, Ministry of Public Health 2007 statistics reveals that hypertension was the non-communicable chronic disease that contributed to the highest number of patients per 100,000 people. The number of patients treated at hospitals was 782.38 per 100,000 people, a five times increase from 1997. In 2008, the number sharply climbed to 860.53 (See Figure). According to the project to measure hypertension, of the 20.7 million people aged 40 and over tested, 2.4 million, or 11%, had irregular blood pressure. Of these over 70% of them did not know that they had irregular blood pressure.[11]

Figure: The number of hospital patients with hypertension and diabetes per 100,000 people: 1998-2008



Source: Thai Health Project Numbers during (1998-2007 were based on the 2007 Annual Report of the Bureau of Non-Communicable Disease, Department of Disease Control, Ministry of Public Health, and collected nationwide except for Bangkok. Numbers in 2008 were calculated on the number and rate of inpatients having diabetes and hypertension throughout the country in 2008 collected by the Bureau of Non-Communicable Disease, Department of Disease Control, Ministry of Public Health) (http://www.thaincd.com/data_disease.php?pages=1>)

Table 2: The number of hypertension patients treated at hospitals in 2008

Hypertension patient	Male	Female	Total
Total number of hypertension patients	**428,965**	**716,592**	**1,145,557**
(1) Without complications	419,567	703,851	1,123,418
(2) with complications* (One patient may have more than one complication)	79,316	91,023	170,339
- Other complications	52,910	64,647	110,927
- Acute myocardial infarctions	11,486	9,445	20,931
- Chest pains	8,114	8,234	16,348
- Cardiac complications	3,112	4,534	7,646
- Renal complications	2,495	2,830	5,325
- Multiple complications	737	1,010	1,747
- Paralysis	462	363	825

Note: This makes the total number of patients with and without complications higher than the total number of patients

Source: Adjusted from Wanassanant Rujivipat. 2009. Report on the Non-communicable chronic disease surveillance in 2008. Epidemiology of non-communicable disease Section, Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health

Similar to diabetes, hypertension produces severe effects on organs and bodily functions. Reported by the Bureau of Epidemiology, Ministry of Public Health, there were 1,145,557 hypertension patients in 2008 (See Table 2). Among them 781,627 were old patients and 363,930 were new patients. Females outnumbered males accounting for 62.5% of all patients. The disease was commonly found in old people, aged 60 years and over. Reports from hospitals in 44 provinces showed that Sukhothai had the highest rate of patients-8,097.41 cases for every 100,000 people, followed by Uttaradit and Ang Thong.[12] This finding was not much different from the diabetes reports.

Complications occurring in hypertension patients are based on two conditions;[13] (1) Complications from high blood pressure, namely heart attack and stroke and; (2) Complications from arterial disease that causes a blockage of blood flow to organs. Therefore, the severity of effects from hypertension falls on major organs. One of commonly found complications is cardiac complication that includes cardiac hypertrophy, an increase of thickness of the artery walls causing myocardial infarction or heart failure, palpitations and acute myocardial infarction. Renal complications are also common. Renal degeneration leads to chronic renal failure. Complications can also lead to brain deaths and brain infarction, followed by paralysis and paresis.

Dr. Suphan Srithamma, former Spokesperson of the Ministry of Public Health, provided further explanation about disease severity. Around 60-75% of patients with hypertension will die from heart attacks because the heart has to work harder to pump blood to organs. The chance of dieing from stoke is around 20-30% while the chance of dieing from renal failure is 5-10% approximately. People with hypertension are five times more prone to have paralysis than normal people. Each year 48,000 Thais die of hypertension complications, or five deaths per hour, and around 250,000 suffer from paralysis and paresis.[14]

What We Should Know about Hypertension

The visible cause of hypertension is unknown. However, it is true that hypertension is related to heredity and lifestyle. Unhealthy, oily and salty diets, insufficient exercise, overweight, smoking, drinking, stress, increasing age, and so forth are blamed for hypertension. Similar to diabetes, hypertension does not show any symptoms. What is commonly found in people with hypertension is occipital pain, mostly in the morning. Other symptoms may show up, such as nausea, vomit, palpitations, easy exhaustion, epistaxis, hematuria and blurred vision.

Hypertension is a risk factor to other severe disease. Patients and people with a possibility to have hypertension should take care of their health and change their lifestyle to reduce risk factors and to maintain normal blood pressure. Things to do are: (1) Take healthy and non-oily and fried diets, more vegetable and fruits, and maintain a healthy weight; (2) Manage stress and take enough rest; (3) Exercise regularly; (4) Avoid risk factors, particularly smoking and drinking and; (5) For patients taking hypertension medicine, they should see a doctor regularly and not to take themselves off their medications. These medicines control hypertensions symptoms and help reduce risks to blood vessel complications.

How to Handle the Silent Threats?

Diabetes and hypertension silently pose threats to the functions of our bodily organs. Warnings about these diseases are barely heard by Thais even though May 17th and November 14th of every year are marked as the World Hypertension Day and the World Diabetes Day respectively. However, the Ministry of Public Health has recently organized a campaign for diabetes and hypertension screening. This proactive activity provided health check for people aged 35 years old and over. It tried to cover 90% of people who were categorized into a normal group, a risk group, a patient group and a group of patients with complications. The campaign was aimed to raise awareness on health conditions and risk factors to ensure that people would reduce these factors.[15]

The key factor to reduce these two silent "killers" is to balance our modern lifestyles; to care about healthy diets, get regular exercise and reduce emotional and mental stress. Whenever any health abnormalities occur these should not be left aside by going to see a doctor for early treatments. If we can follow these recommendations, we will be able to avoid these two silent "killers".

The serious movement to control alcohol in Thai society started in July 2003 with the "No Alcohol during Buddhist Lent" campaign. In addition, the Cabinet passed a resolution to establish the National Committee for Alcohol Consumption Control and to limit the time for alcoholic beverage advertisements on TV. This eventually led to the Alcohol Beverage Control Act B.E. 2551 (2008). Thailand has more measures to control alcohol consumption than the international average, but serious policy implementation is still lacking. The question is why this is the case.

5 Alcohol Control Policies and Measures Still Not Strict and Sincere

Measures to Control Alcohol are Stringent, but the Number of Drinkers Has Not Declined

During the past five years, the measures to control alcohol cover four areas. Controlling accessibility and purchase is limiting the time for the sale of alcohol to only during 11.00-14.00 and 17.00 -24.00 hrs. The age of buyers and drinkers must be at least 18 and alcohol is banned from being sold in certain places such as educational institutes, temples, and gas service stations. The measure to limit drinking prohibits alcohol to be sold to those who are drunk and prohibits those under 20 years of age to enter entertainment venues. The measure to reduce accidents prohibits driving while intoxicated and the penalties have been increased. The campaign measure stipulates that alcohol is a food that must have a warning label and alcohol is banned from being sold on important Buddhist holidays. Further, there is a total ban on alcohol advertisements but which has not yet been accomplished.[1]

The Alcohol Beverage Control Act B.E. 2551 (2008), which came into effect on 14 February 2008,[2] aims to reduce the impact from alcohol in three areas:(1) reduce the number of new drinkers by increasing the age that youth start drinking, (2) reduce the overall consumption of the population, and (3) reduce harm from alcohol consumption such as accidents, violence and health problems.

However, the enforcement impact of these measures is low. The **"National Alcohol Policy Strategic Plan"** that the National Health Commission will present to the Cabinet for approval in March 2010 stated that even though the manufacture and import of alcoholic beverages (in terms of volume) has been stable in the past 2-3 years, the number of new Thai drinkers has increase to approximately 260,000 people per year, including a high rise in the number of female and young drinkers. The document reported that

(1) Drinking has become a more common behaviour among Thais. Statistics show that the number of regular drinkers, those who drink weekly or daily, climbed from 37% in 1996 to 41% in 2007. On the other hand, the number of infrequent drinkers declined and the number of elderly drinkers has a downward trend. It seems as if the campaign to reduce, refrain

and stop alcohol consumption is effective on the group who drink a small amount, but is not effective on the group who are regular drinkers.

(2) The alcoholic beverage market in Thailand continues to grow, both in volume and value, especially western style alcoholic beverages which often introduce new flavours and packaging to target youth, both male and female. At the same time, operators continue to heavily spend on direct and indirect advertising of alcoholic beverages.[3]

Tourism and Drinking on Important Buddhist Holidays

In the past years, the Government has prohibited the sale of alcohol on four important Buddhist holidays including Makha Bucha Day, Visakha Bucha Day, Asalaha Bucha Day and Buddhist Lent Day. In 2009, the StopDrink Network advocated for the ban on alcohol sales during Songkran Holiday. However, this was unsuccessful because the National Committee on Alcohol Consumption Control chaired by Maj. Gen. Sanan Kachornprasart, Deputy Prime Minister from Chart Thai Pattana Party and a winery owner, rejected the ban.

In addition, Mr. Chumpol Silpa-archa, Head of Chart Thai Pattana Party and Tourism and Sports Minister, proposed to the National Committee on Alcohol Consumption Control that the ban on alcohol sales during important Buddhist holidays should be waived in hotels. The Stop Drink Network was definitely against this proposal. On 3 July 2009, the Prime Minister's Office announced the restriction of the sales of all types of alcoholic beverages on important Buddhist holidays, with no venue exceptions.[4] But this achievement lasted only one day. The following day, the National Committee on Alcohol Consumption Control changed its resolution and permitted hotels registered under the Hotel Act to sell alcohol on Buddhist holidays.[5]

Dr. Bundit Sornpisal, Director of the Center for Alcohol Study, commented that this issue involves the relationship between the business sector and politicians. It should be closely watched whether politicians actually favour the benefit of the Thai people or the benefit of the business sector.[6]

Many Illegal Shops Selling Alcohol around Universities in Bangkok and Vicinities

Accessibility to alcoholic drinks has never been a problem for Thai drinkers. In a survey conducted in 2003, there were 585,700 shops with alcohol sales license, or approximately one shop per 110 people. Consumers spend only 7.5 minutes to purchase alcohol and only 3% of consumers reported difficulty in purchasing alcohol.[7] Therefore, it is very easy for Thais to access shops that sell alcohol.

"Drinking together" in order to form relationships among teenage students has been instilled in every generation, becoming a custom that has been passed down such as forcing new students to drink during student initiation, treating younger students with alcoholic drinks, and confiding by drinking alcohol. It is believed that after drinking, people will dare to speak up and that venues which sell alcohol are good places to talk after an exhausting school day.[8] Therefore, businesses that sell alcohol and teenagers go together well, evidenced by an average of 57 shops per sq.km around universities in Bangkok.[9] (See table on page 56)

Many government agencies have continuously tried to solve this problem. A meeting between the Ministry of Public Health, Ministry of Interior, Ministry of Education, Ministry of Social Development and Human Security and the Committee to Solve Alcohol Sales around Educational Institutes comprising of 25 institutes held on 6 August 2009 concluded that alcohol sales would be banned within 500 meters of educational institutes. The Bangkok and Provincial Committees on Alcohol Consumption Control and educational institutes would jointly consider the exempted areas, which would be able to sell alcohol. It was also proposed that this announcement would be effective 180 days after being published in the Royal Gazette. Operators with a license to sell alcohol before the announcement became effective would be able to sell alcohol until their license expired.[10]

Despite the meeting resolution, there has been no enforcement because the resolution has not yet been published in the Royal Gazette. As a result, many organizations have neglected to deal with this problem.

Number of Shops Selling Alcohol within 500 Meter Radius of Educational Institutes

Educational Institute	No. of Shops Selling Alcohol	Surrounding Area (Sq. Km.)	No. of Shops Per Sq. Km.
Chulalongkorn University	407	3.15	129
Ramkhamhaeng University	164	2.25	73
Kasetsart University	129	3.90	33
Chandrakasem Rajabhat University	125	1.68	74
King Mongkut's Institute of Technology Ladkrabang	123	3.81	32
Srinakharinwirot University	100	1.66	60
University of the Thai Chamber of Commerce	95	1.26	76
Bansomdejchaopraya Rajabhat University	94	1.68	56
Suan Sunandha Rajabhat University and Suan Dusit Rajabhat University	86	1.72	50
Rajamangala University of Technology (2 campuses)	83	2.04	41
Dhurakij Pundit University	81	1.50	54
Siam University	81	1.43	57
South-East Asia University	76	1.71	45
Assumption University	54	1.30	42
Silpakorn University	14	1.09	13
Total 15 Universities	**1,712**	**30.19**	**57**

Source: Pattaraporn Polpanatham. 2009. Distribution of alcohol shops around universities in Bangkok. Bangkok: Center for Alcohol Studies. (Citation Dr. Bundit Sornpisal and First Lieutenant Juttaporn Kaewmungkun. 2009. Table 1 page 2)

'Smoothies Mixed with Alcohol' the In-Trend Drink of Teens

Besides the problem of shops selling alcohol around educational institutes, 'smoothies mixed with alcohol' has also permeated into teen culture. 'Smoothies mixed with alcohol' are sold in the shops that sell alcohol around universities. The reasons for drinking 'smoothies mixed with alcohol' are they are easy to drink, invitation by friends, and sales strategies. The containers are usually clear enabling drinkers to see the colour of the 'smoothies mixed with alcohol' and the cheap prices allow teens to easily buy the drinks. In addition, the atmosphere and decoration of the shops attract the interest of teenagers who are the target customers.[11]

Related parties have tried to stop the prevalence of this new type of alcoholic drink. Efforts include ordering police arrests as well as a request from the Youth Network to Prevent New Drinkers comprising of 34 organizations to Maj. Gen. Sanan to solve the problem by issuing clear policies and regulations to strictly control this matter.[12] However, it seems that efforts remain just efforts because real practice has not shown any results.

Delay in Enforcing the Alcohol Control Act

The main obstacle in seriously solving these problems is the delay in establishing policies and measures, especially four related ministerial regulations, namely the draft notification of the Prime Minister's Office regarding restrictions on the methods for selling alcohol B.E. 2552, which prohibits the sale of alcohol in the form of mixing with sweetened drinks, fruit juice, fruit-flavoured drinks or other substances and blending together such as 'smoothies mixed with alcohol', in Bangkok and the provinces, with the exception of licensed entertainment venues under the Entertainment Places Act.

The 2nd draft notification of the Prime Minister's Office involves the designation of alcohol-free zones which prohibits the sale of alcohol within 500 meters of educational institutes from the primary level up.

The 3rd draft notification of the Prime Minister's Office involves the ban on alcohol consumption at certain places such as state enterprise and government offices and on public transport, except certain special areas such as clubs inside government offices or parties according to tradition.

The last draft involves labels or warning messages for locally manufactured or imported alcohol beverages which stipulates that alcoholic beverage containers must not contain any message that may mislead consumers to believe that the alcoholic beverage is safe, good for health, or is less harmful to health than other alcoholic beverages. The label must not provide direct or indirect advertising and shall have the following statement "Sale of alcohol beverages to a person under the age of 20 years old is prohibited. Violation will be an imprisonment of one year and fine of Baht 20,000".[13]

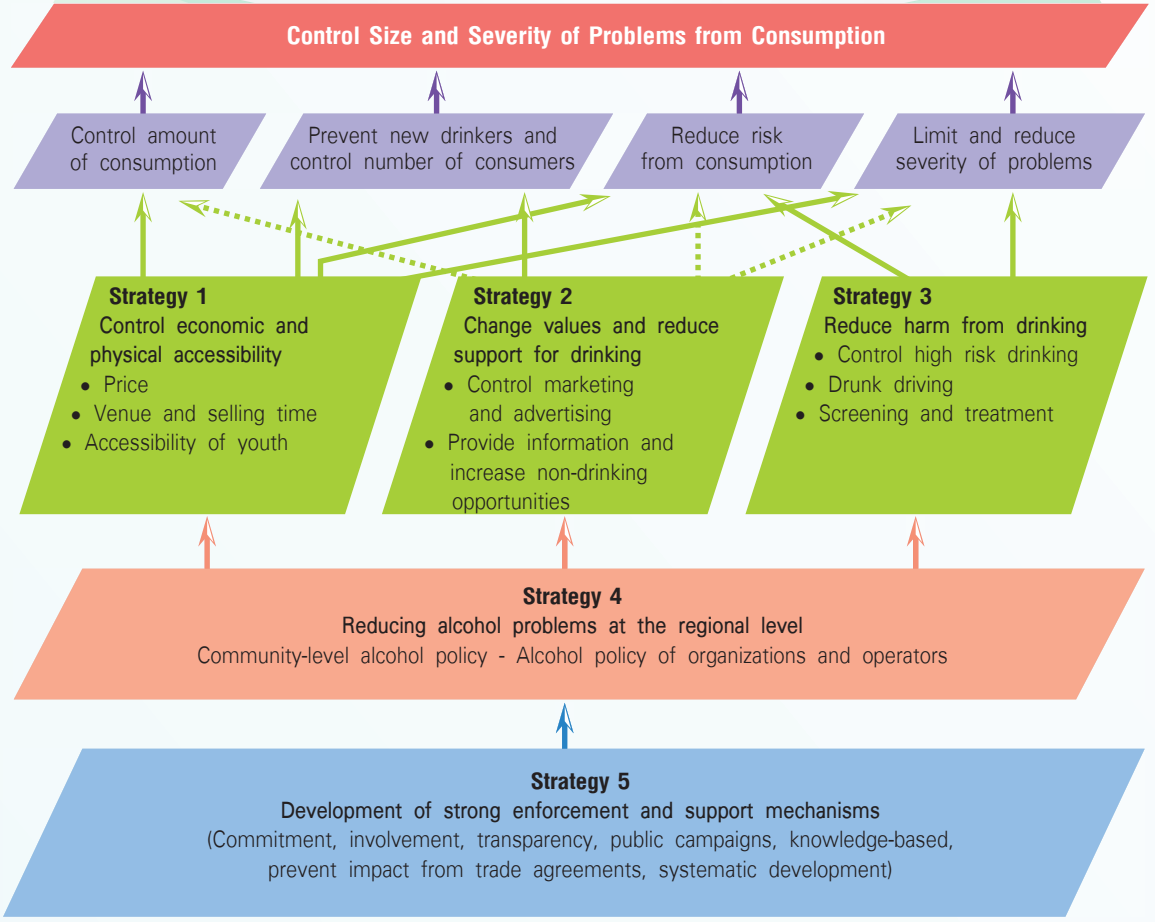
All of the four drafts have been considered by the National Committee on Alcohol Consumption Control. However, on 24 December 2009, the drafts were reconsidered and therefore could not be announced for immediate enforcement, making us wonder about the seriousness of the policymakers and management.[14]

And Finally the Proposed "National Strategy on Solving Problems from Alcohol"

Organizations following this issue recognized the complications of the problems from the impact of alcohol as well as the immense interests that the government and private sectors share from the alcohol business. Therefore, they pushed for the "National Strategy on Solving Problems from Alcohol" to be adopted by the first National Health Assembly (December 2008). This eventually led to the drafting of the "National Alcohol Policy Strategic Plan" within one year, which was later proposed at the second National Health Assembly (December 2009).

Each strategy in the plan consists of clear indicators and has both five-year short-term and ten-year long-term detailed work plans. We must stay tuned on difficulties in enforcing the National Alcohol Policy Strategic Plan and its level of success. (See figure)

Figure 1: Five strategies and linkages with targets and objectives of National Alcohol Policy Strategic Plan



Throughout 2009, many parties presented information and statistics to warn society about "teenage mothers" as a new time bomb in Thai society. The government quickly responded to this issue, but it is a pity that the measures were implemented in only a limited way and were unable to create any big overall impact on the problem.

6 "Teenage Mothers": A Big Issue Being Prevented and Solved in a Limited Way

The Ratio of Teenage Mothers in 2009 Was the Highest in a Decade

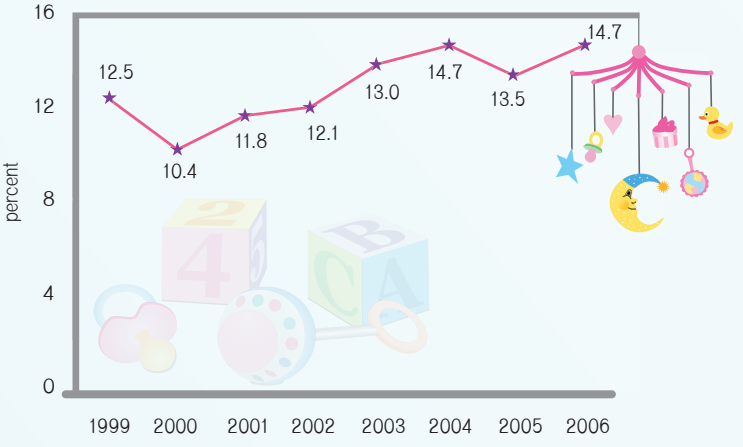
In 2009 the issue of pregnant females below 20 years of age received great attention. At the beginning of the year, the Child Watch Project reported that the problem of teenage mothers is a problem that society should closely watch.[1] Considering only the number of mothers aged less than 20 years old, the Bureau of Registration, Department of Local Administration, Ministry of Interior found that the number of young mothers that registered their baby's birth was the highest in 2007, at 108,496. The following year, the number fell to 95,747 because the total number of registered births nationwide decreased.[2]

According to the birth records of the Ministry of Public Health during 1999 to 2006, the ratio of women under 20 years old who had live births gradually increased from 12.5% in 1999 to 14.7% in 2006. (See figure)

Recent data from the Family Bonding Hospital's special reporting system show that in the fiscal year 2009, this rate climbed to 17.2%. It can be said that the problem of teenage mothers is really on an "uptrend". However, this statistic is considered below the actual number because it is only the ratio of pregnancies with live birth and does not include teenage pregnancies that end in stillbirth, spontaneous abortion, induced abortion, abandonment after delivery or failure to register the birth at hospitals and local registration offices.

Besides the national statistics, data from various agencies reveal the same trend. Ms. Methinee Pongvetch, Director of the Association for the Promotion of the Status of Women or the Emergency Home, stated that the problem of teenage mothers is a very serious problem compared to six years ago

Ratio of mothers less than 20 years old who delivered babies during 1999-2006



Source: Bureau of Health Promotion, Department of Health, 2007 (http://anamai.moph.go.th/static.htm)

because the number has risen every year. In the Emergency Home, teenage mothers account for 30% of the women who seek assistance and most of them are in high school or university.[3]

Likewise, at Ramathibodi Hospital's Teenage Pregnancy Clinic, it was found that 20% of the pregnant women were aged between 10-24 years old. Out of this group, 80% were unplanned unintended pregnancies. In addition, induced abortions were as high as 30%.[4] This is in line with the field data of the Sexual Health Promotion Plan which organized meetings on sexual health in four regions across the country during January 2010. Government sector and private development agency representatives from 53 provinces attended the meetings and came to the same conclusion that student pregnancy is widespread and clearly on the rise, becoming a shared concern of the meeting.[5]

Widespread Impact from the Personal to National Level

News headlines throughout 2009 revealed the problems of teenage mothers, in particular child abandonment and the quality of life of both the mother and child. "*18 Year Old Mother High on Drugs Stabs 7 Month Old Baby to Death*"[6] was news that deeply affected many people. Information from the World Health Organization gathered from many countries worldwide revealed that young mothers have a tendency to use drugs more than older mothers[7] which may be due to having to bear pressure from many sides. In addition, news about babies being abandoned in public places was frequently reported throughout the year.[8] The vulnerability of teenage mothers to be infected with HIV is another important dimension. Information from Banglamung Hospital in Chonburi province in the fiscal year 2008 found that the number of teenage mothers aged 15-20 years old increased 20.8% and the incidence of HIV infection among teenage mothers was 1.9%, which was 2.5 times the rate of infection among pregnant women nationwide which was 0.75%.[9]

Dropping out of school after being pregnant has a long-term impact on teenage mothers, families and the community.[10] The chance to return to school is dismal for the person who has to be a mother and a wife at a young age. Local teachers often reflect that when female students become pregnant, they drop out of school and never return.[11] It is an unfortunate turning point in their life.

Another widespread and long-term impact on society is the health and quality of life of the newborn from teenage mothers. Dr. Prat Boonyavongvirot, the previous Permanent Secretary of the Ministry of Public Health, stated that the development of Thai children has declined from 2004 to 2007. The problem of teenage mothers has caused Thailand to have approximately 8% or 64,000 underweight newborns who weigh less than 2,500 grams. Out of this total, 40,000 babies were pre-term.[12] It is well-known that babies born from teenage mothers have a high tendency to be pre-term and underweight and experience oxygen-deficiency during birth, causing infant death and long-term negative impact on the child's health.[13]

What is most interesting in terms of sexual health policy is that among the teenage mother group, a number of the mothers are still in their 'early teens'. Figures from the Bureau of Registration mentioned earlier show that from 2004 to 2008, the number of early teen mothers (less than 15 years of age) was approximately 3,000 persons per year.[14]

Even though there are still no studies on the cause and effect of pregnancy at a young age, the facts reflected from the sexual health resolution: sexual violence, unplanned pregnancies, and sex and AIDS and other sexually transmitted diseases that were presented at the first National Health Assembly (2008) clearly indicate that most teenage pregnancies are unplanned pregnancies as a result of casual sex, non-use of contraceptives and rape in many instances. Statistics from the Ministry of Public Health's One Stop Crisis Center nationwide during 2004-2007 clearly conclude that approximately one-third of girls who were abused and came for assistance at the One Stop Crisis Center were raped. At the same time, national research also indicate that 46% of girls aged 10-14 years old had their first sexual experience by being forced.[15]

Prevention and Solution Implemented on a Limited Scale, Hard to Have An Impact on the Overall Situation

"Launch of *Mae Wai Sai* (young mother) project this June 16th"[16]

"Launch of *Mae Wai Sai* project to prevent unplanned pregnancies"[17]

"*Mae Wai Sai* project set in motion"[18]

"Ministry of Social Development and Human Security introduces *Mae Wai Sai* project to prevent unplanned pregnancies"[19]

"Ministry of Social Development and Human Security launches *Mae Wai Sai* project to prevent teenage pregnancy"[20]

Many news headlines during mid-2009 reflect the enthusiasm of government agencies in responding to the problem of teenage mothers. Ms. Nuanpan Lamsam, Deputy Minister of Social Development and Human Security, spoke about the importance of this issue. "The statistics of teenage pregnancy has increased as well as the statistics of school drop-outs. The number of university applicants has also declined. The Ministry of Social Development and Human Security in cooperation with the Ministry of Education will introduce the *Mae Wai Sai* project, which is a national project, this May. The project will be promoted among families and in schools. Interesting speakers will provide knowledge to students on sex education and contraceptives."[21]

However, news that followed revealed that the project was only a "pilot project". Suwansuttharam Wittaya School in Bangkok was selected and the *Mae Wai Sai* project was promoted among the students in this school.[22]

Some news sources reported that the pilot project wanted to find a way to take care of teenage mothers in schools. As a result, the project was criticized by a former Member of Parliament working with children, "Khru Yoon" Mr. Montri Sinthawichai, who was concerned that campaigning for schools to take care of teenage mothers would only encourage more teenage girls to become mothers. Khru Yoon stated "There is no need to advertise some projects, they can be quiet policies. Publicly announcing the policy may make early-age or unplanned pregnancies a common thing in society."[23] However, he agreed that "The various projects that are rolled out should have a process and clear guidelines for solving the problem. The projects should be able to really help the teenagers. There should also be personnel who are able to give advice to these teenagers. Some teenagers may be pregnant because of blunder or abuse".[24] The future of this pilot project is still unclear after Ms. Nuanpan Lamsam left the Deputy Minister position.

However, solving the problem of teenage mothers is not only the matter of the Ministry of Social Development and Human Security, but concerns all sectors including ministries and departments that are involved with education, development and management, local administrations as well as private development organizations, in line with the recommendation from experts from the World Health Organization on the issue of teenage mothers. (See box on page 61)

Policies and Measures to Solve the Problem of Teenage Mothers

It is hard to deny that the increase in the number of teenage mothers is related to the sexual culture in Thai society, in particular, youths' view on sex as being a way for couples to learn about each other which is different from the traditional view that premarital sex and sex during school age is inappropriate.[25] To solve the problem, we should not blame teenage mothers as being the problem because in reality our sexual beliefs have changed. The method in solving the problem should focus on reducing the size of the problem through creating immunity for youth, protection guidelines, and youth sexual health services especially relating to unplanned teenage pregnancy.[26]

(1) **Promoting and creating healthy sex values in Thai society:** All sexual relations must be consensual, unforced, safe, devoid of risk of contracting sexually transmitted diseases, or devoid of risk of unwanted results such as unplanned pregnancies. All sexual relations must be based on responsibility.

(2) **Teaching comprehensive sex education according to student age:** To create sexual health immunity, the content of the courses must also include knowledge about one's body, sex, HIV/AIDS, reproductive health, and relationship skills. Teachers must have passed the course on teaching comprehensive sex

education in order to solve the problem of teachers who lack skills and understanding in comprehensive sex education teaching students. Offering comprehensive sex education courses must be one of the indicators in education quality assessment in schools.

(3) **Strengthening counseling systems:** Emphasis should be given to pre-post counseling; changing the attitudes and thinking of the counselors to give consideration to different occupations, religions, age, gender as well as sexual violence in order to create immunity against both planned or unplanned teenage pregnancies; and reducing HIV infections and sexually transmitted diseases. Important personnel/agencies that provide counseling include teachers/counselors in educational institutes at all levels, organizations whose work relate to mental health, counseling services of social organizations, and counseling services in community hospitals. Counseling should focus on life skills before living together and pregnancy. In addition, importance and support should be given to counseling by friends or those who experienced the same problem and development of counseling and referral networks.

(4) **Establishing reproductive health service centers that are youth-friendly:** Reproductive health service centers should be established and operated by the government and private sectors. The reproductive health service centers should be comprehensive, fully-integrated and sufficient, provide good and easily accessible services, place importance on contraception for teenagers, and provide services for teenage mothers from pregnancy to post-delivery in the areas of both physical and mental health to enable pregnant teenagers to be able to support themselves in case they are still students. Educational institutes should have policies and practices that are practical to enable pregnant students to continue their studies. In addition, there should be sufficient staff who are knowledgeable and understanding of the culture and reproductive health problems of youth to provide the services.

(5) **Developing network concerning teenage mothers among local administrations and community organizations:** Networks concerning teenage mothers should be developed among local administrations and community organizations to jointly plan and solve the problem using the resources from the local administrations. No less important, communities should also be strengthened. An important foundation is that communities must be able to provide initial support and may later provide referral to organizations with expertise if the case is too difficult for the community to handle.

(6) **Government should have clear policies and guidelines to prevent and reduce problem of teenage mothers with unplanned pregnancies:** Hospitals should also have similar guidelines. Health officers should accept teenage mothers and should not refuse to assist female teenagers with unplanned pregnancies who have physical and mental health problems and may have an abortion according to the regulations of the Thai Medical Council (Royal Gazette Volume 122 Section 118 Ngor dated 15 December 2005) which provides safe termination of pregnancy in both public and private health facilities, including pre-and post-abortion counseling.

World Health Organization. 2006. Pregnant Adolescents: Delivering on Global Promises of Hope.

- **Legal and policy framework:** Modify laws and policies to enable adolescents to carry and care for their babies without compromising their education or work opportunities; Modify adoption laws to facilitate the adoption of newly born babies of adolescents; Discourage the sale of tobacco and alcohol to adolescents.
- **Health Care Systems:** Special approaches or modes of care are necessary to address the social and cultural context of adolescent pregnancy; Very young adolescents aged 15 years or less need to be cared for specially.
- **Non-health formal and informal: sectors** (including education, social welfare, culture, media, religion, labour, political parties, private development agencies, and various civil society) Adolescent pregnancy is a societal responsibility, requiring a multi-sectoral, collaborative approach; The link between adolescent pregnancy and poverty needs to be recognized; Pregnancy in adolescence should be recognized as a male and female issue; Pregnant adolescents need protection from discrimination and abuse; Protective and supportive interventions from non-health institutions and services should be targeted at pregnant adolescents.

Source: http://learners.in.th/blog/bowbow/298144

The annual two trillion baht that Thais spend on drugs reflects a chronic problem in the country's "drug system". Problems range from drug patents, monopolies, excessive drug use and the inaccessibility of quality drugs. Further, there are non-ethical promotions of drug sales, questionable relationships between drug companies and doctors and other health personnel and a failure or weaknesses in the overall drug system. It is obvious that Thai society is having problems with its drug governance.

7 It is Time to Revise the Thai Drug System

Why Are Drugs So Expensive?

The main reason why drug costs in Thailand are rising sharply is because the country has a very weak system in controlling drug prices. In 2007, Thais paid up to 186,331 million baht on drugs. This amount accounted for 42.8% of all health expenses. This percentage was considerably higher than in developed countries, such as in the USA, Canada, Japan, England, France and Australia, whose expenses on medicines contributed only 12.3, 17.7, 18.9, 16.3, 18.9 and 12.8% respectively of all health costs.[1]

A weak control on dispensing medicines is partly blamed for the high cost of drugs. In the 2009 Fiscal Year, civil servants alone were reimbursed 70,000 million baht for medical treatments, creating a budget deficit of 48,000 million baht. It is expected that if there is no changes to the system, the reimbursement figure will reach 1.05 trillion baht in the 2010 fiscal year with most of the reimbursements being for medicines.

The "patent" system, which is associated with drug monopolies, is another source of the high drug prices in Thailand. Some drugs would be 90% cheaper without the patent; some patented antiviral drugs are 62 times more expensive than unpatented drugs, while patented diabetic drugs are 14.5 times[2] more expensive than unpatented drugs.

According to research by Assoc. Prof. Cha-onsin Sooksriwong and Ms. Worasuda Yoongthong there are many factors contributing to the high prices of drugs. They surveyed the prices of 43 drugs registered in 2007 and discovered that 51% of all of these drugs were priced from 11 to 50 baht per tablet. Drugs with prices of 51-99 baht per tablet contributed 15% of the drugs and those costing between 101-500 baht per tablet contributed 25%, while, 3% of the drugs cost 1,000 baht per tablet. **Yet, after checking the cost prices that the drug companies reported to the Department of Internal Trade against the selling prices for state hospitals, the researchers found a 60-800 times difference.**[3] The additional costs were the companies' internal administrative costs.

So, what does this "internal administrative cost" mean?

The internal administrative cost is the "marketing or sales promotion" costs, namely advertising. The internal administrative costs also include financial support to doctors, so to build up close relationships with them, to encourage them to prescribe medicines

produced by that company.[4] ßAn overseas research reveals that in Thailand the cost for sales promotion is two times higher than the cost for research and development.[5]

Other surveys reveal that the cost for medicine advertising in Thailand is huge. Drug advertisements between 2006 and 2008 in newspapers, magazines, TV, radio, billboards, etc, cost more than 2,500 million baht.

From a "Pen" to a "Drug Shot" Is Shaking the Dignity and Ethics of Public Health Personnel

Drug companies do not just stimulate consumer demand through advertisements, but they also develop close ties with doctors, pharmacists, nurses and hospital staff. All are "authorities to dispense and purchase drugs".

The relationship between drug companies and medical staff is growing "stronger and is crossing the line day by day". Companies are even sending out sexy women in revealing clothes to make entice doctors at hospitals. Invitations to conferences and study visits overseas are offered to medical staff. Financial support to individuals and institutions is normal. Further, remunerations are being made to doctors whose drug orders are satisfactory, while a commission per head is paid to doctors prescribing new patients drugs for chronic diseases.[6]

These issues were discussed at the Meeting on "Guidelines on the Relationship between Medical Doctors and Drug Companies" on April 29, 2009, at the Faculty of Pharmaceutical Sciences, Chulalongkorn University. In the meeting, participants stressed that there were problems concerning the non-ethical promotion of medications impacting on drug prescription and procurement. These problems are at a chronic stage. They cause excessive high prices and inappropriate drug use, which may endanger patients.

Dr. Prasert Palitpolkarnpim, Head of the Department of Psychiatry, Chiang Rai Prachanukroh Hospital, reported drug companies gave cash to doctors prescribing a certain number of tablets. As an example, a doctor prescribed his patient 10-20 tablets of an Alzheimer drug without any further appointments. Clearly, this case was a sale promotion. Further, some doctors would increase the dosage of drugs so that their prescriptions would reach the amount the company wanted. Some companies even asked doctors to prescribe expensive drugs for patients who could be reimbursed.[7] It seems doctors are forcing patients to take drugs that are not essential.

Another case concerns the "authorities" who could purchase and prescribe expensive or non-essential drugs. When the doctors, pharmacists and hospitals purchased or prescribed a certain amount of these drugs they would be rewarded with tours, cash, gifts, free drugs and so on. These are called "drug shots", which has shaken the dignity and ethics of Thai doctors and public health personnel.

A working group, chaired by Dr. Mongkol Na Songkhla, former Public Health Minister, raised "guidelines to cease non-ethical sale promotion" at the Second National Health Assembly on December 16-18, 2009. These guidelines will be put to a Cabinet meeting for consideration so that solutions to the problems can be found.

An Obsolete Law and Regulations, Plus No Price Control

Findings from a research study on drug prices and price control system overseas[8] conducted by Assoc Prof. Cha-onsin Sooksriwong, Ms. Worasuda Yoongthong and Ms. Farsai Chanjaruporn show that other countries have various pricing measures. Every country in the European Union implements pricing controls. Some countries apply integrated measures; some rely on agreements, based on a speculation of sales volume, between the government and drug producers, such as Austria, France, Spain and Sweden. Ireland compares prices to those in five other countries. In Germany, Denmark, Spain and the Netherlands a reference based drug price is practiced. If the price is higher than the reference price, patients are required to share the payment. Furthermore, in Germany, doctors' prescriptions are under control. In case of over costs, the Medical Association will be punished by paying money to the Patient Fund.

In Thailand, drug prices are set and controlled by the Department of Internal Trade, Ministry of Commerce. Drug pricing is tied to a market mechanism and Article 24-25 of the Act on Prices of Goods and Services.

Another measure used is the joint purchase and bargaining among state organizations. However, these joint measures are applicable to generic drugs only.

These drugs compete in the market and are non-patented and inexpensive. Unlike the generic drugs, original drugs are patented and monopolized, causing excessive high prices and no competitors.

Whether the prices that drug companies report to the Food and Drug Administration and Department of Internal Trade are reasonable or not is another crucial point. Details of drug costs are not reported to the authorities and inspection and control measures are unclear. The drug producers set the price, with the Department of Internal Trade adding an extra percent or two which it then attaches to the label. Asst. Prof. Niyada Kiatying-Angsulee states that "They do not sell over the agreed price because the price marked on the box is already over priced. Surely, there is no way to violate the labelled price. To summarize, no one knows exactly what the real cost of a drug is. Supposing that a drug company reports the import cost is 100,000 baht per tablet, the Ministry of Commerce adds to that cost by using a kind of formula, which would result in the selling price being no more than 105,000 baht. But we never know if the 100,000 baht tablet really has the value of 100,000 baht or not".[9]

Inaccessibility to Drugs

High drug prices have a noticeable effect on patients and government budgets.

1. Patients' inaccessibility to drugs: In Thailand, the health security system is categorized into three systems. The first is the benefit scheme for civil servants, which allows them to be directly reimbursed by the Comptroller General's Department for medical costs. It also provides a wide range of coverage, for all kinds of medical drugs prescribed by doctors that are expensive and not on the national list of essential medicines. The two remaining systems are the National Health Security and the Social Security systems. These two systems limit the reimbursement of medicines that are not on the national list of essential medicines. These drugs are too expensive for the government to afford. Consequently, people cannot obtain some really essential drugs such as leukaemia and rheumatoid arthritis drugs.

2. Budget for public health: The country's health expenditure is growing rapidly, particularly for expenditures for the benefit scheme for the five million civil servants. In the past, the government was spending only around 20,000 million baht on this scheme. However, over the last five years the expenditure had increased around 15-20% each year, costing 54,904 million baht in 2008. It rose to almost 70,000 million baht in 2009. This is compared to 98,700 million baht in 2008 for the other two schemes, which cover 57 million people. This figure excludes the salary of civil servants/health personnel of around 30,000 million baht, so the total medical expenditure would be approximately 130,000 million baht.

The inequality between the different health schemes results as **there is barely any prescription control in the civil servant benefit scheme**. The scheme also allows the reimbursement on actual payments, encouraging inappropriate drug use and helping to derive the non-ethical promotion of drugs. This promotion brings into conflict the interests of drug companies and health personnel. In addition, people's lack of awareness in budget-saving is also to be blamed.[10]

With medical expenditures rising so quickly the Comptroller General's Department, as the reimbursement controller, was forced to act. Pongpanu Svetarundra, its Director-General, revealed that 90% of their costs came from 34 university hospitals and large tertiary hospitals seeking reimbursement claims for outpatients. They were prescribing expensive and imported drugs not on the national list of essential drugs. Additionally, the amount of drugs dispensed was very high. If the dispensing system is not changed the expenditure in 2010 would rise to 1.05 trillion baht, a heavier burden of the country.[11]

The explosion in costs is partially due to the lack of laws and control measures. Some are obsolete while punishments are weak and ineffectively enforced. Let's see what these laws and measures are and how much they can do.[1,2]

1. "Ethical Criteria for Medicinal Drug Promotion" adopted by the World Health Assembly in 1988: All member countries were required to abide. In Thailand, the Drug Study Group, financially supported by Ministry of Public Health, translated and published the criteria for public use. Further, the Group collaborated with the Drug System Surveillance Program, Faculty of Pharmaceutical Sciences, Chulalongkorn University, added extra details and released the 3rd published version in 2009. In 1994 the Food and Drug Administration, in collaboration with other organizations, set the ethical criteria for the promotion of medical drug sales, however, all of these measures are not legally enforced.

2. Laws related to drug advertising control: They are obsolete and ineffective and their punishment is weak. Provisions on direct and indirect promotions are non-existent.

3. The Professional Law contains the criteria for ethics and morals. However, it does not include criteria for the relationship between drug companies and health personnel concerning the promotion of sale. So, companies can justify whey they do not give details of drug costs and sale promotion costs, doctors ignore what they should do. Perhaps, it is because of a conflict of interests.

4. There are two laws in the draft process, Draft Drug Act B.E. (People's version) and the Draft Drug Act B.E (passed by the Council of State). The first one proposes to amend drug advertising control measures and adds measures to the promotion of sales. Further, it tries to protect consumers against inflated prices. The second Act has the provision concerning advertising as well as sale promotion. However, despite a lot of attempts, this Act has not yet been passed by parliament.

Problem Solutions

The problems in the drug system are connected to each other like a chain. Both long and short term solutions have been made by the Working Group on Guideline to Cease Non-ethical Sale Promotion and related organization partners presented the problems and strategic solutions in the Second National Health Assembly held between December 16 and 18, 2009. These include:

1. Ethical criteria for drug sale promotion and relationships between people in drug industry and health personnel were to be set. In addition, these criteria should be pushed forward and approved as the law. Only the 2006 Ethical Regulations of the Medical Council of Thailand provide details of these criteria. It allowed doctors to receive gifts of value less than 3,000 baht from the drug companies.[13] In practice, the enforcement for this has failed, while other countries had strict enforcement.

2. The drug surveillance system should be established by payers, namely the Comptroller General's Department, the Social Security Office and the National Health Security Office. Civil society should be involved in the system by keeping check of inappropriate sale promotions. Also, the state should provide civil society with financial support to do this.[14]

3. It is important for doctors and health personnel to change their attitudes towards drug dispensing. For the general public, they should be provided with all the information about drugs so that they would not excessively use them. Changes should be made to the long-time belief that imported drugs were better than local drugs and that expensive drugs were better than cheap drugs.

4. Professional organizations, such as the Medical Council of Thailand, Pharmaceutical Association and Drugstore Association, should campaign for a price control system that would ensure a fair price from the importers to the market.

5. The combination of health security funds into one organization to control drug prices was recommended. Also, the civil servant benefit scheme and social security scheme should be combined under the National Health Security Office.[15]

6. Concerning essential drugs not included on the national list of essential medicines, the Ministry of Public Health make a compulsory licensing for seven patented drugs during 2006-2008. At present, they were negotiating with drug companies to reduce prices for two very expensive drugs, namely leukaemia and rheumatoid arthritis drugs. In the meantime, they were looking at measures that would seriously solve pricing problems. They would start a negotiation with companies for "different pricing" according to economic status of each country. For example, companies might use GDP and set prices specifically for country groups, such as the poor, the middle income and the rich. This solution was likely to happen as many drug producers had already applied the GDP to set prices for AIDS drugs based on the country's economy. Moreover, there was a possibility for the negotiation on price setting for individuals of different income in each country.[16]

7. For sustainability, the development of a genetic drug industry in Thailand was to be strengthened so that it could be self-reliant, and so the reduce the reliance on imported drugs. Furthermore, it was critical to be prudent when making any international trade deal relevant to drugs and health. The Free Trade Agreement, for example, should follow Article 190 of the Constitution B.E. 2550, which requires the Agreement to be considered by the Cabinet first.

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8 "The Strong Thailand Project" at the Ministry of Public Health

Stimulus funds from the Strong Thailand Project that the Government allocated to the Ministry of Public Health, worth 11,515 million baht in 2009, to develop provincial and district hospitals, purchase medical supplies, and develop health centers into sub-district health promotion hospitals became repeated history when the Rural Doctors Society reported corruption.

A Weak Economy Must Be Cured with an "Injection"

At the end of 2008, economies around the world faced the same fate, that is, serious economic downturn. Thailand did not escape the economic problems and was further aggravated by internal political conflict. The Thais were deeply divided. The Abhisit Vejjajiva government which recently came to power tried every means to rescue the country's economy.

One path that the government selected was injecting 21,000 million baht to stimulate spending through the Community Sufficiency Economy Project overseen by Deputy Prime Minister Korbsak Sabhavasu as Chairman of the Project.

A few months later, irregularities were found, especially with the spending process of the various communities. Most important, there were accusations that the Democrat Party had vested interests. There was criticism that "For the overall picture of this project, the Abhisit Vejjajiva government had set the goal that people in the communities would learn about systematic planning and budgeting according to objectives, so that community development would be sustainable and in line with the sufficiency economy philosophy. Therefore, it can be considered as a total failure".[1]

In the end, the Prime Minister appointed Mr. Charoen Kantawong, Mr. Tawin Praison, and Mr. Nipit Intarasombat as members of the committee probing corruption in the Community Sufficiency Economy Project. On 19 August 2009 before the problem escalated, Mr. Korbsak Sabhavasu resigned as Chairman of the Project and Mr. Mechai Viravaidya was proposed for the position.

Even though the Community Sufficiency Economy Project continues to move ahead, the Office of the Auditor General has since been involved in investigating irregularities in the operation of the project.

800,000 Million Baht for the Strong Thailand Project

Immediately after the House of Representatives passed the Royal Act and draft legislation authorizing the Ministry of Finance to borrow a total of 800,000 million baht to revive the economy on 16 June 2009, projects under the "second phase" of the Abhisit government's stimulus package began. The second phase of the stimulus package totaling 1,431,330 million baht from the government budget and loans with over 20,000 projects distributed among various ministries within three years (2010-2012) was expected to rescue the Thai economy from the crisis.

The economic stimulus package received many similar comments such as "Strong Thailand is a historic investment of the nation. It is the most important "bet" in measuring the government's ability in managing the country".[2]

"Borrowing a lot of money from abroad is like playing a "risky game" because it creates a huge burden on the country's finances."[3]

According to the "Dusit Poll", 50% of the respondents expressed concern over the transparency of the Strong Thailand Project and corruption by related parties. 26% said no politicians should take part in the project, especially local politicians who are the government's electoral base."[4]

Not long, the fears of the Thai people which were reflected in the survey became reality at the Ministry of Public Health.

The Strength of the Rural Doctors Society

At the end of August 2009, the Strong Thailand Project came to the Ministry of Public Health for the first time with a total budget of 86,684 million baht. This fund would be used during 2010-2012 to build health centers and hospitals throughout the country, procure medical supplies, and develop medical personnel. 11,515 million baht was the first amount of funds that Ministry of Public Health received in the fiscal year 2010.

Mr. Wittaya Kaewparadai, Public Health Minister at the time, said, "The budget received for the construction of health centers and hospitals nationwide is 50 times higher than the regular annual budget received. It is the nation's largest health center and hospital construction budget".[5]

The time eventually came for the Ministry of Public Health's historic budget to be rigorously examined. On 17 September 2009, Dr. Kriengsak Vacharanukulkiat, Chairman of Rural Doctors Society, reported irregularities in the budget use and rural doctors around the country were in the process of gathering evidence.

Even though Mr. Wittaya continuously insisted that the budget allocations were transparent and could be audited, he eventually assigned Dr. Paichit Varachit who was recently appointed Permanent Secretary of the Ministry of Public Health to form two committees to investigate the alleged corruption, especially the procurement of unnecessary medical equipment that were overpriced and the specifications were predetermined.[6] Dr. Seri Hongyok, Inspector at the Ministry of Public Health, was the Chairman of the committees. In addition, Mr. Wittaya suspended the purchase of six medical equipment items that were under investigation.

At the beginning of 2009, the whole advisory team of the Ministry of the Public Health resigned to show their sincerity and cooperation in the investigation. On 7 October 2009, Dr. Kriengsak Vacharanukulkiat representing the Rural Doctors Society met with Prime Minister Abhisit Vejjajiva to provide evidence of the corruption in the Strong Thailand Project at the Ministry of Public Health.[7] The initials of the politicians and government officials who were involved in the corruption were revealed.

Dr. Prawes Wasi, senior respected doctor, commented on the corruption at the Ministry of Public Health, "It is fortunate that the Ministry of Public Health has a group of doctors who do not accept wrongdoings ... I would like to warn politicians who would like to seek benefits from the Ministry of Public Health to stop because if they don't stop, the truth will be revealed".[8]

At the time, news of corruption at the Ministry of Public Health attracted the attention of Thai society and intensified when the Ministry of Public Health's fact-find committee revealed the results of the investigation on 13 October 2009.

Source: www.tkk2555.com-online-index.php?page_id=31

The summary of the investigation results are as follows:[9]

(1) There were allocations for some supply items that were unwanted and did not have official requests from hospitals, but funds were allocated for them such as UV disinfecting machines.

(2) There were allocations for unnecessary and unsuitable medical equipment such as anaesthesia machines and respirators which are unnecessary for community hospitals.

(3) Funds were over-allocated for some construction, using future estimated prices, making the prices unusually high.

Since the complaints had evidence, but the persons involved could not be identified except for one level 9 officer, the investigation results made the Ministry of Public Health come under heavy fire. The Rural Doctors Society chairman gave an interview expressing "disappointment" with the initial finding that concluded no politicians were involved and demanded that an independent investigating panel be set up as in the case of the drug procurement scandal.

The Rural Doctors Society's proposal was in line with society's opinion because the Ministry of Public Health's Strong Thailand Project was full of corruption scars at the time.

When Thailand Is (Not) Strong

"The investigation results have not yet been accepted by the public. They still have doubts and think that politicians are being protected." Therefore, Prime Minister Abhisit Vejjajiva approached independent parties to help investigate the case. The Prime Minister's order No. 227/2552 appointed a nine-member committee to investigate the Strong Thailand Project under the responsibility of the Ministry of Public Health, with Dr. Banlu Siripanich as the Chair and Dr. Vichai Chokevivat as Member and Secretary.

Immediately after the names of the committee members, some of whom previously helped investigate the Ministry of Public Health's 1,400 million baht medicine scandal, were announced, the reaction from the Rural Doctors Society became more positive. The Rural Doctors Society issued a statement that they would fully support the work of this investigating committee.[10]

The investigating committee of the Strong Thailand Project under the Ministry of Public Health held its first meeting on 20 October 2009 at Parliament House. Since then, persons related to the Strong Thailand Project under the Ministry of Public Health, including the Acting Public Health Minister and Acting Deputy Public Health Minister, have provided information to the investigating committee. In addition, investigations on site have been continuously conducted.

The investigations used audio recordings as evidence and transcriptions were made. Dr. Vichai explained, "The committee places importance on documents and evidence because they cannot be changed. Witnesses provide testimony to the documented evidence".[11]

Repeated History of "Corruption"

On 28 December 2009, before the New Year, Dr. Banlu Siripanich and the investigating committee reported the investigation results after handing 4,733 pages of supporting documents to the Prime Minister. "There is reliable evidence and witness that the budget involved dubious and corrupt plans ... If this is not corrected, instead of Thailand being strong as intended, the nation will become weak.".[12]

The investigating committee recommended disciplinary, civil and criminal proceedings against four related politicians and eight government officials and reported each person's corrupt involvement. The committee also reminded politicians of the Nine Iron Rules of Do's and Don'ts that the Prime Minister announced when he recently took position, which included ... Cabinet ministers must work with honesty and integrity ... Political accountability and responsibility come before legal obligations.

When the Strong Thailand Project under the Ministry of Public Health became a "bomb in their hands", people directly related to the scandal such as Mr. Wittaya Kaewparadai resigned from the position of Public Health Minister on 30 December 2009, followed by the "forced" resignation of Mr. Manit Nopamornbodee as Deputy Public Health Minister.

Regarding subsequent investigation to administer punishment for the five involved government officials who were named by the Banlu committee, Mr. Jurin Laksanawisit, the new Public Health Minister, appointed a disciplinary committee headed by the Secretary General of the Office of The Civil Service Commission (OCSC) to further proceed with the investigation. In the case of three retired government officials, the case will be forwarded to the National Anti-Corruption Commission (NACC) for further investigation.[13]

Mr. Rattapong Sornsuparb, a researcher from the Chankasem Rajabhat University's Good Governance Center, wrote on this issue, "The corruption in the Ministry of Public Health is only one example under the Strong Thailand Project. The reason the corruption was first revealed in this ministry is because the check and balance mechanism in this ministry is better than in other ministries, offices and departments. Personnel in the Ministry of Public Health have more professionalism and independence than other occupations..."[14]

Rate per Hundred Thousand Population Comparing the 1998 Corruption to the 2009 Strong Thailand Project

Ms. Nuannoi Trirat, a researcher studying many corruption cases, said the two corruption cases have two similarities.

(1) Both cases occurred during the economic crisis. The drug purchase corruption case occurred after the economic crisis in which the government borrowed money from the IMF and allocated the 1998 budget to help people who had limited access to health-care. At the time, hospitals also had high debts for drug procurement. Therefore, the allocated budget was not high, only 1,400 million baht. The case of corruption in the Strong Thailand Project involves the 2009 budget to stimulate the economy, intended to strengthen the Thai economic system and the Thai people. Therefore, the amount of funds was enormous at 1.4 trillion baht and the funds were gradually approved by the Cabinet in the hundred thousand million figure.

(2) In the drug purchase corruption case, proposals or requests for the budget were rapidly written to allocate funds to various hospitals to repay debt for drugs from pharmaceutical companies and the Government Pharmaceutical Organization, but instead the funds were used to purchase expensive medical supplies. Meanwhile, the Strong Thailand Project can be considered as an impact of the 1996 coup which made the government system inert. Therefore, when large and expeditious projects needed to be implemented, there was no careful review.

The corruption methods of both cases are also similar. (1) Corruption was possible because government officials cooperated with politicians. Politicians alone could not pull it off. (2) In the drug purchase corruption case, there were standard prices. Therefore, the corruption process began by cancellation of the standard prices in order to allow purchase at any price. Meanwhile, the Strong Thailand Project was an investment budget with an Audit Committee, but this mechanism was not used. Instead, a special mechanism was chosen. (3) In both cases, the budget was allocated to the provinces, but the 'order' came from the central administration. Therefore, many people noticed the 'irregularities', problems and impact, leading to speedy investigation and exposure.[15]

However, one difference was that irregularities in the Strong Thailand project were detected and stopped before the corruption could take place while the drug scandal already found corruption of 100-200 million baht.[16]

The Strong Thailand Project under the Ministry of Public Health which uses money from Thailand's historic borrowing is still under investigation from the National Anti-Corruption Commission. Due to this historic borrowing, not only must the Thai people bear the burden of this gigantic debt, but must also lose "opportunities" from the corruption.

Source: www.goprocurement.com/news.php?id=104

Over the past four to five years, misinformation about stem cell therapies and products in Thailand has created a storm. Advertisements have made claims which have had no technical basis, and thus have had the potential to cause serious health problems. The problem has been so extreme that the American Medical Association has come out claiming Thailand has deceptive and exaggerated advertisements on unethical stem cell services and treatments.

9 Stem Cell Law: Ethics and Progress

Life to Life

A stem cell is a young cell that is ready to grow and divide into cells. It has the ability to renew itself and grow into a diverse range of specialized cell types which can be tissues and/or organs. Stem cells can be classified into two categories based on the cell origin;[1]

1. Embryonic stem cell derived from the inner cell mass of humans or animals at an early gestational stage

2. Tissue-specific stem cell or adult stem cell found in bone marrow, blood, tissues, primary teeth, etc.

Generally, stem cells from adult stem cells will generate tissues or certain organs. Embryonic stem cells, on the other hand, have the capacity to generate more cells, tissues and organs, and even whole bodies.[2]

Researchers, particularly those outside of Thailand, have based their research mostly on adult stem cells. In early 2009, the US President Barack Obama revoked the previous administration's restrictions on federal funding for human embryonic stem cell research. Therefore, it is expected that more research on embryonic stem cells will be implemented.

Based on articles in Thai newspaper in 2009, it is clear that extensive efforts to use stem cells for medical purposes have been made in Thailand.[3] They include an attempt to develop stem cells by using baby skin instead of embryonic stem cells, the discovery of leukaemia stem cells that could lead to treatment methods for a complete cure for this disease and the attempt to use stem cells to grow a part of a jawbone in the lab to treat temporomandibular joint disorder. Further, there have been attempts at artificial blood production from stem cells for those with insufficient blood supply and sepsis, the use of the umbilical cord stem cell transplant to treat opacity of cornea and the transplantation of artificial bones using stem cells from the blood of the patient which was conducted by researchers from Chulalongkorn University.

Nevertheless, some research projects are criticized for being unnatural and unethical, namely the production of egg and sperm using embryonic stem cells for sterilized people or those effected by cancer treatments and the injection of embryonic stem cells to treat the paralysis of the lower part of the body, which was the first embryonic stem cell test in humans. However, most of the above mentioned research-studies will take around five to ten years before results are known.

As reported by Dr. Pipat Yingseree, Secretary General, Food and Drug Administration (FDA), the accepted stem cell treatment around the world are for bone marrow transplants and rheumatologic diseases such as leukaemia and genetic blood diseases. Stem cells can treat patients whose bone marrow is damaged by cancer medicines. However, these patients' recovery is only temporary, as a complete cure is still unavailable. Further, side effects occur as the safety of the treatment has not been proved yet.[4]

The limited success of stem cell treatment indicates that **stem cell treatments other than for rheumatologic diseases and bone marrow transplant are misleading and deceptive, with the potential of causing serious harm to individuals.**

Exaggerated Claims

Over 8,000 websites and web boards in Thai, advertise "placenta stem cells" from sheep, deer and even from infants. There are empty boasts about imported products with very high prices. Their qualities are exaggerated, as if to be an "elixir" that can be injected, eaten or applied. They will give you beautiful clear, clean, white and young baby like skin, replacing old wrinkly and damaged skin. Some brands even boast that they can slow ageing, build up immune, stimulate the nerve system, develop new hair, make our sleep better and so on, as if our bodies will return back to our youthful forms.[5]

Private clinics and hospitals have been using stem cell transplants for a while. They claim they treat diabetes, renal diseases, heart diseases, Alzheimer's and Parkinson's disease. A couple of years ago, stem cell therapies were "extremely popular", making huge profits. They were called the "rising star service" as the treatment was costly and limited to wealthy people.[6]

Advertisements for stem cells can be classified into two groups;[7]

(1) Stem cells made by order: This is to extract stem cells from the patient to treat heart disease and for cosmetic surgery and anti-aging. They are blood stem cells, vessel stem cells and fat stem cells which are widely used in hospitals and private clinics. However this made-to-order process is not popular because it is complex and time-consuming.

(2) Stem cell products, which are products made from stem cells or related to stem cells. They come as a liquid, powder or cream and can be injected, eaten or applied. These products are highly popular throughout the country.

In his article "Everything about stem cells",[8] Dr. Tanom Bunaprasert, **Director of the Innovative Cell-Tissue Engineering and Organ Synthesis Centre, Chulalongkorn University,** tries to determine why stem cell research has been so popular in Thailand, even though this research is in its infancy, with only a few universities undertaking studies in the last few years. He also tries to determine if the advertisement claims being made about stem cell treatment were true or not.

American research indicates that using stem cells for treatment is possible (See picture P. 72). However, what is possible as indicated by this American medical research is completely different from what is advertised in Thailand; stem cell advertisements in Thailand are exaggerated, lack accuracy and deceive people by playing on their dreams of finding a magical cure.

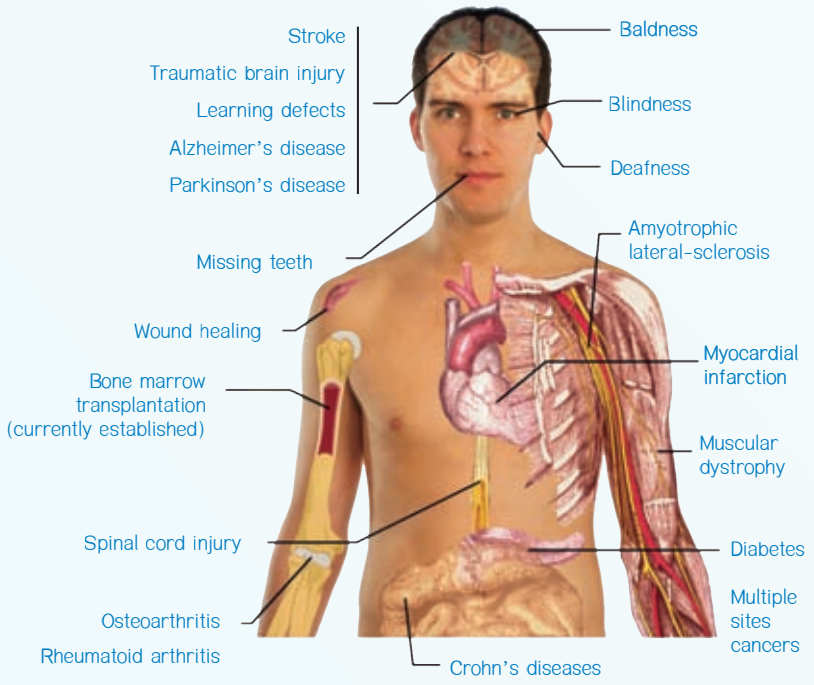
Dr. Theerawat Hemajutha, Director of the Neurology Operation Centre, Chulalongkorn Hospital, indicated that the American Medical Association has conducted a survey showing which countries unethically using stem cells and Thailand was categorized as having deceptive and exaggerated advertisement practises about stem cell services and therapies. Therefore, it is time for Thailand to have a law specifically to control stem cell research and promotion.[9]

Medical Council's Tough Regulation to Control Stem Cell

Drug companies selling stem cell products in Thailand have been able to charge inflated prices and have used numerous methods to deceive customers, which has been possible in part because of the ease that these products can be used.

On March 27, 2009, the FDA tried to overcome these problems, by using a provision of the Drug Act B.E. 2510 and by announcing the Control and Supervision of Drugs and Products from Stem Cell (Amendment). These laws require any stem cell use,

Ongoing Potential Uses of Stem Cells



Remark: Until 2009, only bone marrow transplants could be treated by stem cells. Other diseases or illness, as in the picture, were still in the experimental process (from 13 research studies cited in http://en.wikipedia.org/wiki/Stem_cell, March 9, 2010).

including the sale, research and registration, to be approved by FDA. Failure to do so would result in a prison sentence or fine, or both.

Despite the new laws, problems associated with stem cells have continued. Dr. Somsak Lohlekha, Chairman of the Medical Council of Thailand, indicated there have been many public complaints that the Council has investigated. They found many private clinics providing stem cell injection services at huge sums of money. However, they could not be charged as there was no law against this. All that could be done was to provide a warning and if problems continued, to suspend or withdraw the clinics license.

Using other laws against stem cell treatments has also proven to be infective, due to gaps in the law. Any drugs produced for an individual do not require FDA approval; most stem cell treatments are based on individual therapies.[10]

Finally, Thailand gained a law designed specifically to control the abuse of fake stem cell treatments. Dr. Somsak Lohlekha, Council's Chairman, signed the Medical Council's Regulation on Medical Ethics Regarding Stem Cell Research for Human Treatment B.E. 2552 on November 23, 2009. The law became effective on January 11, 2010.

The regulation requires all studies on stem cells to be approved and controls the use of stem cell treatments in all medical schools, private hospitals and clinics. The regulation authorizes the Medical Registration Division and the Food and Drug Association to penalise any health care provider failing to abide the law. Key points in the regulation are summarized as follows:[11]

(1) Controlling the treatment and research according to standards: The law excludes stem cell transplants for blood and bone marrow diseases, such as thalassemia, which is already accepted and controlled by law. Treatments for other disease treatments must be approved.

(2) Establishing a National Committee: The Committee is obliged to review all stem cell research and treatments. Prior to the Committee's review, they must be reviewed by their ethical review board. Failing to do so will result in ethical punishment, from a warning to a withdrawal of medical license of the doctor providing the service. The Committee is made up of experts from the Medical Council of Thailand, Ministry of Public Health, academics, doctors, lawyers,

representatives from the Supreme Court, the Lawyers Council of Thailand, and civil society. For transparency and to avoid any conflict of interest, the names of the committee members will be announced to the public.

(3) Registering persons who conduct stem cell research or persons who use stem cells for disease treatments should take place within 60 days after the law is effective. The objective of this is to check and prevent persons who are not capable and have not undergone the proper training from performing stem cell treatments.

Will the Regulations Hit the Right Spot?

Before introducing this tough law, the Medical Council's Board undertook many rounds of discussion before proposing the law to the Public Health Minister. All concerned parties agreed that the law would systematize stem cell use, ensuring that they meet Thai ethical practices and academic accuracy.

This process was time consuming as some people were against the law. The law was perceived by some as an obstruction to stem cell research. Some researchers wondered if the law scratched "the wrong spot". The penalty was another worrisome problem to researchers. Never before has a penalty been so harsh, with the suspension and withdrawal of medical licenses.

Researchers felt discouraged. Assoc. Prof. Pisamai Laupattarakasem from Khon Kean University said she would stop doing her research as the new regulations would result in too many reviews from many different committees. She felt that the slow process of reviews would result in Thai research lagging behind other countries. Another researcher said with irony that she would continue her research but in another country, such as Laos, Cambodia or Singapore, where they would be more open and supportive compared to Thailand.[12]

Stem cell companies or entrepreneurs are another group that felt discouraged. They worried that the Council's new regulation might make investment in biotechnology business riskier. Private hospitals with huge profits from stem cell services were definitely impacted from the regulation. Prof. Sawang Boonchalermvipas, Director of the Health Laws and Ethics Centre, Faculty of Law, Thammasat University, a member of the Siriraj Institutional Review Board said that:

"Private health care places have no right to conduct any human research because their duty is to treat, not to do academic work. The problem is that here are no laws to control this and these private clinics will try to undertake this work so that the can earn money from the treatment of other diseases about from haematological".[13]

Dr. Somsak Lohlekha, Medical Council's Chairman and the host of regulating bodies, said there is no intention or desire to impede stem cell studies, but a desire to promote quality and acceptable studies with standards and accuracy. After being effective on January 11, 2010, the law requires researchers working on stem cells to submit their research reports and previous research to the Council within 120 days. After this time, any clinic or hospital conducting stem cell work that has not submitted the paper work for approval will be prosecuted, resulting in the withdrawal of their medical licenses.[14]

The enforcement of this tough law will prove whether it is "scratching the wrong spot" as criticized. Amendments maybe necessary to enable it to "scratch the correct spot" as recommended by experts, for example having "a system to control research on commercial product development"[15] which is taken care by the FDA and using a guideline to control stem cell therapies in accordance with the stem cell decree of the international association and of the U.S. Food and Drug Administration. The guideline would help regulate stem cell use of Thailand to meet international standards.[16]

All recommendations are meant to balance between "ethics and progress" that matter to the country and people.


Source: www.thaimtb.com/webboard/133/66825-2.jpg

For 17 years the Traffic Accident Victim Protection Act B.E. 2535 failed to protect road-accident victims. In spite of over 10,000 million baht of insurance funds, less than half of it was spent on treatment of victims (see Table). Most of the funds were spent on administrative costs and still the administration was complicated and slow. Most victims, or 63%, had to spend their own money for medical treatment. Only 18% of the victims were able to make claims under the law,[1] forcing many to choose the Universal Coverage Scheme (or gold card).

10 Dismantling the Traffic Accident: Victim Protection to Provide Justice to Victims

Starting Point

Looking back 20 years ago, we would have seen scenes of traffic-accident victims lying in private hospitals waiting for treatment, without anyone's attention because they could not afford the treatment. At that time, Thailand did not have a law to help these victims and so they were burdened with all of their medical costs.

In 1992, the government under Mr. Anand Panyarachun approved the Traffic Accident Victim Protection Act B.E. 2535. The Act required every vehicle owner to have insurance to provide coverage for road-accident victims. Failure to do so was to result in a maximum fine of 10,000 baht,[2] The Victim Compensation Fund was also established with the objective to pay an initial compensation to victims in cases where they were not compensated by the insurance companies or by car owners without car insurance. The Fund also covered those unable to make claims against someone, such as in cases of hit and run accidents.

However, in practice reality was very different. According to findings of an injury survey in state hospitals between 1999 and 2005 by the Ministry of Public Health, only 18% of road accident victims were covered by the Fund while 63% had to take care of their own expenses or used gold cards, while 15% were forced to use other health care schemes.[3]

The cause of the problem was the complex nature of the scheme. Twenty-five million cars were insured, with a total of **10,000 baht net premium,** but only 42% of the premiums were spent on indemnity. The reason for this was that insurance companies delayed the process by taking up to or more than seven days to investigate traffic accidents, despite knowing exactly what had occurred. Victims, therefore, had to

advance their own money or sometimes even were left without any compensation.

A further problem in the scheme was that victims were also required to prepare six documents, confusing some victims about their rights to compensation. More importantly, the insurance only covered initial treatments. Once the premium ran out, the victims had to rely on other health benefits that they may have had.

An Example of Victims Being Made Bankrupt

Ms. Saree Ongsomwang of the Consumer Rights Foundation gave examples of people who were unfairly treated under the Traffic Accident Victim Protection Act. For example, Mr. Ya Puengmuang went bankrupt due to the costs of medical treatment for his daughter, Ms. Yadpirun Puengmuang who died from a road accident. She was riding a motorcycle and was hit by a pick-up truck. She suffered critical injuries and was rushed to a private hospital by the paramedic, who was able to claim 15,000 baht as according to the law.

Further, despite the death of his daughter Mr. Ya Puengmuang was additionally charged 260,000 baht for treatment costs. His family could not afford this and so asked for a payment extension. The hospital's lawyer suggested that he sell the family's ten rai plot of land on consignment. At that time, the property had being mortgaged to the Bank for Agriculture and Agricultural Co-operatives. To pay off the mortgage, the hospital offered 50,000 baht and the father paid 13,000 baht in interest.

However, Mr. Ya Puengmuang found out later that, after contacting the Provincial Land Office, his property was not sold on consignment, but was sold for 160,000 baht without a duplicate of sale contract. Currently, Mr. Ya Puengmuang has a debt of 150,000 baht. The Naresuan University at Pitsanuloke has helped Mr. Ya Puengmuang and his wife by offering them jobs at the university so that they can pay off the debt.[4]

Insurance companies have made huge benefits with the high number of victims, despite the high rates of remuneration to insurance brokers and high expenses for sale promotion, which accounts between 45-50% of total administration costs.[5] Findings from the research "Traffic Accident Victim Protection Act in the Context of Universal Health Coverage" conducted by Dr. Viroj Tangcharoensathien and his team reveals that these companies' profits between 2001 and 2005 were as high as 3,300 million baht.[6] Most of the profits were derived from the total payment for accidents. Between 2002 and 2006 the total fund was increasing, but payments out by the insurance companies were decreasing (See Table).

The decrease in payments that took place between 2002 and 2006 is partially attributed to the success of eight-years of intensive campaigns against traffic accidents run by both public and private sectors. Another factor for the decline is the number of victims who did not use money from the Fund. A 2005 survey by the National Statistical Office reported that over half

Insurance Fund and payment for loss or damage under the Traffic Accident Victim Protection Act: 2002-2006

Year	Insurance Fund (Million baht)	Actual payment for loss or damage	
		Amount (Million baht)	% of the fund
2002	7,161	3,503	48.9
2003	8,611	3,956	45.9
2004	9,152	4,367	47.7
2005	9,722	3,636	37.4
2006	10,290	3,226	31.4

Source: modified http://www.siamturakij.com/home/news/display_news.php?news_id=1759

of the road accident victims were treated under other health care schemes. Among these victims, 58% were outpatients and 56% were inpatients and thus increasing other health fund costs.[7]

The findings of the 2005 survey are similar to records of the Foundation for Consumers. Up to 55% of 666 victims from road accidents in 48 provinces did not exercise their rights under the Act. Only 42% did and 99.6% of them faced problems doing so. While being covered by the Act, 43% of them also had to use their gold cards and 16% used their social security cards.[8] Expenditures from using these health care schemes came from the victims' pockets.

All the above mentioned facts reveal a complete collapse in the protection of accident victims. The people were paying for car insurance, but their insurance was not protecting them.

Brainstorming to Address the Problem

The Foundation for Consumers gathered people's names to revoke the Traffic Accident Victim Protection Act. Its manager, Ms. Saree Ongsomwang, insisted that the time to make changes to the insurance administration had come. The Foundation recommended revoking the Traffic Accident Victim Protection Act so that traffic victims could access treatment services. Also, they proposed a new law to establish an "Indemnity Fund for Traffic Accident Victims". This Fund would be an independent body, equipped with effective administration so that less than 5% of administration cost would be for delayed payments.[9]

Following the above recommendation, the Universal Health Coverage Scheme was established. It allowed road accident victims who were unable to be reimbursed from the Fund to use their gold cards. As a result, treatment costs fell upon the Universal Health Coverage Scheme. Furthermore, the Scheme had an obligation to pay all costs.[10]

Given that there was a shift to traffic-accident costs being paid by the Universal Health Coverage Scheme a new recommendation was made to combine the Scheme with the Indemnity Fund for Traffic Accident Victims. It was hoped that the suggested recommendation would reduce complications and to remove accident investigations.

Source: www.headlightmag.com/main/images/stories/Safety_by_Louise/Safety003_AungPao/Safety003_02.jpg

Because of the numbers of recommendations and demands to change the Traffic Accident Victim Protection Act, state organizations started to take action. Mr. Wittaya Kaewparadai, the Public Health Minister at that time, explained that the major reason why the Traffic Accident Victim Protection Act was ineffectively used was the objective of the Victim Compensation Fund. When it was established no other health funds existed. However, after the creation of the National Health Security Act B.E.2545, Thais were eligible to equal health treatment at every hospital.

To change the Traffic Accident Victim Protection Act a consulting team was established to brainstorm ideas and ensure a proper consultancy process to reach the many stakeholders, particularly the various insurance companies.[11]

Direction of the Traffic Accident Victim Protection Act

Despite having no conclusion to which direction the law will move, today we have three major solutions to improve the Traffic Accident Victim Protection Act.

The first solution is that insurance companies would be required to pay victims an initial compensation of up to 50,000 baht without an investigation. This would mean traffic-accident victims would obtain non-delayed protection. After which, the insurance company could undertake an investigation to determine whether part or all the compensation should be returned.

Failure to pay the up-front compensation within seven days would result in a fine of not more than 500,000 baht for the delay. The company name would also be posted on the Commission's website. In addition to compensation, the company would be required to reduce the number of documents for indemnity claims, so to reduce the complexity of the process so to make it more convenient to the victims.[12]

This solution is proposed by the Office of the Insurance Commission who oversees every insurance company. The solution was gathered from comments and suggestions of related parties including the Office of National Health Security, Comptroller General's Department, Department of Land Transport and Social Security Office.


Source: www.sxc.hu-browse.phtml?f=download&id=825017

The second solution, proposed by civil society, opposes the first solution. The Civil Society suggestion would enable traffic-accident victims to obtain treatment under their health care benefits, including the Universal Health Coverage Scheme. Further, there should be a new law for the establishment of the "Indemnity Fund for Traffic Accident Victims" that covers disability and death. Effective administration is required to run the Fund and budget for administration should not exceed 5%. Each year, around 13,000 people die from road accidents. Under this scheme there would be a maximum of 100,000 baht of indemnity per death or 1,300 million baht in total. For the disabled, they would receive 10% of that received by relatives of the dead, and thus an estimated 130 million baht would be paid for their indemnity. So, there would be an estimated total for indemnity of 1,430 million baht.

According to this suggestion, if the administrative cost was under 5%, people would be required to pay 200 baht for car insurance and 100 baht for motorcycle insurance. This method would reduce payment burdens of people while enhance the insurance system because it would lessen the gap between health care funds and the Victim Compensation Fund.[13]

The third solution, proposed by Prof. Ammar Siamwalla from Thailand Development Research Institute, is to amend the Traffic Accident Victim Protection Act. He argues that presently no private insurance companies are part of the Victim Compensation Fund's administrative board for effective administration. Further, he argues that there are too many inefficiencies in the present management and marketing process, making the compensation process too complicated.

In the new structure that he proposes, traffic-accident victims would be granted two types of compensation. The first one deals with injured victims. Health care providers should be reimbursed from the Comptroller General's Department for treatments so that victims do not have to advance their own money. The second one is for deaths or disabilities. Victims or their representatives would be able to obtain compensation directly from the Department, without wasting their time for legal investigation. These two structures would hopefully remove all problems concerned with inappropriate compensation. They would also increase benefits to the victims and in the meantime, decrease the expenses of victims as well as burdens on other health-care schemes.[14]

This proposed amendment reflects on people's resistance to social injustice and attempts to ensure that the authority sees what is going on. The amendment is likely to be raised further. We can witness some positive changes in insurance companies, although a complete reformation is not yet guaranteed.

With no conclusion to the status of the Traffic Accident Victim Protection Act we will have to keep a close watch on how the Act will be changed.

4 Notable Thai Contributions

1 Community Health Fund: An Outcome of Decentralizing Power to Local Administrations!

The Community Health Fund or Tambol Health Security Fund is a local health fund for local people. It was established in 2006, by virtue of the National Health Security Act B.E. 2545, with the aim to decentralize power to communities so to provide for community health care to. The Fund's budget is subsidized by the National Health Security Office.

Good models of community health cares have been developed throughout the country, such as ambulances for emergencies, alcohol-free communities, family relation projects, visiting the disabled at home, elderly care, prevention of diabetes and hypertension and the provision of both physical and mental therapy for patients with chronic illnesses. From these small steps, some communities have achieved the advancement of welfare administration which is administrated by the community and without a government subsidy. This local management includes fund raising to build a hospital and health centres and employs doctors for health centres. Some communities encourage their children to study medicine and nursing so that they will take care of people in their communities after graduation.

At the end of February 2010, there were 3,946 Tambol Administration Organizations and municipalities involved in the Fund. This number will increase because the many creative activities have inspired other communities nationwide to develop community health programs.

2 Thais Receive Two Distinguished Awards: Prince Mahidol Award and Magsaysay Award

2009 was a year that three notable Thais brought great reputation for the Thai public health circle and significant pride to the nation with two distinguished awards. Dr. Wiwat Rojanapithayakorn and Mr. Mechai Viravaidya were both awarded the Prince Mahidol Award and Ms. Krisana Kraisintu received the Magsaysay Award. Both these awards are testimony of the important contributions that these three Thais have made to the prevention and treatment of HIV/AIDS at the national and international levels.

Dr. Wiwat Rojanapithayakorn is well-known for the 100% Condom Use Program which was initiated in Ratchaburi province in 1989 and later expanded to other areas around the country. The program was also adopted by other countries and was a successful HIV prevention tool. Mr. Mechai Viravaidya played a major role in awakening the government and society to the importance of condom use and changing attitudes towards them.

Mr. Krisana Kraisintu was honoured for her determined and fearless devotion in developing and producing the antiviral drug GPO-vir at affordable prices. This enabled AIDS patients, not only in Thailand but also in other countries around the world, especially African countries with many AIDS patients, to have access to the drug. For over ten years, she worked in various countries in Africa, treating patients, transferring knowledge and training pharmacists in Africa to manufacture inexpensive high quality antiviral drugs and drugs for malaria treatment. As a result, millions of African HIV/AIDS patients had access to medicine.

to the Health of Thais

3 HIA: Healthcare Tool for People

HIA or Health Impact Assessment is a new tool to assess heath impacts from large scale construction projects. The HIA process consists of public policy analysis, of both positive and negative impacts of the project on people's health, through the use of risk assessment and knowledge in epidemiology and socioeconomic impacts. More importantly, people in the construction area have an opportunity to know as well as to oppose the project if it produces negative impacts on their health. These measures are in accordance with Article 67 of the Constitution B.E. 2550.

The crisis at Map Ta Phut, Rayong Province (Further details can be seen in the article 2. Map Ta Phut: A Hot Economic Issue, A Pollution Problem for Communities) resulted in the creation of 'HIA' under Article 67. This regulation has been effective since November 8, 2009. It requires nine types of project to undergo the HIA prior to starting the project. They are: 1) Urban planning and development; 2) Regional planning; 3) Transportation network planning; 4) Electricity generating development planning; 5) Ore development strategy/planning; 6) Genetically modified organism planting or growing; 7) Large scale agriculture; 8) Radioactive substances, hazardous materials and waste management and; 9) Free Trade Agreements.

HIA, as long as we can promote the concept will result in a bright future for our children.

4 First Achievement in Developing a H1N1 Flu Vaccine in Thailand

Since the first outbreak of H1N1 flu in Mexico in March 2009, until the present (March 2010), the virus has spread to over 200 countries. There have been at least 16,000 confirmed cases of infection. What is frightening is that when the virus enters the human body, it can destroy the lungs, brain and respiratory system and can be immediately transmitted to people in close contact if there is no rapid prevention because humans have no previous immunity to this virus. Therefore, vaccines are a vital answer to controlling this new virus in case there are more unexpected rounds of the outbreak.

During the H1N1 flu outbreak, Thailand was busy constructing two large vaccine factories to support vaccine production to protect the whole nation from an outbreak. We are proud that Thailand's vaccine development is on par with international standards and that we have developed technology to manufacture vaccines from both live, an attenuated virus and a dead, inactivated virus. So far, the test results have been satisfactory. From now on, the research team will continue to test that the vaccine is safe for humans before scaling up production from the laboratory to the factory for domestic use.

This achievement in Thai public health is a guarantee that if there is a new outbreak of the H1N1 flu worldwide, Thailand will have immediate access to vaccines without having to wait for international assistance.

Capitalism in Crisis: Opportunity for Society?

It is without doubt that, as the world's prevailing economic system, capitalism has, since its birth centuries ago, greatly improved our living conditions through economic growth and technological advances.

But that is only one of capitalism's many faces.

Another undeniable truth is that, although it is believed to best serve human needs, capitalism itself is far from being trouble-free. Its profit-seeking processes of market economy and free competition have also resulted in inequality and crises which erode the general well-being of society.

Thailand's 1997 financial meltdown and the recent US-born subprime mortgage crisis which both sent shockwaves throughout the world are but two examples of capitalist crises that may increase in frequency and severity in the future.

With no viable alternatives in sight at both local and global levels, capitalism will continue to exert strong influences on our lives-whether we like it or not. The question is, therefore, how to avoid falling prey to capitalism and, better yet, turn this capitalist crisis into opportunity.

To rephrase it more specifically: how can we shape capitalism into a better system upon which to build a better society?

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Capitalism in Crisis

Achilles' Heel

James Fulcher, a British economist, wrote in his book *Capitalism* that, "Crises of capitalism are not exceptional events but rather a normal part of the functioning of a capitalist society." He pointed out that, "The history of capitalism is, in any case, littered with crises. Periods of stable economic growth are the exception not the norm." The Leicester University economist's conclusion is that crises stem from capitalism's own internal features.

In other words, a capitalist system, no matter how healthy, has an inherent weakness that will inevitably result in a crisis.

The Achilles' heel of capitalism, so to speak, lies in its central philosophy. The profit-driven competition in a market economy lifts economic growth, but at the same time leads to destabilizing crises as those that occurred again and again throughout the history of capitalism.

This central philosophy propels all economic processes-production, marketing and trade-into an upward spiral of profit maximization. When fuelled by factors such as strong cash flows, undemocratic politics or management unaccountability, there is an increased danger of over-speculation (For example, price inflation unrelated to actual production costs or consumer demands) especially when the regulatory mechanism is inefficient. Inevitably, the unfettered rise will end in a crashing crisis.

A period of only ten years separated the two international economic crises-namely, the 2007 subprime mortgage crisis which began in the US and the 1997 Southeast Asian financial crisis which first erupted in Thailand. Further back in the past, there were many economic earthquakes of different scales which came to shake the capitalist world at its foundation. Most remembered is the Great Depression of the 1930s which did not limit itself to the United States but sent shockwaves throughout the world. Lesser in geography if not severity, many other crises in the latter half of the twentieth centuries have put countries through great economic difficulties.

Is it perhaps correct that capitalism has a crisis-precipitating inherent weakness?

On one hand, the statement makes sense. Economic crises are closely linked to the central philosophy of capitalism - i.e., profit - driven market economy. Although the philosophy promises high economic growth, it also increases the likeliness that the system will "shoot itself in the foot". In this sense, economic crises can be said to stem from the inherent flaws of capitalism rather than external factors.

On the other hand, more sympathetic observers of capitalism may find the statement unfair, arguing that its philosophy is neither inherently good nor bad. Instead of systemic flaws, they point to human nature as the cause of the problems.

Although not an unreasonable argument, one must remember that all elements of capitalism - be it profit maximization, free competition, individual

The Subprime Mortgage Crisis - A Nightmare for American Capitalism

The subprime mortgage crisis is a prime example of crises resulting from the internal flaws of capitalism.

After 9/11, the Federal Reserve interest rate was cut several times, falling from 6.5% in May 2000 to 1% in June 2003-the lowest in 45 years. Many banks and financial institutions jumped on the opportunity to make huge profits by offering mortgage loans to American homebuyers exploiting the extremely low interest rate.

In general, borrowers must have good credit standings-with steady incomes or solid collaterals. Most banks would not authorize loans for a "NINJA" (No Income, No Job, and No Asset). However, in order to increase profits, many financial institutions started to lend to these subprime clients at high interest rates.

To spread the risk, lending institutions repackaged loans issued to customers with different credit scores into what's known as collateralized debt obligations (CDOs). Those with small proportions of subprime loans were considered to be low-risk low-return and others with bigger proportions of subprime loans were considered to be high-return CDOs, albeit with higher risks.

Since these securities were assigned safe ratings by well-known credit rating agencies such as Moody's and S&P, they became widely traded both in the United States and Europe, finding many buyers among commercial banks, insurance companies, hedge funds, and individual investors.

As time went on, many subprime borrowers could not meet their mortgage payments, putting the lending financial institutions and their CDO buyers at risk. With more and more borrowers defaulting on their payments, foreclosures increased.

Meanwhile, the housing market reached saturation point, resulting in a sharp fall in real estate prices and homes worth less than the mortgage loan. While defaults and foreclosures rose, subprime lenders faced serious liquidity problems. Many soon filed for bankruptcy.

As the news spread around the world, investors became panicked and a major financial chaos ensued. Finally, the subprime mortgage bubble-inflated by greedy financial institutions-burst into a disastrous financial crises which have cost the US economy hundreds of billions of dollars and caused incalculable damage to the world economy.

rewards based on private ownership of the means of production - are put to work to satisfy the *unlimited* human desire. This is where crises lurk.

Human nature is no doubt partially responsible for the problem. But to make it worse, the capitalist philosophy and rationale are used to justify our greedy instincts. Over-speculation, exploitation of consumer desire as well as price manipulation all help to inflate the economic bubble to critical point. Several crises of the past decade were end products of this all-too-familiar pattern.

Another factor contributing to capitalist crisis is the unbalanced development among different sectors. The financial sector now offers increasingly sophisticated financial products with temptingly high returns such as investment funds and derivatives, whereas the manufacturing and consumer sectors that sustain it lag behind.

A result of such lopsided development can be seen in the subprime mortgage crisis in the United States which occurred when highly sophisticated financial institutions exploited loopholes left open by

The 1997 Southeast Asian Economic Crisis: Thailand's Shattered Dream

In 1997 Thailand faced its most devastating economic crisis, which also went on to hit many Asian countries. The crisis had its root in 1993 when the Thai government - aiming to make Thailand the region's financial hub and the fifth "tiger" - relaxed foreign capital control, allowing commercial banks and financial institutions to set up banking units that could lend both in and outside Thailand.

However, the move also opened a loophole for Thai financial institutions to borrow internationally at low interest rates and lend out locally at a higher rates without incurring any risk, due to the government's fixed exchange rate policy. The resulting free inflow of foreign capital, especially into the booming real estate market, spawned heavy speculations and false demands leading to an increasingly fragile bubble.

Meanwhile, the low growth of Thailand's exports during previous years had strong negative impact on aggregate demand as well as foreign investor confidence. Thailand's ballooning account deficits since 1987 also created concerns around the country's international reserves and the baht's value, inviting speculative attacks from international hedge funds.

After the Bank of Thailand's futile attempt to defend the baht with twenty-four billion US dollars in foreign exchange reserves, the Thai government had no choice but to float the currency on July 2, 1997. The floating - effectively, a devaluation - essentially doubled the repayment burden of foreign loans overnight. Many financial institutions went bankrupt, and countless real estate businesses and small and medium-sized enterprises closed down, causing the 1998 unemployment figure to rise to 1.3 million. Thailand - effectively bankrupt - had to borrow 17.2 billion US dollars from the International Monetary Fund to shore up its foreign exchange reserves.

woefully inadequate regulatory mechanisms to authorize "sub prime loans" to customers with low credit ratings.

It should be noted that several economic crises in the past two decades also originated from the financial sector, including the Southeast Asian economic crisis which severely hurt Thailand's and other Asian economies.

The history of capitalism, thus, seems to confirm the statement that the cause of major economic crises can be found in the inner working of capitalism itself. In other words, as long as profit maximization and free competition remains at the heart of capitalism, crisis will always be a fact of life.

Things As They Are

Once it reaches a critical size, a system - whether it is economic, social, political, religious or natural - will become increasingly vulnerable to collapse, unless constantly challenged or "shaken" to reach a new equilibrium. The vulnerability may be from the system's own self - organizational flaws such as component over - specificity or functional inflexibility. When faced with an unusual situation,

Associate Professor Narong Petchprasert, Ph.D.
Faculty of Economics, Chulalongkorn University

According to political economics, capital accumulation is built on the back of labour exploitation. To make profit, labour wage must be kept lower than the selling prices of products. The result is that the majority of people - who provide labour to the production processes - do not have the purchasing power to buy those products, thus limiting the product's market.

A crisis starts to brew as the capitalist struggles to sell enough to break even, while workers demand pay raise. In the end, the capitalists can choose to either shut down the operation or replace human workers with machine to reduce costs. When either happens, unemployment rate soars, further depressing wage and aggravating the crisis.

In an economic crisis, many small businesses perish while others are taken over by a small number of large corporations, resulting in increased disparity. This is the basic cycle of capitalism which repeats itself every decade or so. After each crisis, there will be interventions to prolong the life of capitalism. Most commonly, the government will inject money into the economy. This has been the standard practice since the 1929 Great Depression under the Roosevelt administration up to the recent subprime mortgage crisis under Obama.

Thailand is itself no stranger to stimulus packages. From a Marxist perspective, as long as we adhere to capitalism, the crisis cycle is inevitable.

Interview excerpt (12 January 2010)

such internal weakness has the potential to cause malfunction and possibly a system-wide crisis.

As a complex system, capitalism is no exception.

Major financial crises such as the subprime mortgage crisis and the Southeast Asian economic meltdown can be understood in this light. Both were formed when a condition of high liquidity met an increasingly complex market, allowing greedy individuals to manipulate financial and marketing mechanisms to drive up profits. The resulting market bubble quickly grew beyond the ability of regulatory mechanism and expert criticism to deflate. At this point, even the slightest stir-perhaps filing for bankruptcy by a few financial institutions-can burst the whole bubble.

The internal flaws of all complex systems in general and capitalism in particular are like time bombs waiting to explode. In economics, however, there are factors that can move the system away from disaster and towards a new equilibrium. These are, for example, transparent disclosure of data and information, expert criticism, diversity of opinions, academic predictions or even conflicts.

But defusing factors are not always sufficient to avert a crisis when the system in question has a built-in capacity to reach critical points. Here, the self-organized criticality theory from the field of physics can be applied to explain the phenomena of crises in natural, social and economic systems.

The conclusion is, whatever their precise cause, economic crises are almost impossible to avoid with capitalism.

Professor Teerana Pongmakapat, Ph.D.
Dean of Chulalongkorn University's Faculty of Economics

Capitalism is prone to crises because there is a lot of uncertainty involved especially, like now, when each sector of the economy grows at vastly different rates. Before capitalism, all sectors would grow at a similar pace. But as the economy grows more capitalistic, the growth rate of each sector becomes more varied with different associated risks. The most critical part is the financial sector which grows at a lightning pace, creating considerable risk. On the other hand, non-financial sectors for example, the labour sector-move at a slower speed and thus creating much lower risks. The dragging pace of some sectors also makes it more likely for the faster-moving sectors to fall over. This is a major problem in capitalism. You can see that most recent economic crises started in the private sector, especially the financial industry, unlike in the past when most crises were generally caused by natural disasters like droughts or floods.

The 1995 Mexican crisis began with the bankruptcy of some commercial banks. Our 1997 crisis started in the financial sector. The US subprime mortgage crisis also first erupted in the financial sector. The crisis cycle is now as short as five years because the financial sector has become a very complex structure. Being much more capitalistic in nature than any other sectors, it is also the most prone to crisis. Although parts of the problem stem from the capitalist system itself, human mismanagement has much to blame too.

Interview excerpt (18 January 2010)

Capitalism-bred Crises

In addition to profit-driven investment, another central tenet of capitalism is unlimited individual rewards based on private ownership of the means of production. This principle makes capitalism a very powerful worldview and values, strongly influencing the way of life and value judgment of everything including human actions.

Capitalism's Core Values

First, capitalism sees labour-providing humans as a means of production whose costs must be minimized in order to maximize profits.

Second, capitalism's view of humans as customers or consumers who are marketing targets leads to advertising and marketing wars-both of which are prominent features of the consumerism.

Third, capitalism emphasizes the importance of capital as means of production. Little value, therefore, is placed on things that are difficult to capitalize on (such as the forest), while great value is given to things that are easily converted into capital (such as timber to be made into building materials and furniture). This view leads to wasteful, unsustainable use of natural resources.

Forth, capitalism puts a price tag on everything, leading to a value judgment system based solely on prices, as well as the commoditization of culture, rituals, traditions, sceneries, nature and so on-for the purpose of tourism, for example.

Fifth, capitalism emphasizes free trade which allows consumers to acquire goods and services at low prices. In practice, however, the competition is far from being fair as the playing field is not level for all competitors. Competitiveness gaps between strong and weak players lead to an opportunistic 'big fish eat small fish' situation in both local and international markets.

Another result of free trade is the movement of resources from the areas of lower purchasing power to those with higher one. For instance, fishery and prawn farming are conducted along Thailand's coasts (as well as in other developing countries) with the products exported to the highest-bidding countries, without any consideration to the consequences that such practices have on local life and environment.

The free movement of capital in today's borderless world also makes developing countries (including Thailand) over-dependent on foreign investment, thus increasing their vulnerability to crisis particularly in the event of sudden shifts in foreign investment.

Sixth, capitalism allows unlimited private ownership of property, resulting in a tendency to put individual interests above public concerns. This

Professor Dr. Prawes Wasi, M.D.

Capitalism was born out of the West's exploitation of resources from other parts of the world. In order to accumulate capital and wealth, Europeans first started building trading posts before eventually colonizing those less-developed lands. Capitalism is therefore a tool to serve greed (*lobha*), hatred (*dosa*) and ignorance (*moha*).

Economic development under capitalism creates inequality between the rich and the poor, and between rich countries and poorer ones. If that is not enough, economic gaps themselves lead to myriads of problems. The most obvious is environmental degradation from the commoditization of natural resources. At the beginning stage of development fifty years ago, Thailand had 220-million *rais* of forested area out of the total area of 328 million *rais*. Now we are down to only 80 million *rais*.

In terms of health, capitalism has led to better diagnostic technologies and treatments allowing people to live longer. However, although these medical advances cost the country a fortune, they are not accessible and affordable to everyone. Even in the United States where 16% of the GDP is spent on health care, around 40 million American still lack health insurance. This can not be called a wise use of money.

Nowadays, health care is increasingly commercialized, especially in the private sector. Old-fashioned compassionate medicine is no longer used. The initiative to turn Thailand into Southeast Asia's medical hub may sound appealing to the government because of the potential foreign income; but it also creates a brain drain driving doctors and nurses from public hospitals to private facilities. This phenomenon is most severe in rural areas and teaching hospitals. All these problems are caused by capitalism.

If we are to make it through this, we cannot rely only on money and knowledge because they can lead people to greed and short-sightedness. We need to focus on life itself as well as the people and the community because these connect and balance everything. Crises are a matter of course, when the society, the environment, the economy and politics go out of synch, not unlike the human body which gets sick when out of equilibrium. Therefore, development must be balanced.

Right now, a new path of balance is emerging. Thousands of lives have been transformed through the practice of community-based economy and sufficient economy philosophy. For example, Mr. Viboon Khemchalerm, a village chief, used to have a lot of debt when he grew only cassava. He has now shifted to diversified agriculture, which brought back the balance. When people can produce enough food, there is no need to encroach on the forest. They also have more free time to relax. There is less use of violence.

Einstein once said, "We shall require a substantially new manner of thinking if humanity is to survive." A better kind of capitalism is "conscious capitalism"-that is, capitalism with a heart, a conscience. In a critical time like this, there is no other way but to revolutionize our conscience. Mindfulness is very important. When people are mindful, they become happy without excessive consumption. Many things will automatically improve-whether it's their minds, their health, or their relationships. This is the path to more happiness.

Interview excerpt (27 December 2009)

takes the forms of individualism and monopolism such as concessions and intellectual properties (copyright, patent, etc) which sit in stark opposition to common ownership and common use initiatives such as community deeds and community forest.

Although these core values of capitalism encourage economic growth and advances, they also lead - directly or indirectly - to economic inequality, environmental degradation, community disintegration, violation of human dignity and morality, and various health problems.

Economic Inequality as a Result of Capitalism

Capitalist philosophy of free competition and unlimited private property ownership are known to lead to economic inequality - itself a cause of endless problems. But the situation can be exacerbated by certain factors such as undemocratic politics, social injustice, lack of transparency and good governance in resource management, and absence of public participation in areas affecting public interest. In these situations, capitalism often manifests itself as inequality - breeding "monopolism" or - as some critics call - "capitalist evil".

Table 1: Thailand's income disparity (Gini coefficient), 1988 - 2007

Year	National	Bangkok	Central region	Northern region	Northeastern region	Southern region	Urban areas	Rural areas
1988	0.487	0.388	0.435	0.439	0.454	0.463	0.434	0.439
1990	0.515	0.420	0.480	0.468	0.434	0.469	0.478	0.447
1992	0.536	0.457	0.462	0.476	0.471	0.481	0.494	0.439
1994	0.520	0.405	0.461	0.468	0.472	0.498	0.473	0.457
1996	0.513	0.401	0.468	0.458	0.470	0.470	0.479	0.440
1998	0.507	0.415	0.443	0.462	0.460	0.491	0.465	0.450
2000	0.522	0.417	0.448	0.469	0.483	0.476	0.471	0.468
2002	0.507	0.438	0.437	0.467	0.469	0.464	0.473	0.448
2004	0.493	0.422	0.433	0.478	0.448	0.445	0.461	0.445
2006	0.515	0.452	0.445	0.491	0.499	0.475	0.479	0.484
2007	0.499	0.468	0.423	0.470	0.471	0.464	0.474	0.459

Sources: 1) Data from the National Statistical Office survey on economic and social conditions of Thai households. Calculation by the Social Database and Indicator Development Office, National Economic and Social Development Board (2006 and 2007 data include negative income records.)
2) Boonyamanond. 2008

• The real face of inequality

Experts have long worried about the Thai economy's level of income inequality as measured by the Gini coefficient. The National Statistical Office's survey of economic and social conditions of Thai households shows that income inequality among Thai households ranged in the high region of 0.48-0.53 between 1986 and 2006. (The Gini coefficient ranges between 0 and 1, where a low value means less inequality and a higher value points to more inequality.) Although the gap between the haves and the have-nots varied over time-with the latest 2007 value at 0.5-a widening trend was detected. (Table 1, p. 89)

Professor Methi Krongkaew, a Thai economist who has long been tracking this econometrics, said that, "*Thailand's level of inequality is quite disturbing. Although we are at a higher level of economic development, our Gini coefficient is in the neighbourhood of 0.5, similar to those of some developing countries in Africa such as Niger, Mali or Zambia.*" (*Matichon daily newspaper, August* 3, 2007)

• Extreme disparity of wealth

At least three indicators lay bare the fact that wealth in Thai society concentrates only in the hands of a few. These indicators are distributions of income, savings and land ownership.

Table 2: Population income distribution, 1988-2007

Quintile	Percentage of total national income (%)										
	1988	1991	1993	1994	1996	1998	2000	2002	2004	2006	2007
1st Quintile (poorest 20%)	4.58	4.29	3.96	4.07	4.18	4.30	3.95	4.23	4.54	4.03	4.41
2nd Quintile	8.05	7.54	7.06	7.35	7.55	7.75	7.27	7.72	8.04	7.69	8.04
3rd Quintile	12.38	11.70	11.11	11.67	11.83	12.00	11.50	12.07	12.41	12.13	12.42
4th Quintile	20.62	19.50	18.90	19.68	19.91	19.82	19.83	20.07	20.16	20.04	20.20
5th Quintile (richest 20%)	54.37	56.97	58.98	57.23	56.53	56.13	57.45	55.91	54.86	56.11	54.93
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
5th/6th Quintile	11.88	13.28	14.90	14.07	13.52	13.06	14.55	13.23	12.10	13.92	12.47

Notes: 1) Income refers only to regular income and excludes irregular gains such as scholarships, inheritance, gifts, insurance reimbursements, social security compensations, rewards, commissions, gambling gains, lottery wins, etc.
2) Data from the National Statistical Office survey on economic and social conditions of Thai households. (Negative income records from 2006 and 2007 data were adjusted to zero.)

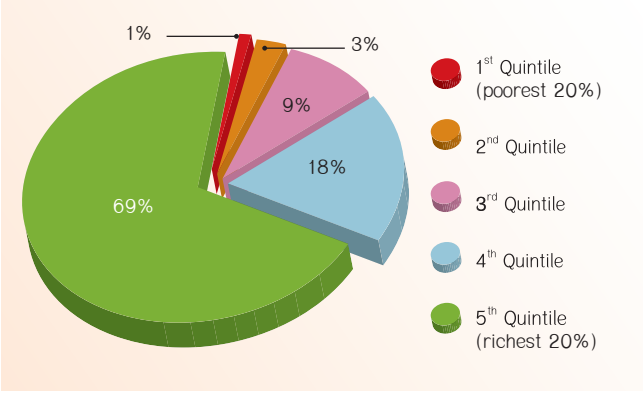
Income

The National Statistical Office's biannual survey of economic and social conditions of Thai households shows that between 1988 and 2007 approximately 55-59% of gross national income was earned by the richest 20% of the population, while the poorest 20% took home only 4% and the middle three fifths made 40%. Specifically in 2007, the top 20% earned 13 times more than the bottom 20%. This immense gap has remained virtually unchanged over the past two decades. (Table 2, p. 90)

Savings

The Bank of Thailand's June 2009 data showed that savings accounts of more than 10 million baht numbered at 70,000 (or 0.1% of all savings accounts) totalling approximately three quadrillion baht or 42% of the total savings amount and approximately a third of the country's GDP. Assuming that an account holder has on average two savings accounts-holding multiple accounts is the norm among extremely well-off account holders-that means more than two fifths of the country's savings are in the hands of 35,000 people or 0.06% of the total population (currently at 63,396,000).

Figure 1: Household inequality by property ownership, 2006



Source: Data from the National Statistical Office survey on economic and social conditions of Thai households, 2006.

Property ownership

Similar to income and savings, the disparity of land ownership indicates gaping inequality in Thai society. Although capitalism promotes the amassing of capital and wealth, Thailand's resource management system particularly lends itself to exploitation by those already privileged. A pilot analysis of land ownership in eight provinces found that the top 50 land-owners (including both individuals and juristic persons) in each province held as much as 10% of land. In some cases, their holdings totalled tens of thousands of *rais*. (A *rai* is about 0.4 acre)

Property ownership also shows extreme disparity, highlighting the gaps between poor and rich households. The 2006 data showed that 69% of the country's properties were held by the richest 20% households, while the poorest 20% owned only 1%. (Figure 1)

Inequality in the private sector

A study of monopoly and inequality in the private sector by *Deunden Nikomborirak* from Thailand Development Research Institute (TDRI) found patterns of extreme revenue disparity among the companies listed in the Stock Exchange of Thailand as well as unlisted companies registered with the Ministry of Commerce's Department of Business Development.

Among listed companies, revenue inequality seems to be getting worse with Gini coefficient increased from 0.76 in 2004 to 0.78 in 2008-even more severe than the high national income disparity of between 0.49 and 0.51. In addition, the top 20% of listed companies earned more than 80%

Table 3: Revenue distribution of public companies listed in the Stock Exchange of Thailand

Companies by income quintile (s)	Percentage of total revenue				
	2004	2005	2006	2007	2008
All 258 companies	100.0	100.0	100.0	100.0	100.0
Highest fifth	81.02	82.79	84.05	84.60	86.28
Middle 60% (2nd+3rd+4th fifths)	18.05	16.41	15.26	14.76	13.19
Lowest fifth	0.93	0.80	0.69	0.64	0.53
Highest fifth/lowest fifth ratio	**88**	**103**	**121**	**132**	**162**
Gini Co-efficient	**0.7617**	**0.7788**	**0.7800**	**0.7696**	**0.7864**

Source: Adapted from Table 2.1 in Duenden Nikomborirak, 2009

of total revenues, while the bottom 20% made less than 1%, and the rest (middle 60%) brought in between 13-18%. Most shocking is the pace at which the gap is widening. In 2008, the top 20% listed companies earned 162 times more than the bottom 20%, almost doubling from 88 times only 4 years earlier. (Table 3)

Another clear indication of inequality in the private sector can be seen in the retail business. The mushrooming of department stores and malls across the country, combined with the invasion of transnational superstores into local retail business, is putting mom-and-pop grocery stores into direct competition against giants with vast war chests

The picture is even bleaker for unlisted companies registered with the Ministry of Commerce's Department of Business Development. Among them, the top 10% highest-grossing companies earned 85.6% of all revenues in 2005 and 89.1% in 2007, while the bottom 10% together made only 0.0101% and 0.007% respectively. The exponential gaps widened from 8,476 folds to 12,724 folds in a period of only two years. (Table 4)

Table 4: Revenue distribution of companies registered with the Department of Business Development.

Companies by deciles	Percentage of total revenue		
	2005	2006	2007
All companies	100.0	100.0	100.0
Highest tenth (richest 10%)	85.61	86.63	89.07
2nd-9th tenths (middle 80%)	14.38	13.36	10.92
Lowest tenth (poorest 10%)	0.0101	0.0080	0.0070
Highest tenth/lowest tenth ratio	**8,476**	**10,828**	**12,724**

Source: Adapted from Table 2.2 in Duenden Nikhomborirak, 2009

of capital, management technology, credits and networks. These small businesses are, therefore, at risk of disappearing altogether, despite having been run by community members for the community for generations. This dire "big fish eat little fish" situation is intensifying, decimating small businesses while funnelling wealth into the hands of big corporations and multinationals.

Professor Ammar Siamwalla, Ph.D.
Distinguished Scholar, Thailand Development Research Institute

Despite its economic drive, capitalism has also resulted in many forms of inequality and injustice over the past four decades. Just before 1997, Thailand's economy grew in leaps and bounds, yet inequality also jumped. This does not mean that the number of poor people increased or they became poorer. On the contrary, it is clear that absolute poverty had significantly declined over that period. Although the level of poverty went up slightly after the 1997 economic crisis, the overall picture shows that there is less poverty but increased inequality.

Solving this problem requires a two-pronged approach; one targets the rich and the other aims the poor. Personally, I feel that Thailand's tax system favours the rich who use their financial clout to dominate and exploit politics in order to promote their interests. Not only does the market economy work in the favour of the rich, but government policies also favour them. For example, the Board of Investment provides wide-ranging tax incentives to investors who are mainly rich people. There is a claim that without such incentives we would lose foreign investments, but it has never been convincingly proven. In principle, incentives should be equally distributed to all-not only big investors-otherwise they will contribute to inequality.

Unlike in most capitalist countries, our tax system favours the rich by exempting them from property taxes including land and inheritance taxes-thus widening economic gaps. Our income tax also allows many unfair deductions such as those for investment in long-term equity funds and retirement mutual funds. Although often claimed to encourage savings, they only benefit the well-to-do. In reality, the tax contribution of rich Thais is rather small-the most substantial part of our direct tax collection is from corporate income tax.

However, it is the indirect taxes such as sales tax, excise taxes and duties that are where most of our tax money comse from. Among these, excise taxes (sin taxes) are shouldered mostly by the poor.

Tax measures, therefore, are an opportunity for the government to reduce inequality by preventing the rich from getting too far ahead of the poor.

As for the second part of the approach aiming at the poor, the government must facilitate their universal access to essential services. Following the already implemented national health security plan and free compulsory education policy, the next step should be improving the quality of these services, so that quality does not differ too much between government and private facilities. The retirement benefits also need to be reconsidered. Instead of cash handouts, a better approach is to encourage retirement saving plans.

Interview excerpt (5 January 2010)

Such extreme disparity in the private sector is due to the free market principle which allows the strong to overrun the weak, leading to opportunistic monopolization in all sectors - whether it is agriculture, industry, services and commerce. Free trade, therefore, is evidently not as fair as it may sound.

Natural Resources Depletion and Environmental Degradation

As an important means of production, natural resources and the environment can be negatively impacted by capitalism in several ways.

First, capitalism places little values on natural resources which are difficult to capitalize on such as rainforests, oceans, soil and mountains. As such, they are negligently wasted or damaged during production processes.

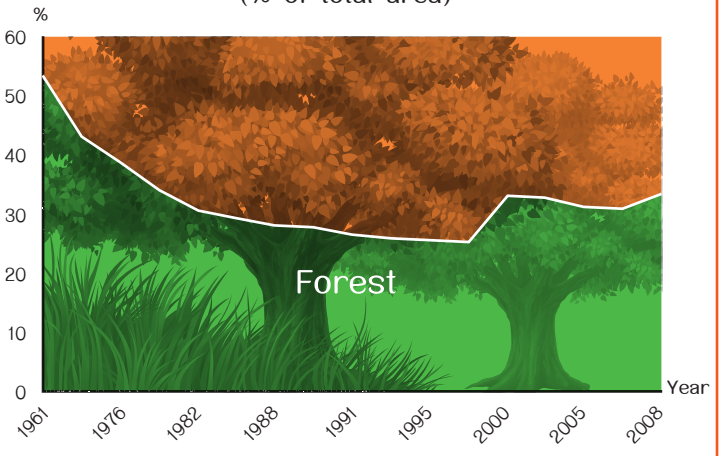
On the other hand, high values are given to easily - capitalized natural resources such as timber, mangrove forests (for shrimp farms), minerals, and rocks (as construction materials), so they are intensively exploited and eventually depleted.

Ironically, regardless of their category, the impact from capitalism on natural resources will more likely be negative than positive.

Deforestation Crisis

Deforestation over the past 40-50 years is one of Thailand's worst environmental disasters. According to the Royal Forestry Department (RFD), since the implementation of the first Social and Economic Development Plan, forest coverage in Thailand has declined from 53% of the total area in 1961 to only 25% in 1998. (The proportion went up to 33.2% in 2000 and 33.7% in 2003, due to changes in the calculation method.)

Forest area in Thailand, 1961-2008
(% of total area)



Source: Forest Area in Thailand, 1961-2008 from http://www.forest.go.th/stat/stat51/TAB1.htm

However, forestry experts and scholars question these RFD figures, saying that the true figure is most likely to be lower. Some believe it to be less than 20%. There also seems to be discrepancies in the official figures, as the Minister of Natural Resources and Environment stated during the Forest Conservation Day on 14th January 2010 that Thailand is losing its forests at the rate of 30,000 *rais* per year.

Although human encroachment-often by neighbouring villagers-is a cause of deforestation, experts point out that it is relatively a minor factor compared to commercial logging and infrastructure projects. This is evident from the fact that large swathes of trees often disappear around the area where there is construction of a dam or a highway. These disappearances more often than not involve capitalists or local "big men", whom Northeastern villagers often compare to *"hungry ghosts-wherever they go, they eat the whole forest"*.

Second, the single-minded drive for profit maximization at the expense of all else will inevitably cause environment problems in the long run as already seen in many industrialized countries. In Thailand, it is undeniable that most environmental crises have been caused by irresponsible industrial processes.

Moreover, in today's borderless world the drive for profit also results in the movement of resources and capital from countries with low purchasing power to those with higher one. In other words, natural resources from poorer countries are 'leeched' to serve the desires of rich ones.

Thailand's economic development in the past decades has been shown to cause quicker depletion of natural resources and degradation of the environment than anyone had imagined. During that time, forests, soil, water and minerals have been channelled into production-not only to feed the increased population but also to enrich individuals and the country.

The depletion of natural resources and environmental degradation is in part caused by the desire for a better life of the post-World War II baby-boomers. But the real culprit behind Thailand's extensive deforestation, river pollution and life-threatening environmental hazards was capitalistic development policies where the political context was undemocratic, unaccountable, lacking citizen participation and conducive to monopolization by the powerful few.

Particularly in the case of deforestation, many foreign and local studies have demonstrated that population pressure is not the main cause of the destruction of forests and wildlife. On the contrary, a good management system can soften the pressure from population growth. More detrimental to the forests, however, is commercial logging-both through legal concessions and illegal felling-although it is not the biggest threat. The single most devastating cause deforestation is actually large-scale infrastructure project such as dams and super highways, built to support the industrial sector and commercial agriculture.

But overexploitation and neglect is only one half of the equation. The other major cause of environmental degradation is industrial pollution. As attested by many newspaper headlines in the past two decades, water pollution, air pollution and waste management are among the problems that have strongly impacted the lives of many people living near industrial estates. The outcome of the pending Map Ta Phut case will determine Thailand's direction on how to balance economic growth with the environment and public health under capitalism.

In 2006, TDRI completed a study on the severity of Thailand's environmental problems by calculating the costs of environmental damages which occurred between 1999 and 2003, as well as surveying public opinions. Its final report lists 12 problems rated as most severe and the top five are 1) deforestation 2) water-related problems 3) soil and land use problems 4) waste problems and 5) air pollution. (Rankings derived from the two methods largely agreed with only minor differences.)

The most shocking aspect of the report is the astronomical price tags that have been calculated for each of the problems. According to the report, between 1999 and 2003 deforestation cost the country the most (80,813 million baht per year), followed by soil and land use problems (7,477 million baht per year), water-related problems (6,443 million baht per year), air pollution (5,866

Table 5: Environmental Problems ranked by severity

Rank*	Environmental problems	Ranking		Estimated damage costs (million baht: per year)
		by estimated damage costs	by public opinion	
1	Deforestation	1	2	80,813
2	Water resources	3	1	6,443
3	Soil and land use	2	6	7,477
4	Waste	7	4	4,797
5	Air pollution	5	7	5,866
6	Water pollution	8	5	1,515
7	Energy	11	3	Data not available
8	Marine and coastal environment	4	10	6,321
9	Toxic substances	9	8	374
10	Pollution from community toxic waste	6	12	5,550
11	Mining	10	9	60
12	Noise pollution	12	11	Data not available

Note: *Compounded ranking by averaging the ranks from two methods.
Source: Thailand Development Research Institute. 2006

million baht per year) and waste problems (4,797 million baht per year) respectively. (Table 5)

Although intangible damages such as social frictions and community disintegration were not included, these numbers should serve to remind us that unbalanced economic development under capitalist philosophy has untold costs to society. While some of these damages are possible-albeit difficult-to reverse, others are forever.

Capitalism and Community in Crisis

Whether it is in urban or rural areas, capitalism's ubiquitous reach into the community, the family, as well as religious and educational institutions has changed the way we socialize in a profound way. Tradition-based relationships such as blood relations, face-to-face neighbourly rapport and common religious connections are replaced by those

based on secular rationality and the rule of law written in terms of rights, equality and individualism.

These new production-oriented relationships have left their marks on the social structure. As their existence comes to depend on the ownership of means of production and the ability to amass wealth rather than the strength of their support networks, social units-the person, the family and the community-become increasingly individualized with their cooperation and interaction few and far in between. It can be said that capitalism places the individual at the center where the community used to be. As a result, the community becomes marginalized.

Meanwhile, although small-scaled rural farmers continue to harvest their lands under capitalism, for many of them, however, the main goal of production has radically changed from own consumption to supplying the market's latest demand. As a result of growing what they do not consume and consuming what they do not grow, the rural economy becomes increasingly dependent on the market.

Market dependence also forces farmers into the unfamiliar terrain of free competition where the name of the game is survival of the fittest. In the long run, many will fail and lose their land-their only secure means of production-and become labourers in the agricultural, industrial or service sectors. The market also polarizes community members in to those in the majority who are poor and economically weak, on one hand, and the few who are rich and economically powerful, on the other. Capitalism, therefore, weakens communities as a whole by downgrading socially interdependent relationships.

The weakness of rural communities can be clearly seen in many families whose working-age members pour into big cities to sell cheap labour, leaving their children to the care of the elderly. The large generational gap in these grandparents-grandchildren families make them more vulnerable and insecure than usual. Their increasing number highlights the crisis that rural communities are facing at the hand of capitalism's destructive force.

Virtually taken over by capitalism, even education and religious institutions have lost their intellectual and spiritual leadership. Not only have they failed to guide society away from falling prey to capitalism, in many cases they even reinforce the system. The situation is nothing less than an intellectual and spiritual crisis.

Capitalism and Human Dignity and Morality

• Violation of human dignity

First, capitalism's view of human effort merely as labour is an affront on human dignity, reducing humans to the level of capital, raw materials and other means of production. The view

that a person's value depends on his or her productivity also poses many profound questions concerning the meaning of life. Many thinkers and philosophers have come up with answers to these existential questions, resulting in ethical systems and religions that increased spiritual good rather than materialistic goods. Capitalism, on the other hand, trivializes human existence and poses questions it has no hope to answer.

Second, the capitalist view of humans as consumers ranks a person according to his or her ability to consume. In order to sell more goods and create more profit, capitalism promotes the feeling of void which can only be filled by continuous consumption regardless of need. This is the basis for consumerism.

Capitalism also pays no attention to the consequences of consumption, except when they in turn can be capitalized on. For example, obesity caused by excessive consumption of junk food is in turn made into an opportunity to sell products.

As a result, human aspiration for virtues such as friendship, love and kindness is undercut by the desire for instant gratification. Enslaved by consumerism, some people are willing to sacrifice their dignity in order to appease consumerist urges. Examples are teenage girls who turn to sex work in order to buy expensive handbags or a millionaire grandmother willing to pay millions of baht so that her grandchild could pet a panda cub.

• Moral decay

Everything can be commoditized - that is, has a price - in capitalism. The notion that money can buy everything leads to money worship and a belief that monetary might makes right. Money, therefore, becomes an end in itself - more powerful than virtues. Conversely, social values such as cooperation, altruism and kindness are on their way out.

Furthermore, free competition which allows some to rise to the top also inevitably turns the majority of people into "losers". The "survival of the fittest" may indeed be free but far from fair, because in order to protect their interest the rich and powerful will mobilize all resources to gain advantage and dominate the competition. Dubious tactics are justified within the context of free market competition, superseding the moral standards of the society which, as a result, continue to decline.

These unfair and amoral competitions occur at both national and international levels. Even the WTO is regularly used by powerful countries to take advantage of developing countries by, for example, claiming intellectual property rights to protect their monopolies.

In addition, capitalism promotes individual competition, causing community members to look out only for their own interests while neglecting the welfare of others and the community. Although such individualism promotes positive qualities such as strength, diligence and independence, it undermines compassion and kindness which traditionally held community together.

Capitalism and Public Health in Crisis

Capitalism can cause public health crises in three different ways.

First, capitalism promotes unwholesome consumption and consumerism.

Second, capitalism commoditizes health and health services for profit.

And *third,* capitalism creates economic and social inequalities which can lead to subtle, often unrecognized health problems.

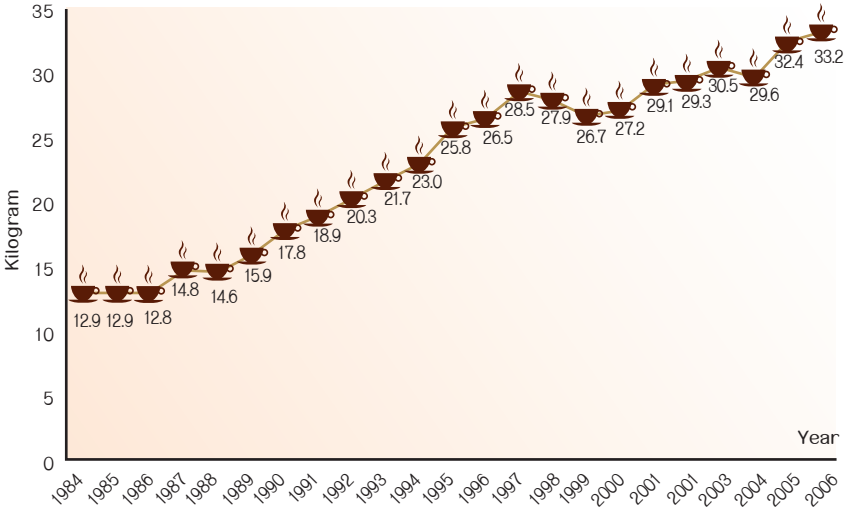
• Consumerism

Consumption-related health problems have become an important global issue affecting both developing and developed countries. While some of these problems are due to poverty, many are caused by unwholesome consumption which has its partial root in capitalism.

Technological advances have brought us countless varieties of junk food which are colourful and appetizing but have little, if any, nutritional values. Many of them are branded and advertised as fashionable premium products, resulting in unwholesome consuming behaviours especially among trend-conscious children, teenager and young adults. Unwholesome consumption behaviours include eating excessively sweet and fattening food, drinking carbonated beverages and alcoholic drinks, as well as the use of tobacco and narcotic drugs for physical stimulation and recreation. (Figure 2)

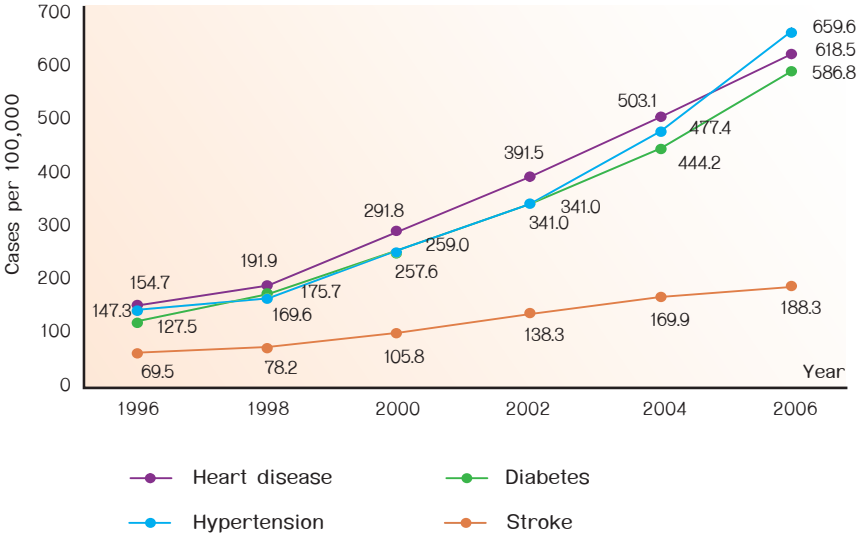
Consumerism combined with sedentary lifestyle causes unhealthy conditions such as obesity and high blood cholesterol which lead to diabetes, hypertension, heart disease and other illnesses. These are not only among the top causes of death among Thais, but also put heavy burdens on the family finance and the state coffer. (Figure 3)

Figure 2: Domestic sugar consumption, 1984-2006 (kilogram/person/year)



Source: Based on data from Office of the Cane and Sugar Board (quoted in Thai Public Health 2005-2007)

Figure 3: Prevalence of heart disease, diabetes, hypertension and stroke, 1996-2006



Source: Data from the Bureau of Policy and Strategy, Ministry of Public Health.

Moreover, consumerism also promotes the sense of physical inadequacy. Naturally occurring conditions are 'pathologized' with the result that many people become convinced that they have physical "illnesses" to be treated with special products or by medical experts. Non-medical conditions such as naturally darkened complexion, acne, bodily imperfection, or even ageing are among the growing list of "consumerism diseases".

• Health capitalism

Another consequence of capitalism on health is the commoditization of public health-drugs, health personnel and health services-which critics call "health capitalism".

Although it can not be blamed for directly causing illness, capitalism nevertheless creates differences within the population in their ability to access medicine and treatments. This occurrence, however, is but local symptoms, inseparable from their causes at the level of global capitalism and globalization.

Free-trade agreements has allowed a handful of big pharmaceutical multinationals to easily dominate drug industry in most markets through the use of patent system which permit manufacturing and marketing monopoly to patent holders. But these agreements, in turn, are direct consequences of the working of the World Trade Organization where powerful countries flex their muscles to maintain their advantage in the drug industry.

An unavoidable result of monopolization is the astronomical prices of life-saving drugs even in the originating countries. Thailand is no stranger to the impact of such pricing systems, having run into trade conflicts with patent-holding Big Pharmas for citing government use of patent to manufacture or import generic versions of patented drugs in order to allow a wider access to its people.

Marketing ploys add another layer of complexity to the problems by inflating the prices of drugs and treatments. Although there have long been efforts to implement the National List of Essential Drugs in public hospitals, the progress has been less than satisfactory. One important reason is the marketing ploys used by drug companies whose armies of sales representatives swarm hospital executives, doctors and pharmacists to influence their drug choices. These non-medical factors result in different drugs being used for the same conditions-with significant cost differences.

Apart from drug-related issues, opening health care to the private sector has also been a subject of heated debate due to the benefits and potential problems-especially if poorly managed. On one hand, highly efficient private hospitals help reduce patient congestion in public hospitals and ease the government's budget burden. Moreover, the "industrialization" of health care has recently turned some private hospitals into foreign currency earners by catering to foreign patients.

However, private hospitals' demand for trained personnel is also causing a 'brain drain' as doctors and nurses leave public hospitals in drove to private facilities with much better pays. This phenomenon is most strongly felt in rural areas where personnel shortage has already been a chronic problem. (Figure 4; p. 101)

Moreover, it is still doubtful whether private health care actually bridge the gaps between urban and rural areas and between well-off population and their poorer counterparts.

As it happens, virtually all private hospitals are located in urban areas, especially in big cities where services are already abundant, and their services are affordable mostly to the affluent.

Moreover, from the fact that currently thirteen private hospitals are listed in the stock market, it is clear that the investment goal of private health care is profit just like in any other industry. Even though, it can be argued that stock market listing is a way to raise capital, hospitals must then show profitability for their shares to attract investors. Profit maximization, therefore, becomes paramount for listed private hospitals. (That does not mean, however, that unlisted ones are not profit-driven.)

The bottom line may well be that private health care does not bridge the gap as hoped. On the contrary, there is a possibility that it actually widens the gap.

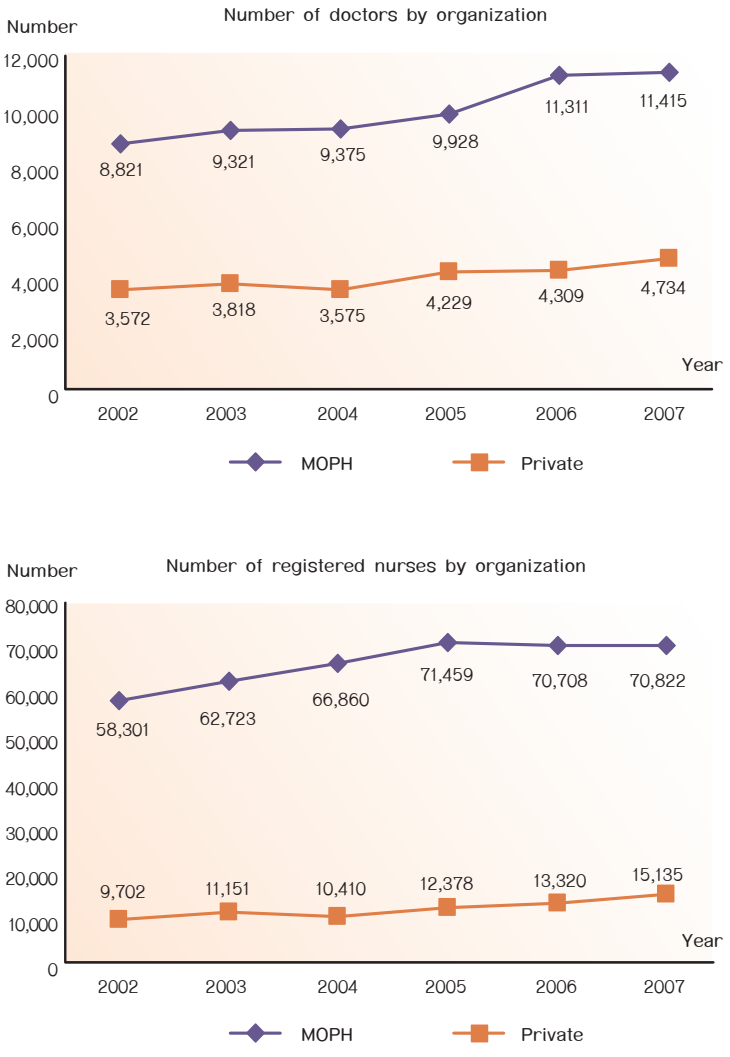
• Inequality as a cause of health problems

In addition to its more obvious downsides, economic and social inequality also hides silent dangers which have gone largely unrecognized.

Several studies published in the past ten years in the British Medical Journal, the American Journal of Public Health and other prestigious journals have found that income disparity in a given society correlates with the level of health problems found in it. In other words, income gaps were found to be associated with morbidity and mortality rates, child welfare and other "social ills".

In 1996, a study by George Kaplan, et al. in every US state found positive correlation between income inequality and many health indicators such

Figure 4: Numbers of doctors and registered nurses in public health facilities (under the Ministry of Public Health) and in private hospitals, 2002-2007



Source: Based on data from the database of the Bureau of Policy and Strategy, Ministry of Public Health

as age-specific mortalities and rates of low birth weight, homicide, violent crime, work disability, expenditures on medical care and police protection, smoking, and sedentary activity. Rates of unemployment, imprisonment and recipients of income assistance and food stamps were also worse as income inequality increased.

Another study of income inequality and mortality in the United States by Bruce Kennedy et al in the same year also reached a similar conclusion. It also discovered that each percentage increase in the "Robin Hood index"-an inequality index-was associated with an increase in the total mortality of 21.68 deaths per 100,000. In addition, inequality also affects infant mortality, coronary heart disease, cancers and homicide.

Dr. Yot Teerawattananon, M.D.
Chief of Health Intervention and Technology Assessment Program

What is your view of capitalism and its impact on the health care system?

Capitalism, by nature, views people as consumers or customers and everything else as profit-making commodities. Pharmaceutical companies will try to sell their drugs to everyone-whether they are sick or not. In this sense, diseases can be said to be commoditized by capitalism. Even natural degeneration of the human body such as hair falling out, wrinkles or osteoporosis can be seen as diseases which need to be treated. This is the opportunistic exploitation of capitalism.

Now more and more things are being pathologized. It's now half-jokingly said that soon love will be seen as a chronic disease treatable by drugs. Another example of "disease" in capitalistic view is snoring. Even though it is true that snoring can have negative health effects for some people, they are actually very rare. A classic trick of capitalism is to turn something trivial into a serious disease to scare people and then sell them drugs and treatments. This can be called health capitalism.

We need to realize that there are a lot of "unknowns" in medicine both for medical personnel and average people. But for many people the "unknown" is unacceptable and this works very well for capitalism. For example, in the case of breast cancer and prostate cancer, people in the past would not have known about their genetic predispositions for these cancers until they were actually diagnosed with a tumour and received treatment. And some of them will die from it.

Nowadays, thanks to technological advances, there are diagnostic tests to screen patients with elevated risks for breast and prostate cancer so that preventive measures can be given early. At least that is how the rationale goes. But in reality, even though these diagnostic tests can detect four to five times more patients with genetic risks who will go on to receive preventive measures and early treatments, however the numbers of people who eventually develop a tumour and those who die from it remain largely the same. This shows us that medical "unknowns" do exist and how capitalism can exploit it.

Interview excerpt (30 December 2009)

A 1998 study conducted by John Lynch et al in 282 US metropolitan areas confirmed the results of previous researches. They found higher income inequality to be associated with increased mortality at all income levels. Areas with high income inequality and low average income had excess mortality of 139.8 deaths per 100,000 compared with areas with low inequality and high income. The magnitude of this mortality difference is comparable to the combined loss of life from lung cancer, diabetes, motor vehicle crashes, HIV infection, suicide and homicide in 1995.

Income inequality was also found to threaten child wellbeing. Kate Pickett and Richard Wilkinson's 2007 study compared the UNICEF index of child wellbeing (material wellbeing, health and safety, educational wellbeing, family and peer relationships, behaviours and risks and subjective wellbeing) in 23 rich countries and 50 US states. They found the index to be negatively correlated with income inequality. In other words, children in societies with low inequality have better wellbeing than those in societies with high inequality.

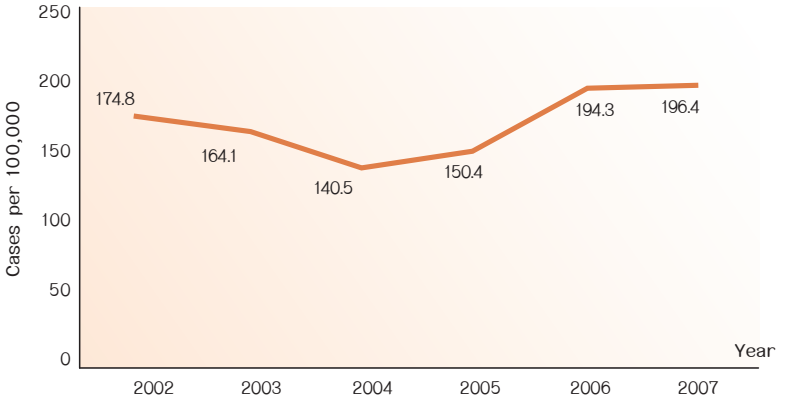
Inequality can also create a distinct class of poor. Some people may not suffer from "objective poverty" - i.e., they can afford the essential necessities - and yet experience "subjective poverty", as their sense of comparative deficiency leads to dissatisfaction. This psychological poverty is no less harmful to health than the material kind.

In his article "Sick of Poverty" (Scientific American, December 2005) Stanford University neurologist Professor Robert Sapolsky argues that "feeling poor" prevents people from knowing when they should stop wanting more. As a result, their lives turn into a rat race from childhood to old age with the accompanying chronic stresses which many studies implicated to be the cause of many health problems.

In Thailand, it is becoming clear that urbanites who live a capitalist rat race are experiencing more stresses and depression than their rural counterparts because they cannot find their way out of the maze of materialistic and psychological poverty. (Figure 5)

Although a certain level of income disparity is unavoidable in any society, a red flag should be raised when it turns into an alarming "capitalist disease". Many observers have warned that Thailand's income inequality has become very severe in the past few decades and will sooner or later lead to a crisis which may not only cause social ills but even blow over into violent political ones.

Figure 5: Prevalence of clinical depression in Thailand



Source: Regional Offices for Mental Health 1-19 and the Informational Centre of Planning Division, Department of Mental Health, Ministry of Public Health

Crisis Is Opportunity

This latest round of economic crisis offers a great opportunity for Thailand to improve its economic system and development policies for more sustainable growth in the future.

The following "opportunities" are compiled and synthesized from opinions expressed by various experts and critics - some in public forums, others from face-to-face interviews with Thai Health Working Group.

Bridging the Gap: Opportunity for the Government

Many social observers are worried that Thailand's economic inequality as a result of capitalism is leading to increased social inequality - a ticking time bomb that can explode into serious troubles or even political conflicts. Some have pointed out that the ongoing political strife indeed stems from class hierachy of which capitalism is as important cause.

The 1997 economic crisis and the recent sub prime crisis has offered an opportunity for the government to modify its economic development strategy by putting less emphasis on economic growth per se and more on balancing it with human security.

The government's priority now must be bridging the social gap with tax reform and government spending while keeping an eye on equality and efficiency, trying to avoid any measure that will directly or indirectly increase inequality.

• Strategic development: balancing growths

In retrospect, it can be said that by focusing only on economic growth our past development policies have let capitalism go out of control. "Developmental leaps" - once a favourite catch phrase - did not speed up only production but also its twin of consumption - both for local consumption and exportation. The bottom line was to promote economic growth as measured by GDP - with the unfortunate result that, in the end, the goal and success of development became all about GDP.

An unavoidable side effect of this kind of development is social inequality. In Thailand, economic development was fuelled by the exploitation - and eventual depletion - of natural resources. As environmental degradation and pollution intensified, many people also found themselves shackled to consumerism. For them, life means little more than production and consumption, while peace and happiness became elusive both for individuals and communities. In the end, economic growth failed to deliver its promise of happiness and a meaningful life.

Nobel Prize economist Joseph Stiglitz and other well-known experts are of the opinion that although GDP is a good indicator of a given country's level of economic development, it tells

little about the wellbeing of the people in that country. Therefore, a GDP-oriented development strategy may not be ideal, at least for developing countries where the economic infrastructure is not conducive to equitable distribution of wealth. *A desirable development policy will have to take into account the balance between economic growth and the happiness and security of the people in that society.*

The road to balanced growth may be challenging and time-consuming. To prevent a crisis from blowing over in the meantime, the government can employ two proven tools to battle inequality. These are tax measures and government spending.

• Tax reform: opportunity for action

Economists pointed out that although tax is a useful tool for reducing inequality, Thailand's current tax system is not conducive to a fair distribution of wealth.

Professor Pasuk Phongpaichit recently said in a speech that an ideal tax system should be fair-i.e., just and acceptable to the particular society. It also should not lead to future problems such as tax evasion due to prohibitively high taxes.

This does not mean that the government taxes the rich to help the poor. The key principle is instead that everyone must pay tax in proportion to the share of government benefits and the country's natural resources that they receive. In addition to being progressive, the ideal tax system must be equipped with carrots and sticks so that the extremely wealthy will spend and spread their wealth to benefit society through the creation of jobs and products rather than keeping it locked up in a vault.

Most economists agree that the system of *direct taxes* (income tax and corporate tax) and *indirect taxes* (sales tax, excise tax and duties) currently in use is yet unfair and there is still room for improvement to reduce inequality and promote more equitable income distribution. According to them, the most conspicuous absence in Thailand's tax system is that of property tax, inheritance tax and income tax against stock market trading, with the result that the system as a whole unfairly favours the rich.

• Government spending: effective and equalizing

At its current level, government spending has yet to play a significant role in promoting social equality. Therefore, the current crisis is an opportunity to strengthen that role.

Government spending to reduce inequality must aim to increase equal access to basic services, keeping in mind that the welfare for the rich and the less well-off should not differ too greatly. It must take into account the level of coverage, equality and effectiveness. Most importantly, the government must avoid exacerbating inequality by increasing advantages for those already privileged.

Several studies have shown that government spending is most effective in reducing inequality when used in the areas of health care and education. Therefore, both the free health care (Gold Card) scheme provided under the National Health Security policies and the 12-year and 15-year free education are moves in the right direction, even though they still can be improved on.

Government spending in the agricultural sector also helps increase income for poor farmers, but market intervention measures such as mortgage schemes and guaranteed minimum prices have been found by some studies to benefit middlemen more than farmers and favour more well-to-do farmers more than poorer ones, therefore more likely to increase rather than reduce inequality.

Subsidies for water, electricity and certain kinds of transportation as well as cash handouts (as distributed by the government at the beginning of 2009) and monthly salaries for the elderly were found to have little, if any, effect in reducing inequality. Their effects are largely political.

Another kind of government spending which both reduces inequality and improves quality of life at the same time is provision of support for the social security system. It is fortunate that Thailand already has a rather well-established national social security system. However, its coverage is still limited to only government employees and those in the private sector.

In September 2009, those covered by the system numbered at 9.3 million or about a quarter of all workers in the country, leaving out farmers, labourers, daily wage workers and self-employers. Now, therefore, is the perfect opportunity for the government to expand the system to cover every

Thailand's Tax System: Perpetuation of Inequality

Experts have long claimed that Thailand's tax system-both direct and indirect-increases disparity.

Although the direct taxes including individual and corporate income taxes are collected at progressive rates of 0, 10, 20, 30 and 37%, in reality the progressive rates are found to be far from successful. Some studies have shown that individual income taxes average only 5%. Moreover, with many applicable deductions, the total amount of tax collected is less than what it should be. Corporate income tax for companies and partnerships, on the other hand, is currently collected at a flat rate of 30%. (It was progressive before 1992.)

In addition, the government also offers tax incentives for investors through the Board of Investment in the forms of exemptions of corporate income tax and duties on the imports of machinery and raw materials under specified conditions. Thailand Development Research Institute's distinguished scholar Professor Ammar Siamwalla pointed out that these tax incentives were unnecessary, despite the claim that without such incentives Thailand would lose foreign investments-a claim that, he argued, has never been convincingly proven. On the other hand, these tax exemptions unfairly favour the rich directly and, therefore, should be reconsidered.

Another tax loophole that increases inequality is the exemption of property tax, inheritance tax and tax against income from stock trading. In many developed countries, these are effective mechanisms to reduce inequality. But in Thailand, despite decades of discussions and solid supports among academics and the general public, they have never been introduced because of the opposition from the rich minority-millionaires, business owners and politicians-who have the strongest influences on government policies.

Indirect taxes which consist of value-added tax, excise tax and customs duties are the largest source of government revenue. Several studies have reached the same conclusion that Thailand's indirect taxes impose more burdens on the poor than the rich, thus exacerbating inequality.

Therefore, a tax reform should be implemented and it should include the introduction of property tax, inheritance tax and income tax against stock market trading, as well as an improvement on indirect taxes in order to reduce inequality in Thai society.

Sources: Pasuk Phongpaichit, 2009; Somchai Jitsuchon, Amornthep Chawala, Chaisit Anuchitworawong, 2009.

member of the country's workforce and reduce inequality in the process.

Recently there have also been public discussions about the 'welfare state' which, if appropriately implemented, will greatly reduce inequality. A welfare state, in principle, is government policy to ensure social justice and economic immunity against future crises by guaranteeing all citizens an equal access to a basic level of quality of life.

By that definition, Thailand still has some way to go before becoming a welfare state, as most welfare measures cover only parts of the population, many favour the rich and the middle-class rather than the poor while some are only short-term stimulus packages.

To become a welfare state, Thai society must consider what elements should be included among the following elements: health care, education, unemployment benefit, support for the elderly, housing, and family support. The next question is where the money will come from, as at the current 2008 level Thailand is spending only 2.8% of GDP on welfare (compared to South Korea, Japan and Sweden which in 1998 spent 5.9, 14.7 and 31% of GDP respectively).

Experts have stated that before becoming a welfare state, Thailand must conduct reforms in several areas, particularly concerning tax, GDP growth, government efficiency, elimination of corruption and political reform. Therefore, although a desirable goal, ill-prepared Thailand's path toward becoming a welfare state should be gradual.

Social and Environmental Awareness: Opportunity for the Private Sector

The economic and environmental crises, combined with increasing consumer awareness at national and global levels during the past two decades, forced the business world to rethink its traditional profit-seeking philosophy. New ethics are being explored which, while allowing businesses to make profit and continue to grow, will help them avoid economic crisis as well as negative effects on social equality, natural resources and the environment.

This emerging trend reflects a collective wish of the entire society to see businesses conducted in a way that is responsible, less profit-driven and considerate of consumers, community, society and the environment-all of which have a stake in the growth of the businesses. The bottom line is that our society is increasingly in need of better capitalist business models with increased responsibility, fairness and creativity.

Luckily, there is a new breed of business enterprises which embrace these values. Known under different names, they have a diverse range of goals, management systems and business areas. The most interesting among these are "social enterprises" which differ from regular business practices in the following ways:

(1) Their main aim is solving social and environmental problems and developing new opportunities for social justice and conservation.

(2) Their practices are not driven by profit maximization for the owners or shareholders.

(3) Most of the profit is reinvested into the business for the purpose of expansion and achievement of key goals.

The interesting history of social enterprises shows a fast growth in many areas such as housing for the poor, sustainable agriculture, employment opportunities for the underprivileged and the disabled, alternative energy, social wellbeing, creative media and community-managed tourism

projects. According to a UK government report, there are more than 55,000 social enterprises in the UK, which together make combined revenue of more than eight billion pounds per year. But more importantly, they also create incalculable positive effects on society and the environment.

Because of their social and environmental benefits, social enterprises are being actively promoted by governments in many countries such as the UK, Canada, the US and Singapore. Stock markets for social enterprises have also been developed in the US, several European countries, India and Hong Kong.

As for Thailand, social enterprises are still in the early stage. Not only are they largely unknown to the younger generation of entrepreneurs who are most likely to take interest, they also lack support from the government and civil societies which have yet to develop clear policies on this type of initiatives.

Some Thai universities now have courses on social enterprises. These include Chulalongkorn University's Faculty of Commerce and Accountancy and Sasin Graduate Institute, Thammasat University's Faculty of Social Administration and IMBA program, Mahidol University's Faculty of Environment and Resources Studies and Dhurakij Pundit University. (Table 6)

In addition to social enterprises, there are other business practices with similar approaches

Table 6: Social Enterprises in and outside Thailand

Type of Business	Abroad	Thailand
Microfinance	**Grameen Bank** provides community-based micro credits to underprivileged workers in Bangladesh.	**Rural Capital Partners** provides micro credit and form joint-ventures in rural areas to promote community-based enterprises with social and economic benefits.
Producer-to-Market	**Community-Friendly Movement** wholesales products of villagers in India's remote areas directly to US and European markets.	**Thai Craft Fair Trade** sells handicrafts from communities around Thailand, with a focus on conserving local traditions and promoting productivity and self-reliance.
Promoting employability for the underprivileged and the disabled	**Digital Divide Data** is a company which out sources basic IT support jobs such as data management from the US to Cambodia and Laos, as well as promotes employability of workers in those countries.	No data available
Creative Media	**Participant Media** produces edutainment media which incorporates social and environmental awareness-for example, The Inconvenient Truth.	**Payai Creation** produces quality television programs such as Mod Kan Fai and Tung Saeng Tawan.
Service providers for social works	Run by a group of young people, **Ideals Creative** acts as an ad/PR agency for NGOs in the Philippines.	**Open Dream** provides web-based programming for social services such as mobile-based disease surveillance system and digital library system

Source: Handouts from a lecture on Social Enterprises given by Sunit Chettha, Director of ChangeFusion, at Thai Health Promotion Foundation on November 5, 2009.

and goals. Among the most noteworthy are socially responsible investment and corporate social responsibility programs.

Socially responsible investment is an investment strategy to get behind companies that meet a strict set of criteria for social and environmental responsibility. These criteria are, for example, environmentally friendly operation, gender diversity among top executives, recycling, etc. The returns on investment from these companies are usually unspectacular, but investment is intended as a support for their social awareness.

Similarly, corporate social responsibility is based on the idea that rather than pure profit, corporations must show responsibility toward stake-holding individuals, community, society and the environment. Although the idea can be expressed in diverse ways, the most simple and important is compliance to the law especially concerning tax, employment policies and environmental responsibility.

Private businesses, however, tend to favour corporate social responsibility programs with more visible public images. The most popular ones are, for example, disaster relief, public utilities projects and educational programs for underprivileged children. Some critics, not unreasonably, have noted that many corporate social responsibility programs are implemented by large corporations more for public relations purposes than social responsibility.

In today's world, direct and indirect stake-holders are clearly becoming more aware of the fact that profit-seeking business practices under the banner of global capitalism are widening inequality both at national and global levels. This awakening has led to many demonstrations against large-scale industrial projects and corporations that symbolize global capitalism. Even in Thailand, few large-scale industrial projects escape protests from civil groups who express their concerns - sometimes aggressively - for potential consequences.

At the global level, international trade summits must be prepared to face the wraths of protesters who are worried by the impact of liberal capitalism. One of the most violent protests broke out at the Seattle WTO summit in December 1999. If anything, these protests are wake-up calls for the business world to take more seriously the consequences of its business ethics concerning consumers, society and the environment.

Check and Balance: Opportunity for Civil Society

Although democratic in name, the actual politics in most developing nations are scarcely anything. Adding to this, another common feature is the lack of good governance, as public policies in these countries are often influenced by private interests, personal relationships and crooked power structure - both formal and informal.

In such atmosphere, capitalism often results in conflicts of interest, corruption, extortion and lack of transparency which allow unscrupulous investors and multinationals to monopolize and exploit natural resources using their capital and technological advantages. The resulting economic inequality inevitably lead to social ills, as already described.

It is undeniable that this is also the case with Thailand. In this situation, government agencies alone are unable to solve the problems effectively. It is therefore an opportunity for civil society at local and national levels to monitor, evaluate or even protest against operations which are unaccountable, inappropriate or hazardous to the environment and natural resources. In order to be effective, such monitoring must be independent and equipped with necessary information and knowledge.

In the past two decades, civil groups started to organize themselves in different parts of Thailand with the aim to protect their rights and interests when these are violated by commercial and industrial projects. Some of these operations were successful, while others failed. Among the success stories is the Map Ta Phut case which resulted in a court injunction freezing the operations of many industrial projects deemed unconstitutional.

An important lesson learned from the work of these civil groups is that when the primary focus is on monetary gains and economic growth, civil society has a critical role to obstruct or reverse the authorizations of irresponsible development projects by the government or private sector. Civil groups, therefore, are seen as a force for good and an opportunity for society.

Sarinee Achavanuntakul
Freelance writer

What can we learn from the current economic crisis and what opportunities are out there?

A lesson we can learn from this crisis is that investors must pay more attention to the sustainability and long-term impacts of their investments and less to short-term profit, even though such consideration may lessen their earnings. To stay competitive, businesses must continue to reinvent themselves. Innovations such as more eco-friendly products or green businesses will help them draw support from environmentally-aware consumers.

At the moment, this kind of investment is growing, accounting for 10-15% of all investments. Individuals-both consumers and shareholders-must change as well. For example, we must make conscious decisions on what kind of manufacturers we will buy from. Will we buy from those whose manufacturing processes make thousands of people ill?

The regulation mechanism must be a concerted effort by both the government and civil society. While the government may oversee general regulations, NGOs and civil society can provide rigorous monitoring. The government should also levy heavy taxes on polluting business. If the government does not want businesses to produce toxic food, law enforcement must be effective allowing consumers to file a complaint in court. Such regulatory mechanism is crucial, because we cannot expect businesses to regulate themselves.

A major problem we are facing now is "corporatocracy" or allowing businesses to grow so powerful that they control politicians and the state. This is why in the US people are weary of large corporations. In Thailand, some call it evil capitalism.

One strength of capitalism is its efficiency in creating wealth for companies. But we should also be concerned about inequality. In order to reduce inequality, the government must play a role in fair distribution of resources and impose progressive taxes. The more profit you make, the more tax you pay. We must also improve the efficiency of our tax system which is not very well-developed because it does not incorporate inheritance tax, property tax or land tax despite years of discussions.

Interview excerpt (13 January 2010).

Mindfulness and Sufficiency: Opportunity for Individuals

Last but not least, the current crisis also poses an important question to individuals on how to live without falling prey to capitalism. These are some suggestions:

• Mindfulness

Capitalism stimulates endless desire for possession and consumption. Therefore, one must be mindful of oneself and of capitalism.

Mindful of oneself: Right understanding will help differentiate between want and need. Since want is driven by endless desire, its gratification - although not by itself evil - often leads to problems unless constantly guarded by mindfulness. Need is, on the other hand, based on reason rather than desire. Therefore, the fulfilment of need is reasonably contained. In our capitalist world, a life in reason is a source of self-protection, providing us with secular-not to mention religious-immunity against outside adversity.

Mindful of capitalism: One can be mindful of capitalism by seeing right through the manufacturing and marketing tricks that shackle us to consumerism. Failing that, our life will become a rat race of production and consumption driven by market economy and free competition. As a result, happiness and peace will continue to elude us as individuals and as a society.

Dr. Komatr Juengsatiensup, M.D.
Director of Society and Health Institute

How can we turn a capitalist crisis into an opportunity?

Opportunities are always present during a crisis. Firstly, we must slow down capitalism which has outpaced all other sectors, leading to a crisis. Energy is a key factor driving the rapid growth of capitalism. It is said that energy will be depleted in the near future. In fact, energy will not be depleted, but it will become scarcer and more expensive. With limited energy, capitalism will take longer to grow and the likelihood of future crises will decrease. Secondly, civil society must play a bigger role to counterbalance the economic sectors. An increased role of civil society has made industries more careful and responsible. For example, in the past there would be no hearing committee in a case like Map Ta Phut. Today, vigorous monitoring by civil society has driven up the costs of capitalism. One can expect some forms of protest by stakeholders wherever there is a project for a large power plant or dam. Thirdly, capitalism has some soul-searching to do. It is no longer acceptable to focus only on profits regardless of social consequences. Capitalism is equipped with expertise on the accumulation of wealth and business management. Both of which can be put to good use to benefit society and the environment. This is indeed an opportunity. Lastly, we may need to explore a new paradigm, because materials, capital and profits can not provide the true meaning of life. The essence of life may be about living in harmony with the environment and higher beings-God, if you may. You can call it intellectual or spiritual well-being, if you like.

Interview excerpt (23 December 2010)

Each of us must find our own balance in the capitalist world. Most of today's consumers have little idea about the manufacturing processes of the food we eat or the products we use. Some of these processes are extremely unnatural or run against the moral standards.

As mindful consumers, we should be aware and use only products made from processes which are environmentally friendly, cause no pollution, honour fair trade and most ideally, comply with moral standards. This can help reduce "the moral gap" between manufacturers and consumers.

Being a mindful consumer is, in a way, a peaceful and creative countermeasure against consumerism. It is an emerging awareness that is gaining steam to become a new social movement.

• Sufficiency

For four decades, His Majesty the King has shown us by countless examples the principles of sufficiency economy. His Majesty's examples should be learned and adopted by individuals, families, business organizations, society and the government.

According to sufficient economy philosophy, the principles for all economic decisions and behaviours are 1) defining ones own meaning of sufficiency, not copying others 2) putting reason over gratification and 3) strengthening ones own immunity by avoiding production and consumption behaviours that increase unnecessary vulnerability.

Phra Paisal Visalo
Wat Pa Sukato, Chaiyaphum Province

Capitalism in crisis and opportunity for society

This so-called "Hamburger Crisis" is having unprecedented effects on capitalism. This is because it not only involves enormous amounts of money and the lives of billions, but it also has caused a shift from the once unshakable paradigm of macroeconomics and public economics. Even Paul Krugman, the 2008 Nobel Prize laureate for economics, pointed out that all works in macroeconomics over the past 30 years was "useless at best and harmful at worst."

This crisis also laid bare the errors of neo-liberalism that freely offered debentures and derivatives with little regulation, leading to wild speculations. To make the situation worse, these financial products were given good ratings from well-known rating agencies, even though they were later shown to be high risk. Moreover, there were hardly any warnings from the experts. As a result, there is now a crisis of faith towards all economists, bankers, and financial experts.

It can be said that this crisis shook the "sanctity" of the market to the core. It is now clear that giving the market a free reign can cause inestimable damages and regulation is strongly needed. Actually, the damages have been accumulating for a long time but they only affected the average people in the street whose voices were not heard. They have lost their lands, forest and water sources to the opportunistic capitalists. Some children and youths have been lured into freely-operating "sin" industries while many others have fallen prey to the media-propagated consumerism cult.

The crisis also made people rediscover the value of ethics. The "greed is good motivation" popular sentiment led to massive stock market speculations and "cooking the book" to drive up stock values. Greedy politicians and experts who had

In addition, there are two practical guidelines: 1) knowledge, attentiveness and mindfulness 2) virtues - namely, diligence, honesty, economy, patience, intelligence and kindness.

Another opportunity for individuals at present is the opportunity to become less dependent of the market and more reliant on oneself and the community. These market-independent movements can be seen in groups such as organic agriculture communities, community savings groups and community funds which are mushrooming all over the country. What is most interesting about these movements is that economic element is but one of many dimensions of community life integrated into the movements. Instead of money, they focus on livelihood, the people, the community and the environment.

vested interests in these financial institutions also turned a blind eye to unethical practices, until the problem grew out of control. Now, the "greed is good motivation" sentiment is being questioned and the moral responsibility of business leaders scrutinized.

This crisis has done a great favour for society, which has been negatively affected by the free market. Beside the losses of valuable resources and many ensuing problems, our social and cultural heritage has been undermined or commoditized where money was the ultimate concern. People grew more self-centred and uncompassionate. A strong society cannot exist as long as the market expands freely and becomes all-powerful. If the market is placed under government regulations (or independent mechanisms) and is harnessed with morality, the society will be able to recuperate fast.

This crisis also opened people's eyes to the danger of being completely dependent on the market processes which they can not control. There is now many collaborative efforts to create alternatives to the market such as community savings groups, community banks, local currencies (which facilitates the circulation of resources within the community), as well as alternative farming (which depends less on petrol and chemical fertilizers). These alternatives help strengthen the community, while leading to further collaborative activities that benefit the whole community.

Ultimately, during an economic downturn, people must learn to live within their means. The good thing about this is that they spend less time consuming, splurging and going out. Now they have more time to spend with their families. Some even rediscovered the true happiness of being with their families, volunteering for social works, or meditation. All of these help bring people closer, tighten family ties, and strengthen the community. These are the basis for a mutually supportive and peaceful society.

Conclusion: A Move for a Better Capitalism

In his article *Capitalism beyond the Crisis*, Nobel Prize economist Amartya Sen writes, "The present economic crises do not ... call for a 'new capitalism', but they do demand a new understanding of older ideas." He argues that capitalism is not only about profit-driven market economy, but also involves many other institutions and activities such as poverty, inequality, unemployment or education-related problems which the market has no control over. He, therefore, calls for the state to intervene in the capitalist processes to prevent social ills.

To rephrase Sen, we can say that we need "a better capitalism"-that is, a capitalism which goes beyond pure profit seeking and is regulated in an appropriate, transparent and just way.

In accordance with Sen's idea, *Thai Health Working Group* has proposed ways to turn the current economic crisis into an opportunity for Thai society, including specific recommendations for the government, private sector, civil society and individuals.

These four sets of recommendations are separated and can be implemented independently,

although they should ideally be put to work concurrently. Short of that, synergy can still be gained by collaboration, for example, between the government and private sector in the efforts to reduce inequality or between civil society and individuals to monitor and regulate government or private sector projects which are exploitative, monopolistic, unaccountable or environmentally destructive.

However, in a society with severe economic inequality such as ours the road to a better capitalism will be long. There is still a strong need for a structural reform to reduce the income gap - a big challenge in itself. Citing examples from developed countries with low inequality, economists have shown that the most effective equalizing measures are tax reform and government spending.

Experts also pointed out that Thailand's current tax system favour the rich minority, while the middle class and the poor shoulders most of direct and indirect tax burden. They have called for a reform which will make taxation fair for all and, more specifically, the introduction of property tax, inheritance tax and income tax against stock market trading.

As for government spending, it must focus on guaranteeing equal access to basic services, especially in health care, education and job security. In addition, the government should promote socially and environmentally responsible enterprises. The government policies of free health care (Gold Card scheme) and education (which has been extended from 12 to 15 years) are moves in the right direction, but improvement is strongly needed for job security. The government must also be careful that spending in this area does not favour those already advantaged.

Another important area is the care given to natural resources especially agriculture-related ones such as forests, water sources and land. These resources sustain the livelihood of the poor, so their degradation or depletion will affect them most severely. The government can use legal and tax measures to safeguard these resources, but their enforcement must be effective and just.

Such structural reform is nothing short of a Herculean task. Therefore a steady political will and moral courage is needed, as well as the determination and supervision of a strong civil society. Without these, the reform effort will fail as it did in the past, and a better capitalism will always remain a dream beyond our reach.

Appendixes

12 Health Indicators of Thailand's Workforce

1. Thailand's Workforce Situation

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The Process of Writing the Thai Health Report 2010

Health Indicators

The process

1. Select interesting and important issues to be included in the health indicators through a series of meetings of the Steering Committee
2. Identify experts to be contacted, then hold meetings to plan each section
3. Assign an expert to each approved section to prepare a draft
4. Brianstorm the draft papers, considering suitability, content, coverage, data quality, and possible overlaps
5. Meetings with experts responsible for each section, to review the draft papers and outline key message for each section
6. Broad review of the draft papers by experts, followed by revisions of the papers

Guidelines for health indicator contents

1. Find a key message for each section to shape its contents
2. Find relevant statistics, particularly annual statistics and recent surveys to reflect recent developments
3. Select a format, contents and language suitable for diverse readers

The 10 Health Issues, and Showcasing Thai People of the Year

Criteria for selecting the health issues

- Occurred in 2009
- Have a significant impact on health, safety, and security, broadly defined
- Include public policies with effects on health during 2009
- Are new or emerging
- Recurred during the year

Health showcases are success stories in innovation, advances in health technologies, and new findings that positively affected health in general.

Procedure for ranking the issues

A survey was conducted using a questionnaire listing significant issues in 2009 before the survey date. The situations obtained from the survey were ranked using a Likert scale with three levels: high (3 points), medium (2 points), and low (1 point).

The ranking data were analyzed using the SPSS statistics package. Issues with high mean scores were given high priority.

The Steering Committee for the Thai Health Report Project made the final decision to approve the content.

The special topic

There are two types of special topics: target group oriented and issue oriented. The types alternate each year. The topic is sometimes selected from the 10 health issues.

- Important criteria in selecting the special topic include:
- Political significance
- Public benefits
- The existence of diverse views and dimensions

Working process

1. The Steering Committee met to select the topic
2. The working group outlined a conceptual framework for the report
3. Experts were contacted to act as academic advisors
4. The working group compiled and synthesized the contents. Each article's content were thoroughly checked for accuracy by academics and experts.
5. The report was revised in line with reviewers' suggestions.

Steering Committee 2010

Dr. Suwit Wibulpolprasert	Office of Permanent Secretary, Ministry of Public Health	Committee Chair
Dr. Vichai Chokevivat	Institute for the Development of Human Resource Protections	Committee
Dr. Amphon Jindawattana	National Health Commission Office of Thailand	Committee
Dr. Pongpisut Jongudomsuk	Health Systems Research Institute	Committee
Dr. Pinij Faramnuayphol	National Health information System Developing Office	Committee
Dr. Narong Kasitpradith	Bureau of Policy and Strategy, Ministry of Public Health	Committee
Dr. Choochai Supawong	Office of the National Human Rights Commission of Thailand	Committee
Assist. Prof. Apinya Wechayachai	Faculty of Social Administration, Thammasat University	Committee
Suttilak Samitasri, Ph.D.	Institute of Nutrition, Mahidol University	Committee
Uvadee Katkanklai	National Health Foundation	Committee
Parichart Siwaraksa	Freelance Researcher	Committee
Benjaporn Chatrakul Na Ayuthaya	National Statistical Office	Committee
Waranya Teokul	Freelance Academician	Committee
Pibhop Thongchai	Foundation for Children	Committee
Surin Kitnitchi	Klongkanomjeen Community, Sena District, Ayutthaya Province	Committee
Benjamaporn Chantrapat	Thai Health Foundation Promotion	Committee
Assist. Prof. Churnrurtai, Kanchanachitra, Ph.D.	Institute for Population and Social Research, Mahidol University	Committee and Associate Secretary
Assist. Prof. Chai Podhisita, Ph.D.	Institute for Population and Social Research, Mahidol University	Committee and Associate Secretary
Assist. Prof. Kritaya Archavanitkul, Ph.D.	Institute for Population and Social Research, Mahidol University	Committee and Associate Secretary
Umaporn Pattaravanich, Ph.D.	Institute for Population and Social Research, Mahidol University	Committee and Associate Secretary
Chalermpol Chamchan, Ph.D.	Institute for Population and Social Research, Mahidol University	Committee and Associate Secretary
Kullawee Siriratmongkhon	Institute for Population and Social Research, Mahidol University	Program assistant
Pannachat Tipsuk	Institute for Population and Social Research, Mahidol University	Program assistant
Suporn Jaratsit	Institute for Population and Social Research, Mahidol University	Program assistant

Reviewers 2010

Dr. Suwit Wibulpolprasert	Office of Permanent Secretary, Ministry of Public Health	Whole Report
Dr. Vichai Chokevivat	Institute for the Development of Human Resource Protections	Whole Report
Parichart Siwaraksa	Freelance Researcher	Whole Report

Experts Health Indicators: 12 Health of Thailand's Workforce Indicators

Assist. Prof. Kritaya Archavanitkul, Ph.D.	Institute for Population and Social Research, Mahidol University	Health of Migrant workers from Myanmar, Cambodia and Laos
Vepavee Sripiean, Ph.D.	Labour Standard Development Bureau, Ministry of Labour	Occupational Hazards
Assist. Prof. Surapone Ptanawanit, Ph.D.	Faculty of Social Administration, Thammasat University	Welfare of Thai Workforce
Sontaya Pruenglampoo, Ph.D.	Social Security Office	Social Security Funds
Kulapa Vajanasara	Freelance Academician	Health of Migrant workers from Myanmar, Cambodia and Laos

Special Advisor for Capitalism in Crisis: Opportunity for Society

Phra Paisal Visalo	The committee of the Mahidol University council
Prof. Dr. Prawes Wasi, MD.	Wat Paa Sukhato, Chaiyaphum province
Prof. Ammar Siamwalla, Ph.D.	Thailand Development Research Institute
Prof. Teerana Pongmakapat, Ph.D.	Faculty of Economics, Chulalongkorn University
Assoc. Prof. Narong Petchprasert, Ph.D.	Faculty of Economics, Chulalongkorn University
Dr. Komatr Juengsatiensup, MD. Ph.D.	Society and Health Institute
Dr. Yot Teerawattananon, MD. Ph.D.	Health Intervention and Technology Assessment Program
Sarinee Achavanuntakul	Freelance Writer

The Writers 10 Health Issues Team

Oueiporn Taechutrakul	Freelance Writer
Piyanart Worasiri	Freelance Writer
Sutthichoke Janya-angkul	Freelance Writer

The Thai Health Report Team

Assist. Prof. Churnrurtai Kanchanachitra, Ph.D.	Main Editor
Assist. Prof. Chai Podhisita, Ph.D.	Editor "Capitalism in Crisis: Opportunity for Society?"
Assist. Prof. Kritaya Archavanitkul, Ph.D.	Editor "10 Health Issues"
Umaporn Pattaravanich, Ph.D.	Editor "12 Health of Thailand's Workforce Indicators"
Chalermpol Chamchan, Ph.D.	Editor "12 Health of Thailand's Workforce Indicators"
Kullawee Siriratmongkhon	Research assistant
Parnnachat Tipsuk	Research assistant
Suporn Jarasit	Research assistant

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The Thai Health Working Group

Feedback form for the Thai Health Report

The Thai Health Working Group would be grateful if you could fill out the following questionnaire. Your responses will be used to improve the quality of the report.

Please tick ✓ in the boxes provided ☐

Part 1 General information

1. Sex ☐ Male ☐ Female

2. Age ..... years

3. Highest level of education
   - ☐ less than lower secondary
   - ☐ lower secondary
   - ☐ upper secondary secondary/vocational
   - ☐ other (specify).....
   - ☐ diploma
   - ☐ bachelors degree
   - ☐ higher than bachelors

4. Occupation
   - ☐ researcher
   - ☐ executive
   - ☐ teacher/lecturer
   - ☐ student
   - ☐ trade/business
   - ☐ personnel/worker
   - ☐ media
   - ☐ other (specify).....

5. Which of the following Thai Health Report have you read?

☐ Thai Health 2003	Youth and Health
☐ Thai Health 2005	Free Trade and Access to Drugs
☐ Thai Health 2006	Facing the Challenges of Bird Flu?
☐ Thai Health 2007	"The Scent of the Landuan Flower" Preparing for an Aging Society
☐ Thai Health 2008	Global Warming Threats from the Hand of Human Beings
☐ Thai Health 2009	Stop Violence for Well-being of Mankind
☐ Thai Health 2010	Capitalism in Crisis: Opportunity for Society?

Part 2 Satisfaction with "Thai Health"

Item	Degree of satisfaction				
	Highly satisfied	Satisfied	Moderate	Unsatisfied	Highly unsatisfied
1. Format and layout					
2. Accuracy and completeness of data					
3. Contents					
4. Presentation					

Part 3 The use of "Thai Health"

To what extent is the Thai Health Report useful?

Section	Highly useful	Very useful	Moderately useful	Slightly useful	Not useful
1. Health indicators					
2. Health issues					
3. Special topic					
4. Overall					

In what way do you use "Thai Health"?

Section	Teaching	Reports or presentations	Advocacy	Expanding knowledge	Other
1. Health indicators					
2. Health issues					
3. Special topic					
4. Overall					

Additional comments/suggestions

Thank you very much for your kind cooperation

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Thai Health Report Project
Institute for Population and Social Research
Mahidol University
Salaya, Phutthamonthon, Nakhon Pathom
73170, Thailand

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Institute for Population and Social Research, Mahidol University
Thai Health Promotion Foundation
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