Thai Health 2011

A Mechanism for Healthy Public Policy

12 National Health Indicators
10 Health Issues

Institute for Population and Social Research, Mahidol University
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Thai Health 2011

Preface

Many problems facing Thai society today are like tests that require mindfulness and wisdom to solve, so that Thailand can be a society in which wellbeing and equality are truly realized. This Thai Health report hopes to be a part of a process of reviewing past xperiences, creating new alternatives and finding solutions to all the problems that undermine wellbeing of Thais–whether that be an economic crisis, clashes of opinions, violence in different levels of the social structure or outdated attitudes that are lagging behind rapid social change.

Some articles, in this publication suggest new perspectives on social change. Some examples include discussing a reproductive health law to address abortion and teen pregnancy issues or an amendment to rape and sexual harassment laws in order to stop "rubbing salt into the wounds" to victims. Such actions can lead to lasting solutions to sex–related problems in Thai society.

Other articles covered here are follow–ups to issues that have been smoldering over the past years, such as conflict in the Deep South, droughts and floods, political crises and emerging diseases. This Thai Health report will continue to keep an eye on and update these issues so as to constantly remind all sectors of Thai society of the need to come up with effective solutions to existing challenges.

Thai Health 2011 also presents an important feature story on Health Impact Assessment (HIA). HIA is a particular social mechanism to protect lives considering individual, communal, social and environmental aspects that may otherwise be harmed by large government or non-government projects such as industrial estates, mining or infrastructure projects. The key feature of HIA is a participatory learning process which can include all members in society.

This year's "12 National Health Indicators" look at key indexes on the health status of Thai people and Thailand's health care system, some of which have witnessed improvements in recent years but others that remain to be urgently addressed.

The 10 Outstanding Health Situations and 4 Achievements also record important events in Thai society in past year. Some are updates of previous events while others are emerging issues that require awareness and attention.

If the content of this report can, in some ways, assist our readers in their dialogue with others and enable the quest for new knowledge and debate for future solutions, we feel we have achieved the goals we have set ourselves to be achieved with this report.

Thai Health Working Group
March 2011

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10 Health Issues

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12 National Health Indicators

National Health Indicators

"Health indicators must lead to social, economic, and political changes at a structural level as well as behavioral changes at individual, community and country levels."

The National Health Indicators have been developed through a participatory knowledge–sharing process involving government agencies, civil society, the Health Assembly Network and related organisations, which was then reviewed by multidisciplinary experts. These indicators can be categorized into three main ways, namely related to: 1) health status; 2) health factors and; 3) health care systems.

1) Health Status The physical health of Thais has steadily improved. The average life expectancy of Thais has increased to 69.5 and 76.3 for men and women respectively. Mortality rates of those of working age is falling. According to our 2009 study, the top causes of healthy life year losses are alcoholism in men and diabetes in women. This replaces HIV/AIDS which was the leading cause of death in 2004. Cancer and accidents remain top causes of death among Thais. Non–communicable diseases, especially hypertension, heart disease and diabetes, are on a rapid and steady rise and require immediate attention to ensure prevention and care by all sectors of society involved.

Assessments in 2008 and 2009 found improvement in mental health among most Thai people with increased average scores on indicators of mental health and general happiness. The proportion of Thais at risk of mental health problems are falling. The rates of accomplished suicide continued to fall over the last 10 years from 8.6 per 100,000 in 1999 to 5.7 in 2009. Regarding "mental quality", which is another dimension of spiritual/wisdom health indicator, desirable behaviours such as asking for and giving forgiveness, expressing empathy, and extending help to those in need are rising. However, the adherence to religious teachings are found to be on the wane.

2) Health Factors Health behaviours are improving in many aways in Thailand. There has been a notable decrease in the number of smokers, those who consume alcohol in dangerous level and those with undertake inadequate physical activities and exercise. Bad diets–both inadequacy and overconsumption–remain a concerning issue. Fruit and vegetable consumption is declining, while consumption of fatty fast food, snacks and carbonated drinks is on the rise, especially amongst children. The National Health Examination Survey 2008–2009 found 34.7% of Thais over 15 years old were overweight and 32.1% were obese. The increased rate of teen pregnancies especially in the lower age group of 10–14 years old is a serious concern in the area of reproductive health and sexual behaviors that needs special attention and care. The environment seems to be improving overall–whether it's air, particulates, water, garbage and unpleasant odors–but cooperation to improve the quality of Thailand's environment remains vital.

Although the proportion of households with debts, no savings and no housings remain high, the proportion of poor people shrunk to 8.1% in 2009 and is a positive reflection of the improved life security of the Thai population. However, the 11–15 folds income distribution gap between the rich and the poor shows no sign of narrowing. This gap is at the root of other socials inequality problems including health problems and remains a vulnerability that can affect security, particularly the future stability of Thai society. In addition, capacity building of Thai communities which ranks as "improvement needed" in the "Strong Community Index" must also play a part in the country's strengthening and security building at fundamental levels.

The "Warm Family Index" was similarly found to be in the "improvement needed" ranking. The increased proportion of single parent families reflects challenges Thai households, especially concerning the roles, duties and relationships of all family members. The family remains a critical factor impacting on the health of individuals. All these family problems unavoidably affect Thai Health.

3) Health Care System After the "Universal Coverage of Health Insurance" policy came into effect, almost 100% of Thai people are guaranteed access to essential health services, with lower burdens and risks associated with medical expenses. The number of households impoverished by medical expenses decreased from 280,000 households in 2000 to 88,000 in 2008. However, government health subsidy remains unequal, especially in–patient services, with a tendency to favour the rich rather than the poor. Similarly, there is unequal distribution of health–related resources, especially personnel and medical supplies. There's a highly uneven concentration in term of efficiency in this regard.

To a certain extent, the overall health status of Thai people in relation to the country's health expenses is better than in many countries. This points to the efficiency of Thailand's health care systems. Thailand's national health expenses remain constant at approximately 3.5–4.0% of GDP. But the increased ratio of drug–related expenses, especially expensive non–essential drugs, should be monitored. In addition treatment quality and effectiveness, needs also to be continuously monitored as there is a steady rise in admission rate of Ambulatory Care Sensitive Conditions, although the in–patients mortality rates or the 28–day mortality rates are improving.

Physical Health

Dr. Kanitta Bundhamcharoen
International Health Policy Program

"Between 2005 and 2009, the number of Thai people afflicted with non-communicable diseases such as hypertension, diabetes and heart diseases increased by more than 50%. Almost two thirds of the disease burden is caused by non-communicable diseases."

Thai people now live longer. Although women have longer average life expectancy than men, they lose their period of perfect health at a higher proportion. Increased rates of illness resulting from non-communicable diseases must be urgently addressed.

Thanks to economic development, modern medical knowledge, social protection and access to improved health services, the average life expectancy of Thai people is on a steady rise. According to the midyear 2011 population projection, Thai people will have an average life expectancy at birth of 69.5 years (male) and 76.3 years (female). If they live to be 60 years old, they can expect a further 19.4 and 21.9 years respectively.

However, the Health-Adjusted Life Expectancy (HALE) in 2009 was 92% for male newborns and 88% for female ones, and decreases to 75% and 73% at 60 years old respectively. Women have higher rates of HALE loss. The main causes of HALE losses are alcohol dependence, harmful alcohol use and traffic accidents for men and diabetes and stroke for women.

Although the average life expectancy and health adjusted life expectancy cannot reveal year-by-year changes, the decreasing mortality rates of those Thais of working age (15–59 years) shows that the physical health of Thais is improving in general. Cancer and accidents remain top causes of death, followed by non-communicable diseases and chronic diseases that remain on a steady rise. Thailand's government and relevant agencies must urgently work to solve these problems and prevent negative impacts.

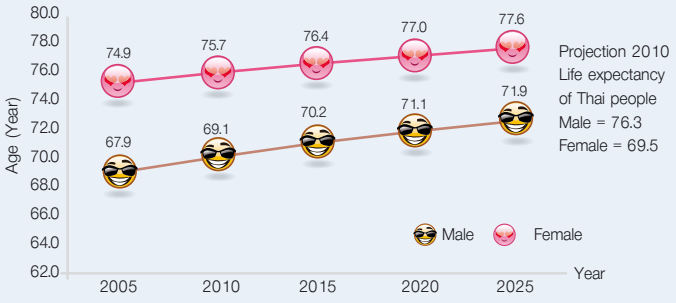
Life expectancy and Health-Adjusted Life Expectancy (HALE) by sex, 2009

	Male		Female	
	Life Expectancy (Year)	Health-Adjusted Life Expectancy (Year)	Average Life Expectancy (Year)	Health-Adjusted Life Expectancy (Year)
At birth	71.0	65.0	77.5	68.1
At 60 years old	20	15	22	16

Source: Thai Working Group on Burden of Diseases and Injuries, International Health Policy Program (IHPP)

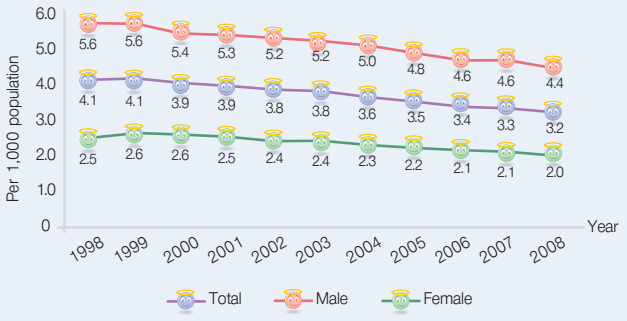
HALE or Health-Adjusted Life Expectancy is the estimated average number of years lived in good health by the general population. The health status in each period of life is weighed between 0 (death) to 1 (perfectly healthy). The average number of years becomes lower when some members of the population are not in perfect health.

Life expectancy by sex, 2005 – 2025



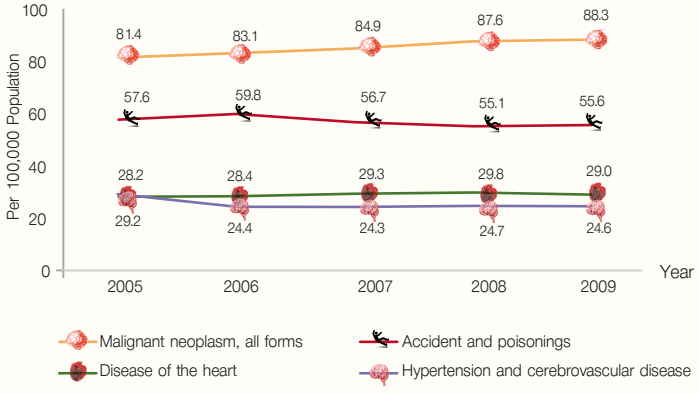
Source: 1) Projection 2005-2025 from Thailand Population Projection 2005 – 2025
2) Projection 2010 from Population Gazette Mahidol University 2010

Mortality rates at age 15 – 59 years, 1999 – 2009



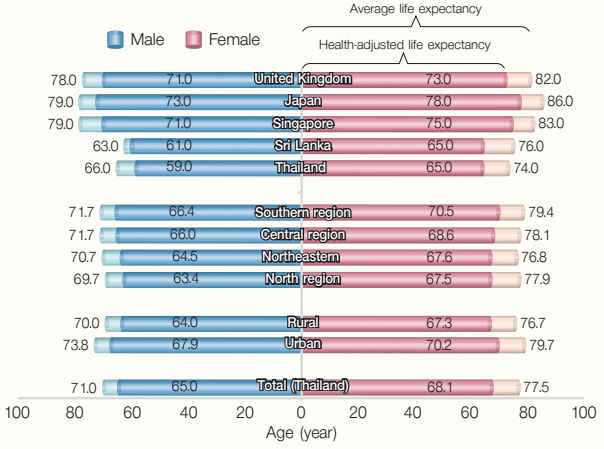
Source: Bureau of Policy and Strategy, Ministry of Public Health

Mortality rates by leading causes of death, 2005 – 2009



Source: Bureau of Policy and Strategy, Ministry of Public Health

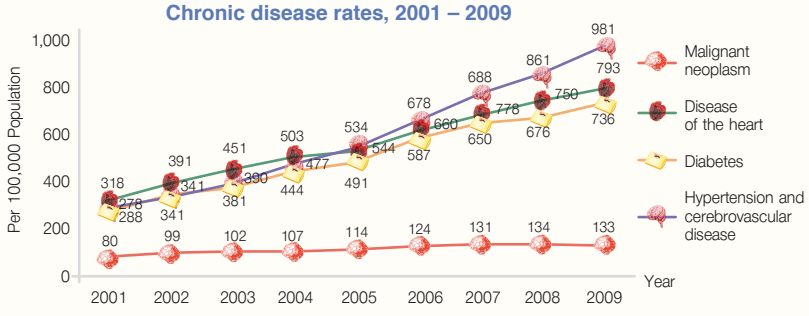
Average life expectancy and health – adjusted life expectancy (HALE) by Sex and region and compared to other countries



note: 1) Life expectancy 2009 and Health – Adjusted Life Expectancy 2008 of Thailand compared to other countries from World Health Organization database
2) Life expectancy and Mealth – Adjusted Life Expectancy of Thailand by sex and region in 2009

Source: Thai Working Group on Burden of Diseases and Injuries, International Health Policy Program (IHPP)

Chronic disease rates, 2001 – 2009



Source: Bureau of Policy and Strategy, Ministry of Public Health

Disability Adjusted Life Year (DALYs) – are the sum of the years of healthy lifetime lost. Calculated by

DALY = Years of Life Lost (YLL) due to premature mortality in the population + Years Lost due to Disability (YLD) for incident cases of the health condition

Top ten causes of HALE (Health-Adjusted Life Expectancy) losses among Thais, by Gender. (2004 and 2009)

Rank	Male		Female	
	2004	2009	2004	2009
1	HIV/AIDS	Alcohol dependence/harmful use	Stroke	Diabetes
2	Traffic accidents	Traffic accidents	HIV/AIDS	Stroke
3	Stroke	Stroke	Diabetes	Depression
4	Alcohol dependence/harmful use	HIV/AIDS	Depression	Ischaemic heart disease
5	Liver cancer	Liver cancer	Ischaemic heart disease	Osteoarthritis
6	Ischaemic heart disease	Ischaemic heart disease	Osteoarthritis	HIV/AIDS
7	COPD	Diabetes	Traffic accidents	Cataracts
8	Diabetes	Cirrhosis	Liver cancer	Traffic accidents
9	Cirrhosis	COPD	Deafness	Anaemia
10	Depression	Depression	Anaemia	Liver cancer

Note: Disability Adjusted Life Year in 2009 is the preliminary analysis of 21 February 2011
Source: Thai working Group on Burden of Diseases and Injures, International Health Policy Program (IHPP)

2 Mental health

Dr.Prawase Tantipiwatanasakul
Department of Mental Health

"Thai people in general are happier, except in Bangkok. Over the past decade (1999-2009), suicide rates fell by a third, although the rate remains high in several 'risk areas' especially in the upper Northern region."

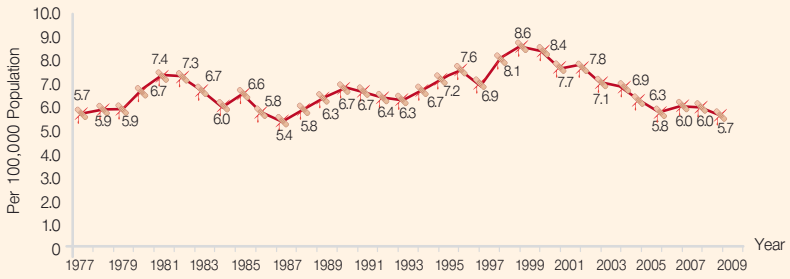
Mental health is impacted by social, cultural, religious, economic, political and psychological factors. To improve mental wellbeing, it's important to strengthen family bonding and relationships, create secure jobs, promote access to religious activities and community participation, and provide support to vulnerable groups such as the leaders of single-parent families, the disabled and marginalised groups.

The easiest-to-understand mental health indicators are accomplished suicide rates and the general happiness index. Thailand's accomplished suicide rates increased from 7.2 per 100,000 in 1995 to 8.6 per 100,000 in 1999 (two years after the economic crisis and the highest on record). Since 2000, there have been measures undertaken to identify and treat depression, increase the quality of services for individuals with suicidal tendencies, develop local information systems, promote community involvement, raise public awareness through campaigns and adopt innovative methods to prevent suicide. Since that time, the suicide rates have been decreasing every year to only 5.7 per 100,000 in 2009. However, several provinces in the upper Northern region such as Chiangmai, Lampoon and Chiangrai remain high risk areas with suicide rates exceeding 13 per 100,000.

The 15-question mental health survey (or "Happiness Survey"), conducted by the Department of Mental Health in collaboration with the National Statistical Office, found in 2009 that the general happiness level or mental health of Thais improved from the previous year. The proportion of vulnerable groups with low happiness levels (scoring lower than average) declined in all areas except in Bangkok. At individual level, higher education, better income and job security, especially in the government sector, were associated with more happiness. Being a family leader especially of single-parent families, lack of self-dependence and disability of household members increases the risks of mental health problems.

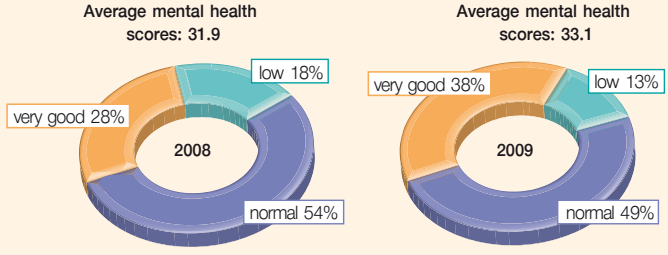
At a geographical level, provinces with higher average income have paradoxically a higher proportion of residents with risks of mental health problems than those at lower average incomes. In term of health resources, increased numbers and more proportionate distribution to the region of personnel in mental health services and psychiatry is an urgent issue to be addressed.

Suicide rates per 100,000 population, 1977 – 2010



Source: Department of Mental Health, Ministry of Public Health

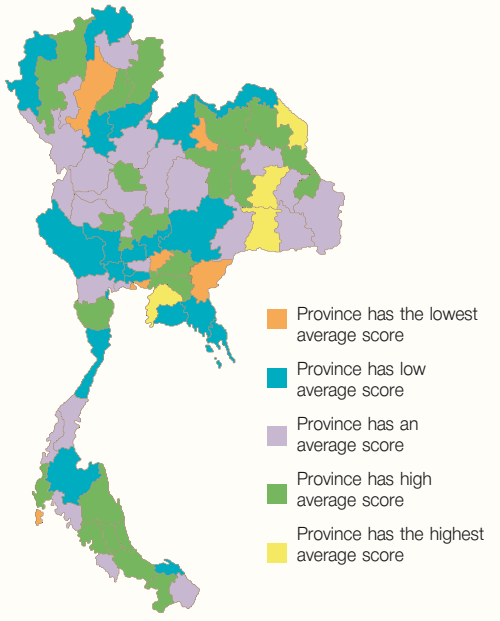
Percentage of Thais aged 15 years old and over by mental health scores, 2008 – 2009



In the 15 – question mental health survey (or "Happiness Survey") each question is worth 0-3 points, and the final score is compared to the rule; Total score 35 – 45 = Mental health condition is better than average (very good) Total score 28 – 34 = Mental health condition is equal to average (normal) Total score 27 or lower = Mental health condition is lower than average (low)

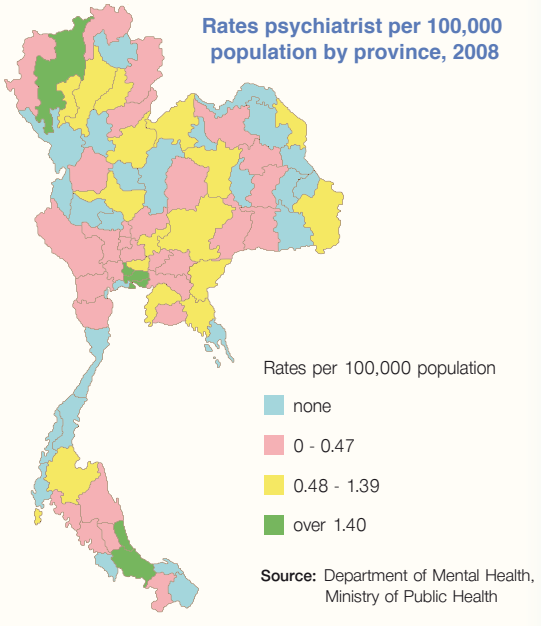
Note: Mental Health scores can be the indicator for "happiness in daily life"
Source: Annual Report of the Project of Mental Health Situation. Institute for Population and Social Research, Mahidol University

Mental health scores of Thais aged 15 years old and over by province, 2009



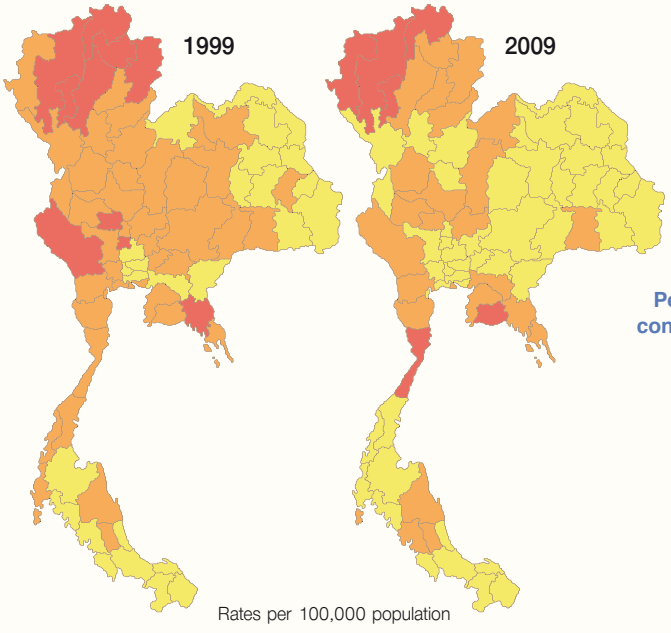
Source: Apichat Chamratritthirong, et al. (2011). Using Data from Annual Report of the Project of Mental Health Situation. Institute for Population and Social Research, Mahidol University

Rates psychiatrist per 100,000 population by province, 2008



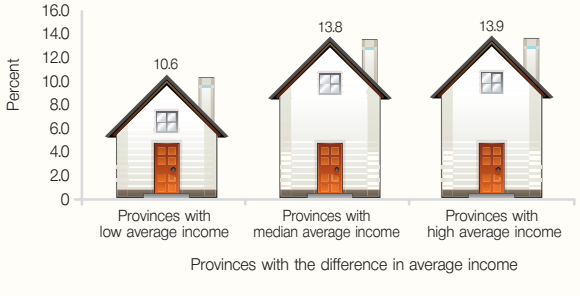
Source: Department of Mental Health, Ministry of Public Health

Suicide rates by province, 1999 and 2009



Source: Department of Mental Health, Ministry of Public Health

Percentage of Thais aged 15 years old and over whose mental health condition is lower than average (low) by provincial average income, 2009



Note: Mental Health score can be an indicator for "happiness in daily life" in meaning of The National Health Indicator
Source: Annual Report of the Project of Mental Health Situation. Institute for Population and Social Research, Mahidol University

3 Spiritual / Wisdom Health

Dr.Prawase Tantipiwatanasakul
Department of Mental Health

"Developing indicators and a definition for spiritual/ wisdom health is necessary for the effective promotion of general wellbeing."

Spiritual/wisdom health is connected to the quality of mental health. It is the part of human life closest to our hearts. When the heart is more refined, individual happiness and social happiness will increase.

Prof Dr.Prawes Wasi said, "Uplifted spirits mean virtues, reduced selfishness, and the path to the ultimate goal. In Buddhism, the ultimate goal is nirvana, wisdom or enlightenment. In other religions, it is God". The importance of this spiritual dimension received official recognition when the National Health Act defined health in four dimensions, that is: physical, mental, spiritual/wisdom and social. This definition is similar to that used by the Thai Health Promotion Foundation. After reviewing relevant literature, Associate Prof. Dusadee Yolao et al developed a tool to assess spiritual/wisdom health. The tool measures 7 elements, namely, persistence on doing what's right, compassion, determination, respect for human dignity, humbleness, forgiveness and friendliness. However, so far this tool has not been put to use in national-level surveys.

The most systematic survey on spiritual/wisdom health so far was conducted within the annual mental health assessment project. It includes questions related to mental quality and touches upon spiritual/wisdom health. The survey found that higher educational levels, increased age and better job security correlated with mental quality such as empathy, helping those in troubles and assisting others when an opportunity arose. Women and rural dwellers tend to have better mental quality than men and urbanites.

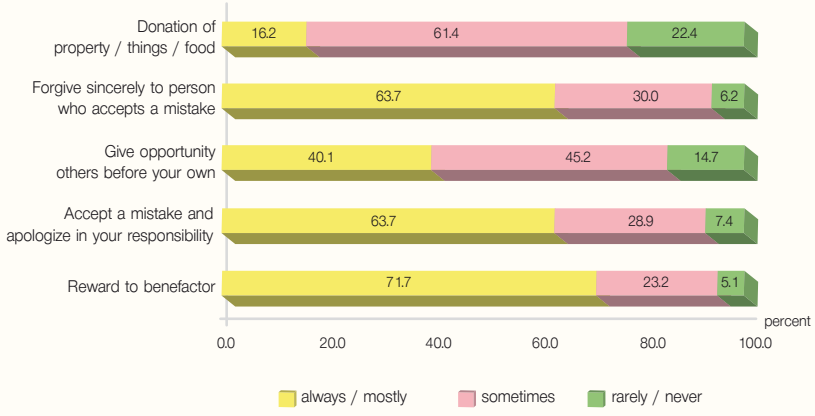
On the other hand, today's Thais can be said to be rather removed from religion although religious adherence is a way to promote spiritual growth and wisdom health. Meditation practices and adherence to religious precepts, as well as general religious adherence, are in decline.

The **"spiritual/wisdom health"** indicator in the framework of **"National Health Indicators"** is called the **"Spiritual Well – being index"** and consists of mental peace and security, selfishness reduction, mindfulness, understanding of life, and rational judgment, So far, standard indexes have yet to be developed and long-termed systematic surveys to be conducted along these lines.

Average mental health scores of the "mental quality" – question of Thais aged 15 years old and over by region, 2008 – 2009

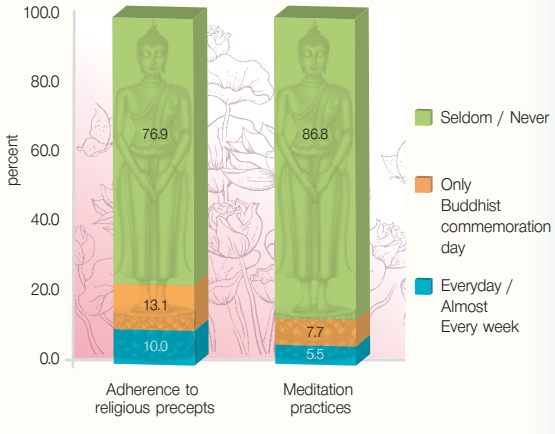
Note: The 4 – question mental quality comes from the 15 – question mental health survey. There are score for each answer; 0 = not at all 1 = little 2 = much and 3 = most
Source: Thai Health Working Group by using data from;
- The 2008 Survey on Condition of Society, Culture and Mental Health. National Statistical Office
- The 2009 Household Socio-Economic Survey Whole Kingdom. National Statistical Office

Behaviour associated with mental quality of Thai people, 2008



Source: Thai Health Working Group by using data from; The 2008 Survey on Condition of Society Culture and Mental Health. National Statistical Office

Behaviour associated with observe the precept of Thai people, 2008



Average score on general religious adherence (0-10) = 6.0

Source: Rossarin Grey et.al. (2010)

4 Health Behavior

Thai Health Working Group

"A third of Thais over 15 years old are overweight or obese. More than four fifths consume insufficient amounts of vegetable and fruit. Almost one fifth have insufficient exercise or physical activities."

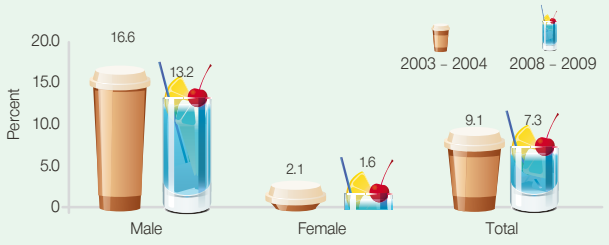
Alcohol and tobacco consumption has decreased in thailand. Howere inadequate consumption of nutritious food especially vegetable and fruit, overweightness and obesity, reproductive health and sexual behaviors remain concerns which need to be monitored and addressed.

There is a decrease in alcohol, cigarettes and tobacco consumption which is one of the top causes for HALE losses among Thais. From the 2008–2009 survey, the proportion of those over 15 years old who drank alcohol at dangerous levels in the past years and those who smoke were low and are on the decline, at 7.3% and 23.7% respectively. More worrying is the increased proportion, as well as consumption quantity, of women who smoke.

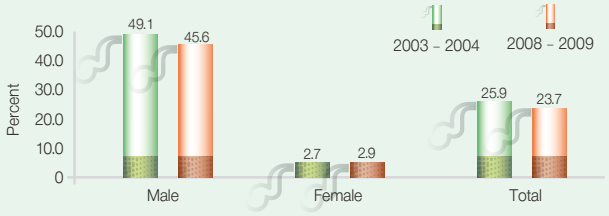
The proportion of those who have adequate exercise or physical activities is on the rise. Although the consumption of unhealthy food is decreasing, so is the adequate consumption of vegetable and fruit. These trends may be associated with the deteriorating obesity situation in which an increasing proportion of Thais are overweight or obese.

Regarding sexual behaviors and reproductive health, the proportion of mothers younger than 20 years old in relation to all mothers in Thailand has almost tripled over the past 50 years from 5.6% in 1958 to 15.5% in 2008. In the female age groups of 15–19 years-old and under 15–years-old, the birth-giving ratios are 5.04% and 0.11% respectively and have been on a rapid rise over the past decade, especially among the 10–14 years-old age group. As a result, the average age of teenage mothers continues to fall.

Percentage of Thais aged 15 years old and over who drink alcohol at dangerous level per day, 2003 – 2004 and 2008 – 2009

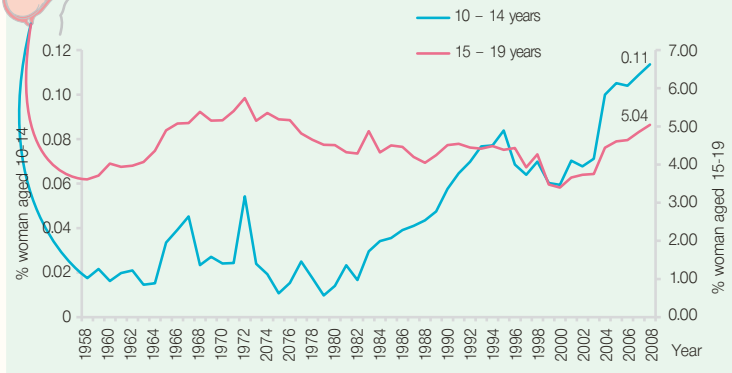


Percentage of Thais aged 15 years old and over who smoke, 2003 – 2004 and 2008 – 2009



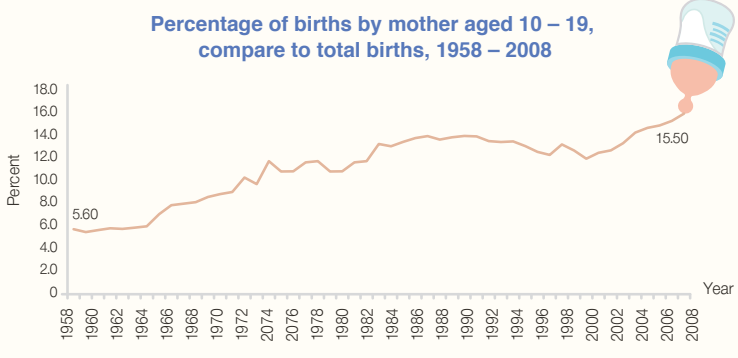
Source: 1) The Report of Thailand's National Health Examination Survey III 2003 – 2004.
2) The Report of Thailand's National Health Examination Survey IV 2008 – 2009.

Percentage of teen mother in women aged 10 – 14 and 15 – 19, 1958 – 2008



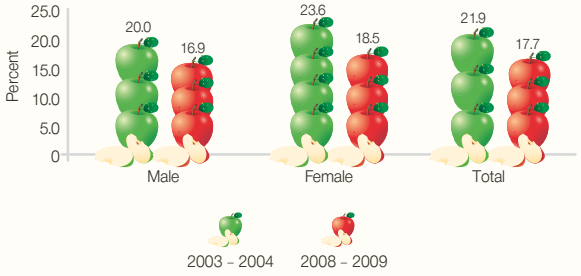
Note: "Percentage of teen mother in women aged 10 – 14 and 15 – 19" presented is presented in replacement of "Percentage of teenage pregnancy, which is one of the National Health Indicators.
Source: Patama Vapattanavong. Institute for Population and Social Research, Mahidol University. Using data from Health statistics, Ministry of Public Health and Population census, Ministry of Interior

Percentage of births by mother aged 10 – 19, compare to total births, 1958 – 2008

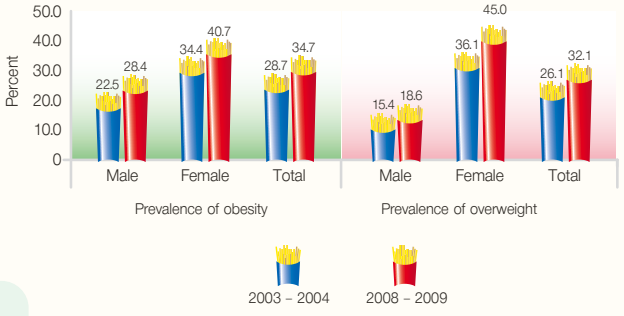


Source: Patama Vapattanavong. Institute for Population and Social Research, Mahidol University. Using data from Health statistics, Ministry of Public Health and Population census, Ministry of Interior

Percentage of Thais aged 15 years old and over who consume adequate vegetable and fruit, 2003 – 2004 and 2008 – 2009



Percentage of Thais aged 15 years old and over who is obesity and overweight, 2003 – 2004 and 2008 – 2009

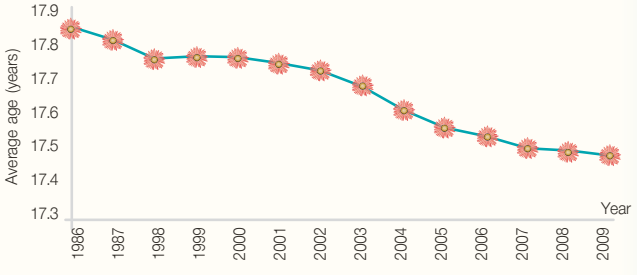


Source: Report of Thailand's National Health Examination Survey III 2003 – 2004.
Report of Thailand's National Health Examination Survey IV 2008 – 2009.

Percentage of Thais aged 11 years old and over who exercise, 2004 and 2007

Note: Specific Thais aged 11 years old and over without concerning about frequently and time for exercising.
Source: The Exercise Behavior Survey, 2004 and 2007. National Statistical Office

Average age of teen mother, 1986 – 2009



Source: Jongkol Lertiendumrong et.al. (2010).

5 Environmental Quality

Rangsan Pinthong
Office for Waste and Hazardous Substance Management Bureau, Pollution Control Department

"Environment quality can improve with collaboration between the government, private sector and citizens."

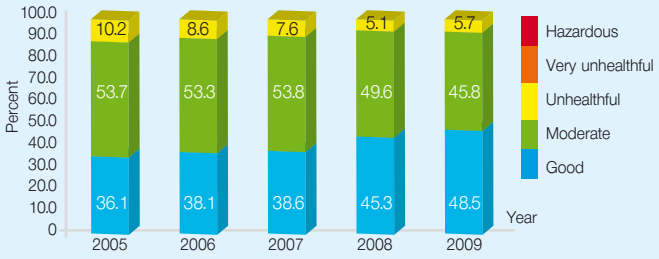
Although the overall picture of improvement can be seen in terms of air and water pollution, garbage and unpleasant odours, many environmental problems remain in Thailand. Continuous attention and problem solving are necessary to move forward.

As measured from the amount of toxic particulates, Thailand's air quality is moderate to good, and continues to improve. One important reason is government regulations requiring installation of systems to control particulates and exhausts in all newly manufactured cars and motorcycles, as well as on construction sites to control dust. However, Thai people in the Central region still face respiratory tract irritation and allergies from dust smaller than 10 micron (PM10) whose level in the air exceeds standard levels.

After the installation and continuous operation of sewage treatment systems in many areas, water quality of main fresh water sources has vastly improved. However, pollution remains severe in many areas due to untreated sewage being released into the environment. Waste management by recycling and proper disposal has been recognized as a critical issue by Thai people and al government agencies. However, illegal dumping of toxic waste still occurs frequently.

Global warming resulting in rising global temperature and sea levels is associated with ozone-depleting substances and green gases such as carbon dioxide that came from burning of fossil fuels in industrial processes and vehicles, as well as open–air burning. Consequences of global warming can be easily witnessed as rising mean temperatures, longer summers and shorter winters, more rain and flooding in all regions. Reduction of ozone-depleting substancess especially chlorofluorocarbon (CFC.) and fuel-burning are necessary measures to combat global warming. In addition, reforestation and forest conservation for the purpose of carbon absorption are crucial.

Air Quality Index in Thailand, 2005 – 2009



Source: Air Quality and Noise Management Bureau, Pollution Control Department

The Air Quality Index (AQI) is an indicator of air quality, based on air pollutants that have adverse effects on human health and the environment. The pollutants are the 1 – hour average of ozone (O3), the 1-hour average of nitrogen dioxide (NO2), the 8-hour average of carbon monoxide (CO), the 24 – hour average of sulphur dioxide (SO2) and the 24-hour average of particulate matter 10 microns or less in diameter (PM10)

Air Quality Index	Meaning	Color
300 and over	Hazardous	Red
201 - 300	Very unhealthful	Orange
101 - 200	Unhealthful	Yellow
0 - 100	Moderate	Green
0 - 50	Good	Blue

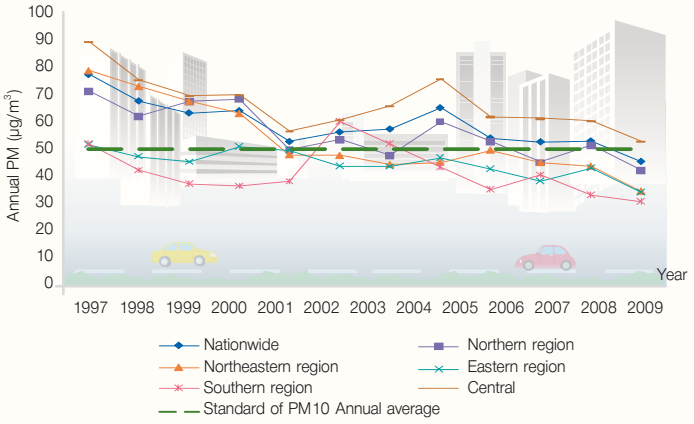
Surface water resources quality measured from 48 rivers and 4 standing water sources in 2005 – 2009

Source: Water Quality Management Bureau, Pollution Control Department

Quantity for importation of CFC, 2003 – 2010

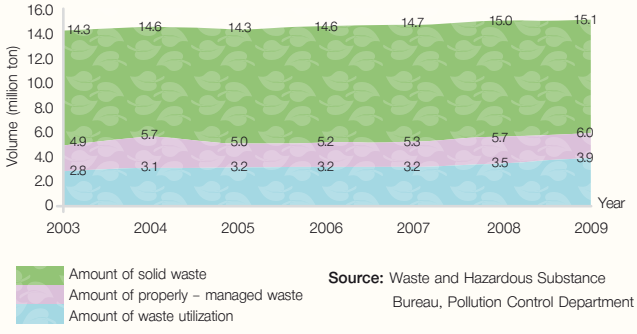
Note: "Quality for importation of CFC" is presented in replacement of "Use of ozone depleting substances", which is one of the National Health Indicators
Source: Thai Custom Department, August 2010

Annual average of particulate matters (PM10), 1997 – 2008



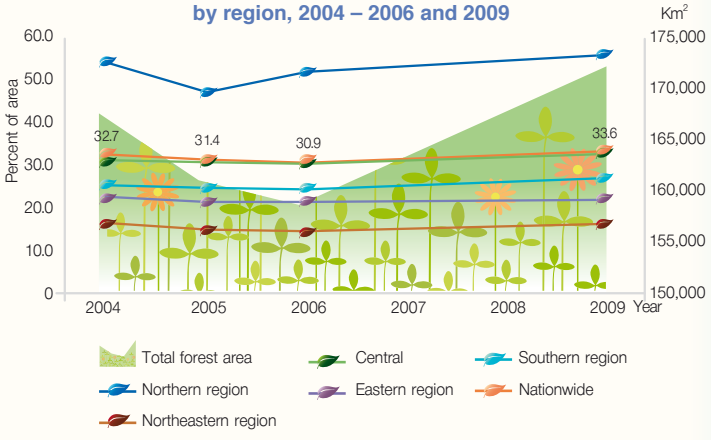
Note: 1 - Year Average Standard does not exceed 50 µg/m^3
Source: Air Quality and Noise Management Bureau, Pollution Control Department

Amount of solid waste, property – managed waste and waste utilization, 2003 – 2009



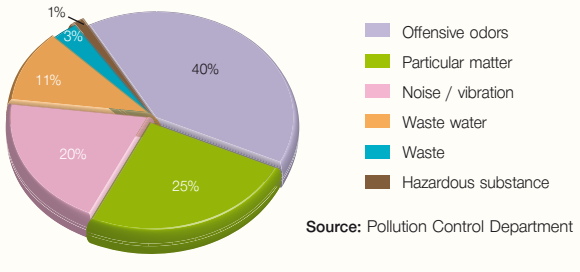
Source: Waste and Hazardous Substance Bureau, Pollution Control Department

Percentage and Forest Area of Thailand by region, 2004 – 2006 and 2009



Source: Department of National Park, Wildlife and Plant Conservation

Percentage of Pollution Types Complaints in 2009



Source: Pollution Control Department

Human Security of Life

Thai Health Working Group

"Although the proportion of poor people has shrunk to one fifth of the proportion 20 years ago, debts, lack of savings and job insecurity remain serious problem threatening the security of life for many Thai people."

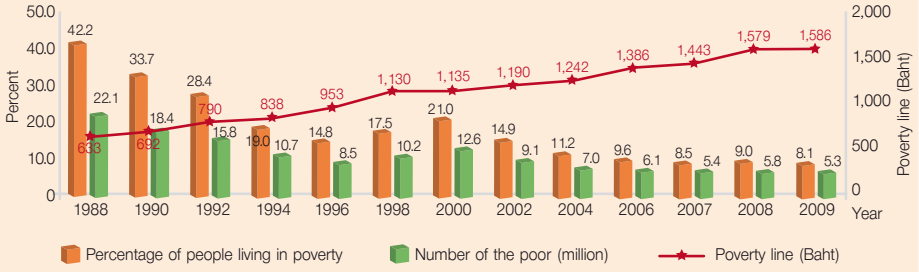
Although life for most Thai people seems to be improving generally, human development and quality of life (especially education), job security, access to welfare and social protection remain important issues that need sustained attention.

Access to basic needs – food, medicine, clothes and housing remains a critical condition for the security of life. The "poverty line" is used to measure such access, as reflected in the level of resources or minimum personal expenditures. Over the past 20 years, the proportion of the Thai population living under the poverty line has decreased from 42.2% in 1988 to 8.1% in 2009, reflecting the improved life condition including security of life. The 'poverty map' between 2006 and 2008 showed improvement in both the level and concentration of poverty at local level, especially for those in the Northeastern region where almost three fifths of the poor people live. Subjectively, however, Bangkok and the Central region have the highest proportions of those who "feel poor", despite having the lowest proportions of population living under the poverty line.

Although the proportion of poor people has shrunk, one in five, Thai households remain without housings and lands. Two thirds are in debt, and a large number have no savings.

In the past, expenses from illnesses and accidents were important causes led to financial difficulties, poverty and debts. Health security is a critical guarantee to security of life. At present, the percentage of Thais without health security has shrunk to less than 1%.

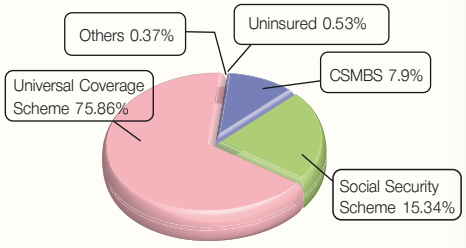
Number and percentage of Thai population living under the poverty line, 1988 – 2009



Note: (1) poverty line is a measurement of poverty condition. It calculates the cost of the basket of food items and basic items in living life.
(2) a percentage of poor is number of the population who have expenditures below the poverty line divided by the total of the population and multipled by 100

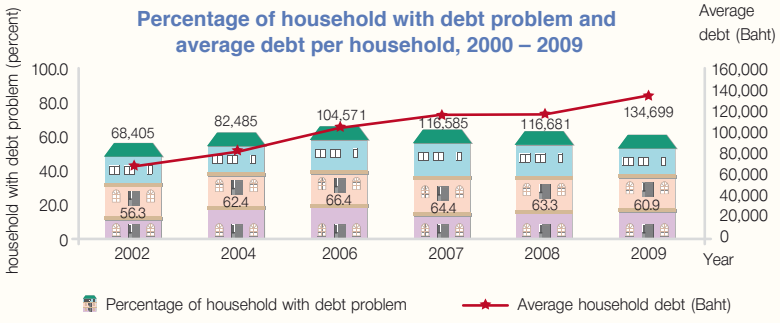
Source: The Office Database Ddevelopment and Social Status Indicators. Office of the National Economics and Social Development Board.

Coverage of health benefits and insurance for Thai Population, 2009



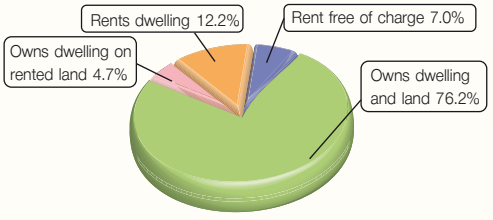
Source: National Health Security Office

Percentage of household with debt problem and average debt per household, 2000 – 2009



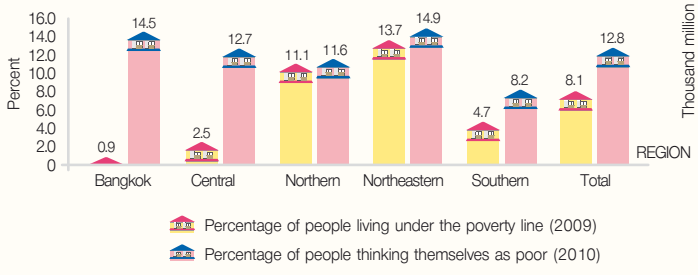
Source: The Household Socio – economic survey, 2009, National Statistical Office.

Percentage of households by selected housing characteristics, 2007



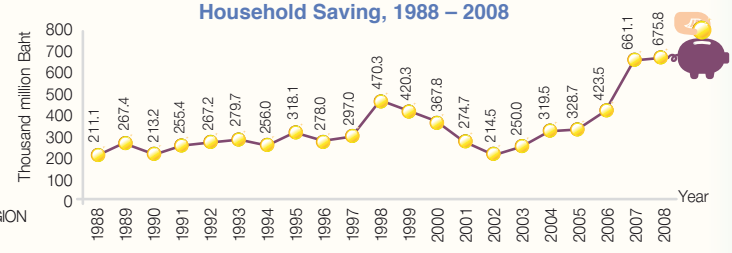
Source: Codifying data from Socio – economic survey 2000 – 2009, National Statistical Office.

Percentage of poor measured by monetary and non-monetary dimensions by region



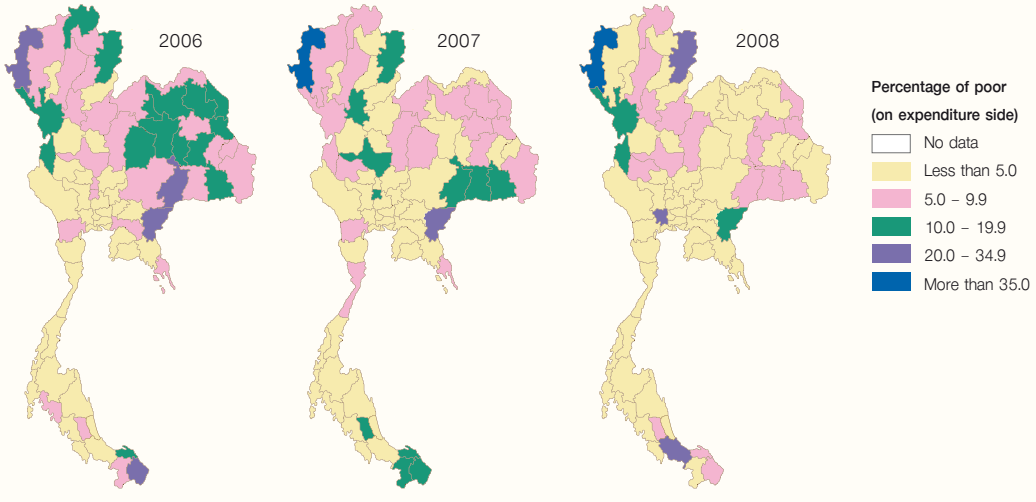
Source: The Household Socio – economic survey 2009, and Survey of Trouble and Needs of the People 2010, National Statistical Office.

Household Saving, 1988 – 2008



Source: Bureau of Savings and Investment, Ministry of Finance.

Map of poverty in Thailand, 2006 – 2008



Source: National Statistical Office: http://sgis.nso.go.th/sgis

7 Family Relationship

Sawitri Tayarnsilp
National Institute for Child and Family Development, Mahidol University

"One fifth of Thai children below 17 years of age don't live with parents. Almost another fifth live with only one parent."

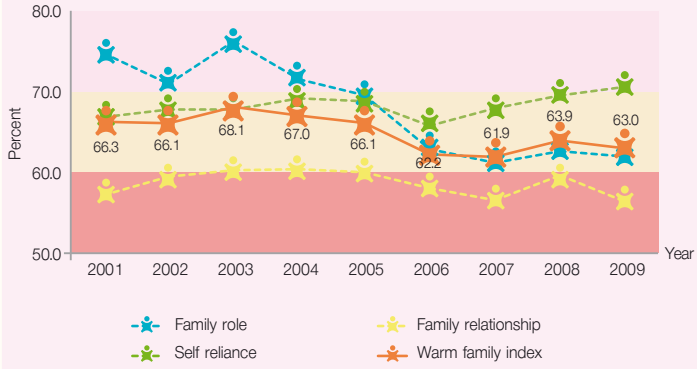
Good family relationship can be fostered through communication, shared quality time, and attentiveness to each other. The rising phenomenon of single-parent families indicates a need for greater understanding and serious attention to this issue.

Good family relationships fosters love, bonding, understanding, forgiveness and support among family members, and result in a happy family. On the contrary, weak family relationships make an unhappy family and lead to increased divorce, which is increasingly the reality in Thai society. Thailand's "Warm Family Index" now ranks in the "improvement needed" bracket and is deteriorating, especially in the areas of child-rearing, elderly care and in the providing role of working-age members. In addition, the 2009 study of family wellbeing indicators found that a large number of Thai families neglected relationship-strengthening niceties such as kind words, verbalisation of apologies and thanks, and expression of love through embraces and touches. Sharing activities among all family members seemed to be most neglected, as less than half of Thai families conducted regular activities together.

The 2008 Children and Youth Survey found a high proportion of Thai children aged under 17 years were living in single-parent families. The highest proportions were found in the Northern and Northeastern regions. Siwaporn Pokpong's 2009 study found that a single parent takes care of two children on average, with the age of the youngest child averaging 8.6 years.

Heads of single-parent families often experience insecurity concerns and stresses of being solely responsible for everything in the family. Important problems for single parents are relationships with children, economic and financial problems, income and unemployment. In addition, behavioural problems of children raised in single-parent families also requires attention.

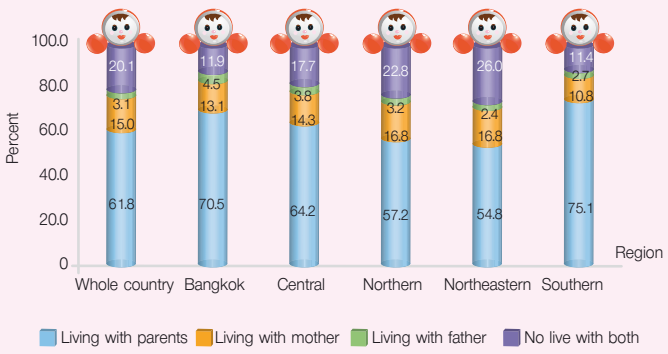
Warm Family Index and its dimensions, 2001 – 2009



Source: Source: 2001 – 2005 from "The Yu Yen Pen Suk ruamkan in Thai society: Report on the First Year of the Tenth National Economic and Social Development Plan (January 10, 2009)", 2006-2009 Report on the First 3 Years of the Tenth National Economic and Social Development Plan (August, 2010)", Office of the National Economics and Social Development Board.

Index communities strong 5 Levels	
Level	Criteria score
Very good	90.0 – 100.0
Good	80.0 – 89.9
Moderate	70.0 – 79.9
Need to improve	60.0 – 69.9
accelerated modify	less than percent 59.9

Percentage of children aged less than 18 years old by living arrangement, 2008

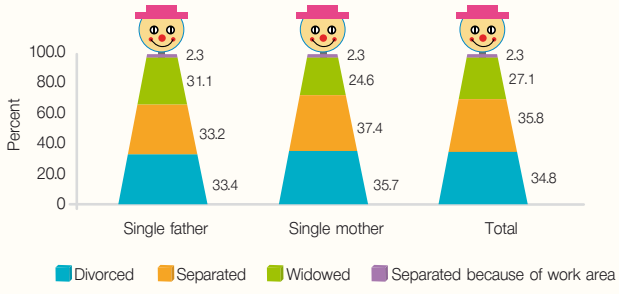


Note: percentage of children aged less than 18 years old living with one parent is representative to single parent family which is family relationship indicator in the order to National Health Indicator Set

Source: The Child and Youth Survey 2008, National Statistical Office.

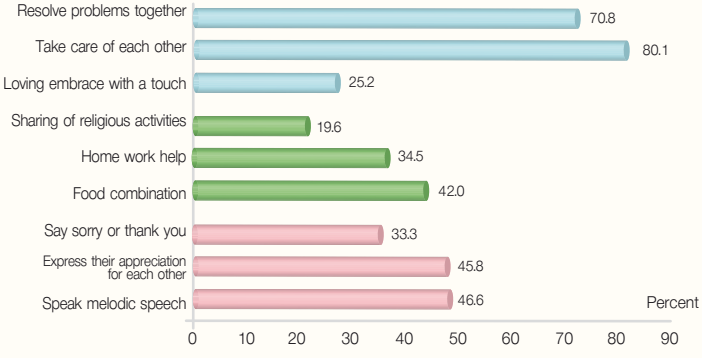
According to the National Health Indicator (NHI), the Warm Family Index is a composite index consisting 5 dimensions: 1) family structure; 2) family role, 3) family relationship, 4) self reliance, and 5) social responsibility. However, construction of the Warm Family Index in Thai Health Report 2011 is different from the NHI due to standards used by the Office of the National Economic and Social Development Board (NESDB). NESDB uses a well-being index which consists three dimensions: that is:1) family role, 2) family relationship, and 3) self reliance, and Warm Family index is one of components of the Thai Society Well–being Index.

Percentage of single parent by reasons



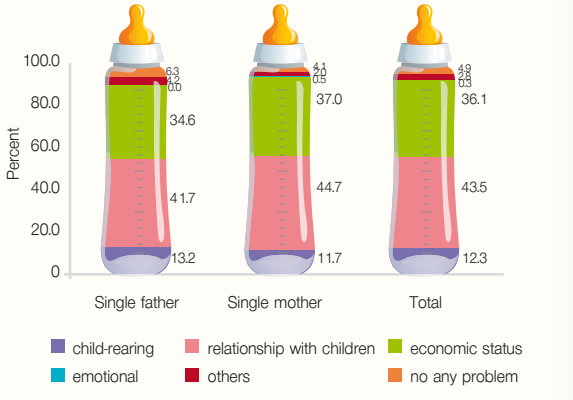
Source: Single Parents Survey, 2009. Sivaporn Pokpong. National Institute for Child and Family Development, Mahidol University.

Indicators of Happy Family Index



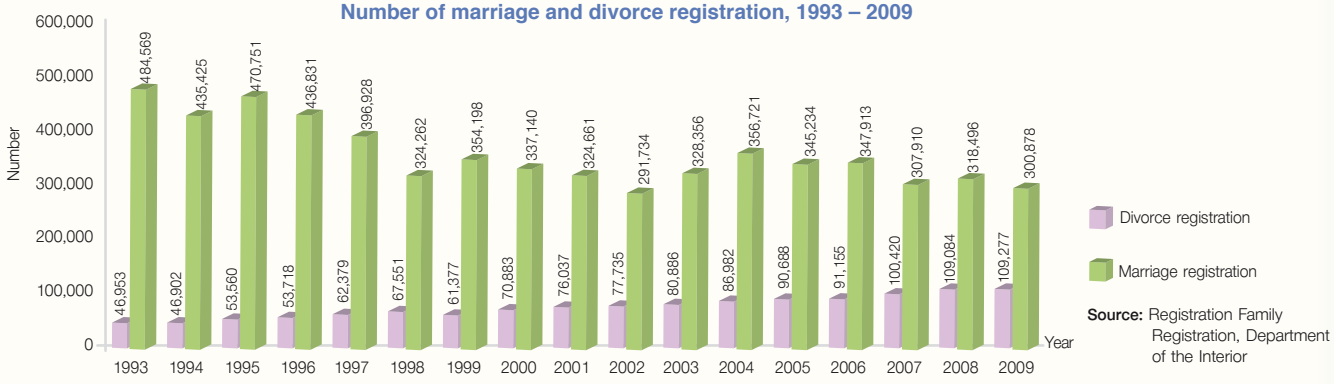
Source: Healthy Family Indicators Creation, 2009. Sivaporn Pokpong, Sawitri Tayansin, Jeeranun Kamnong and Salini Janjaroen. National Institute for Child and Family Development, Mahidol University.

Percentage of single parenthood by the most problems



Source: Single Parents Survey, 2009. Sivaporn Pokpong. National Institute for Child and Family Development, Mahidol University.

Number of marriage and divorce registration, 1993 – 2009



Source: Registration Family Registration, Department of the Interior

8 Community Capacity

Thai Health Working Group

"Almost 90% of Thai villages have some kinds of community welfare management, but only 34.7% are continuous and long-termed."

"Sufficiency economy" development continues to strengthen and empower Thai communities, especially in term of communities mutual support mechanisms. However, the level of development remains low. Management skills and self-reliance of community organisations should be promoted in the long run.

Strong, harmonious and kind communities have most potential for self-reliance and adaptive learning. These are conditions and important factors for the wellbeing of community members. The "Strong Community Index" revealed that the strength of Thai communities needed to be urgent addressed and improved. Following economic and social development along the "sufficiency economy" principles, Thai communities have continued to strengthen–almost doubling in strength between 2006 and 2009–especially in the area of community mutual support. However, community organisations, an important element of community self-reliance, are found to have weakened.

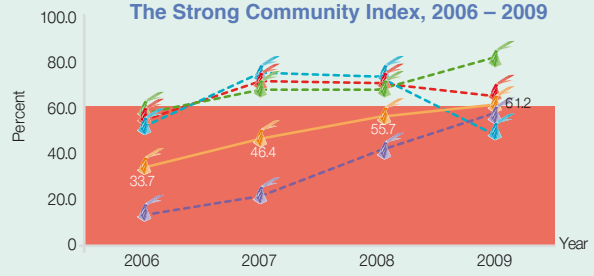
Only a quarter of all community organisations such as coops and farmers' groups is economically self-reliant and have a good level of stability regarding organizational finance. Although there's an overall improvement in professional, business and entrepreneurial groupings as well as community welfare management for the purpose of community strengthening, continuity and sustainability are in question and must be given due importance.

The empowerment of Thai communities should be focused on capacity building for communities in creating firm economic foundations, participation of community members, management of knowledge and local wisdom including knowledge-sharing and community network-building, so as. to promote continuity and self-reliance in the long run.

"Strong Community Index" in the framework of the National Health Indicators is a composite index whose elements have yet to be articulated. **"Strong Community"** is defined as "community togetherness with a high level of self-reliance and learning, community organisations, change-pioneering group and strong development network of communities, as well as other values such as harmony, kindness, peacefulness and the continued preservation of traditional values, culture and unique local wisdom of the community, region or country".

The "Strong Community Index" presented here has been pioneered by the National Economic and Social Development Board as a component of the **"Thai Society Well-being Index"**. It consists of two elements, that is: 1. Community self-reliance (measured from 1.1 strength of community organisations and 1.2 sustained collective learning to address community problems) and 2. Community kindness (measured from the presence of community welfare).)

The Strong Community Index, 2006 – 2009

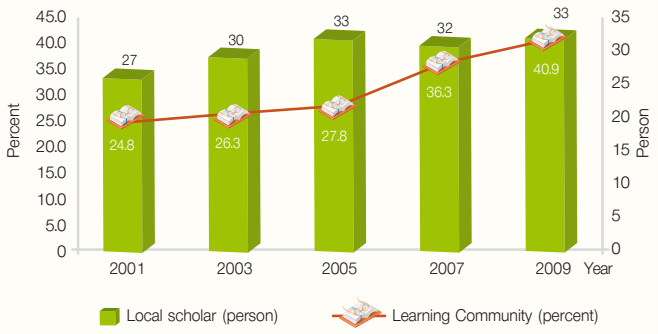


1. Community self-reliance
1.1 Strength of community organisations
1.2 Sustained collective learning to address community problems
2. Community kindness (measured from the presence of community welfare).
The Strong Community Index

Index communities strong 5 Levels	
Level	Criteria score
Very good	90.0 – 100.0
Good	80.0 – 89.9
Moderate	70.0 – 79.9
Need to improve	60.0 – 69.9
accelerated modify	less than percent 59.9

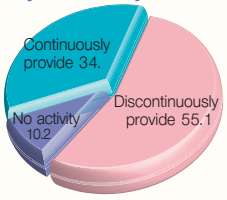
Source: Report on the First 3 Years of the Tenth National Economic and Social Development Plan (August, 2010)", Office of the National Economics and Social Development Board.

Percentage of learning community and average number of local scholars in each village, 2001 – 2009



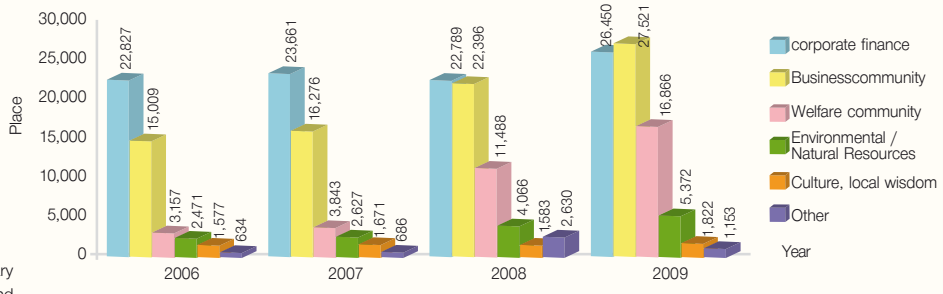
Note: Learning Community is indicated by existence of local scholar or community learning centers
Source: 2001 – 2005 from "The Yu Yen a Sukrnnyamuan in Thai society: Report on the First Year of the Tenth National Economic and Social Development Plan (January 10, 2009)", 2006- 2009 Report on the First 3 Years of the Tenth National Economic and Social Development Plan (August, 2010)", Office of the National Economics and Social Development Board.

Percentage of community providing community welfare by activities, 2007



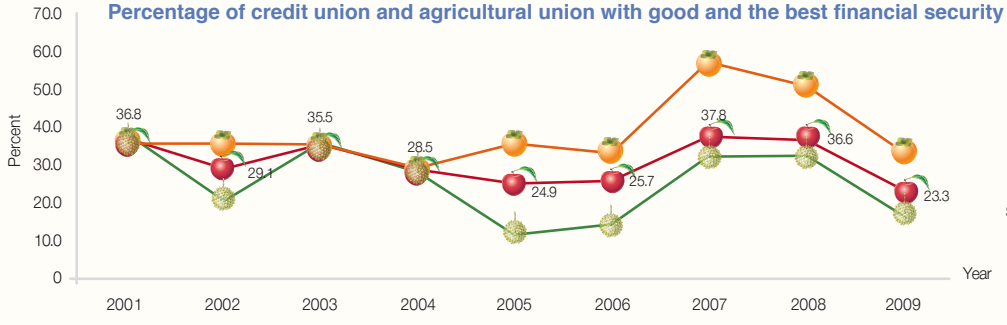
Source: Report on the First Year of the Tenth National Economic and Social Development Plan (January 10, 2009). Office of the National Economics and Social Development Board.

Number of community organization by type of organisations, 2006 – 2009



Source: Report on the First 3 Years of the Tenth National Economic and Social Development Plan (August, 2010) Office of the National Economics and Social Development Board.

Percentage of credit union and agricultural union with good and the best financial security status, 2001 – 2009



Source: Report on the First 3 Years of the Tenth National Economic and Social Development Plan. Office of the National Economics and Social Development Board. (August, 2010).

Strategic plan on "local community rehabilitation" and "self-reliant strong community" goal

"Community Organisation Movement" is a network of Thai community organisations at different levels, with a role in solving problems and overseeing development in various areas including planning and directing community development, with support from the Community Organisations Development Institute (Public Organisation). The strategic plan on local community rehabilitation employs the Council of the Community Organisations as its organisational structure and takes community needs as input. The indicators and goals of development are:

1. Community members adjust their ways of living and thinking along the principles of self-reliance and sufficiency.
2. Self-determination of future, community and resource management.
3. Holistic development linking all relevant issues.
4. New relationship dynamics with government agencies
5. Happy families with good livelihood and no debts.
6. Retention of members within community. Return of those who have left.
7. Revival of culture, local wisdom and social capitals as the foundation of community livelihood and pride.
8. Learning process which can be shared with neighboring communities.

Source: "Present/Antagonise/Reform Local Self-Management to Reform Thailand' . Community Organisation Development Institute (Public Organization), 2010

9 Social Security

Thai Health Working Group

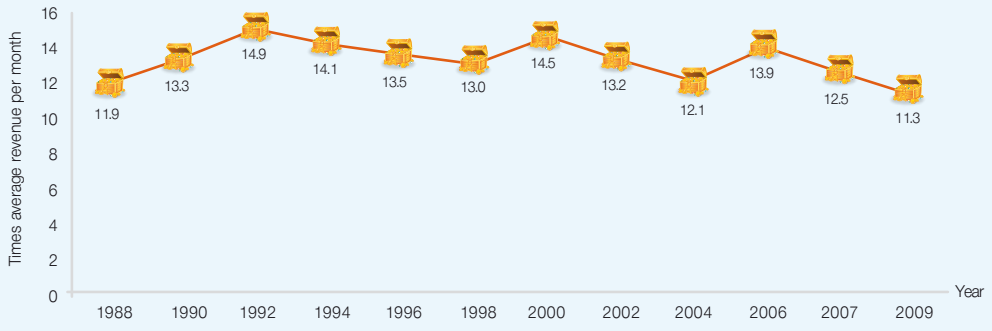
"More than half of total income of Thai households is earned by the richest 20% who collectively make 11.3 times more incomes than the poorest 20%"

When "gaps" and "differences" between groups or classes narrow, security and quality of life improve. Likewise, more equality increases social security and peace.

Over the past 20 years, the economic gap of Thai people remained high and showed no signs of improving. The average income of the richest 20% is 11–15 times of that of the poorest 20%. The richest 20% as a group earn 54–59% of total national income, while the poorest 20% earn less than 5%. However, the government's social welfare projects such as monthly stipends for the elderly and the disabled, free lunches and scholarships for poor students (which include most from low-income families) as well as Universal Coverage of Health Insurance Policy which covers medical expenses in time of sickness (a very important burden and risk for the poor) is an important efforts to address the problems of the poor and bridge economic gaps in Thai society.

The most worrying concerns for security and peace in Thai society at present are the political instability which have continued to worsen since 2003, drug-related problems with cases tripling over the 5 years, and the concerns about the quality of the education system which is a prerequisite for long-termed human resource development and sustainable promotion of social security.

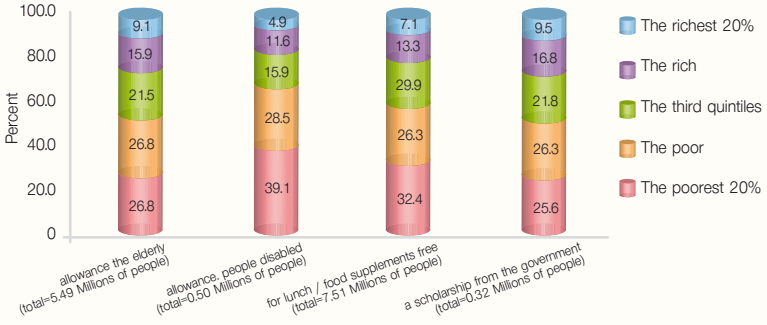
The different income between the richest and the poorest, 1988 – 2009



Average income per month (Baht)												
The poorest 20%	244	296	371	451	623	722	666	817	982	1,057	1,224	1,503
The richest 20%	2,897	3,927	5,525	6,342	8,412	9,417	9,687	10,808	11,871	14,707	15,248	16,993

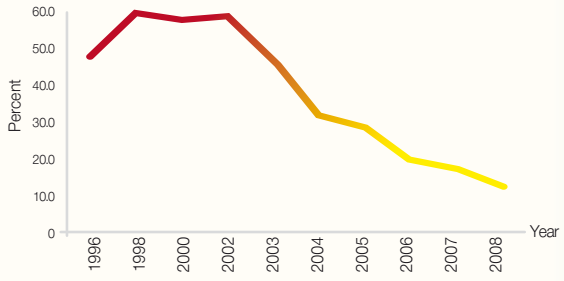
Source: The Office Database Development and Social Status Indicators. Office of the National Economics and Social Development Board.

Government social welfare providing by economic class of population, 2009



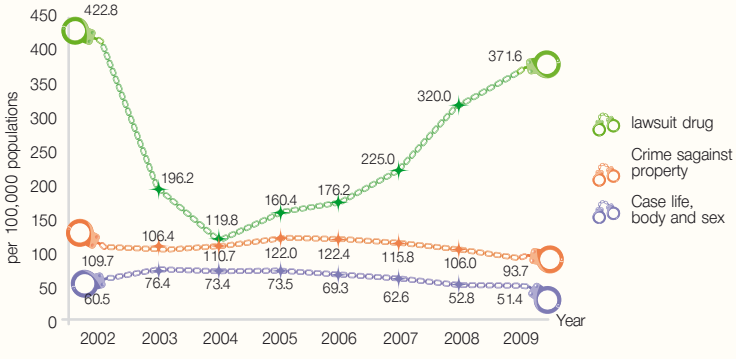
Source: Codifying data from the Household Socio – economic Survey, 2009. National Statistical Office

World Bank presented Political Stability index of Thailand, 1996 – 2008



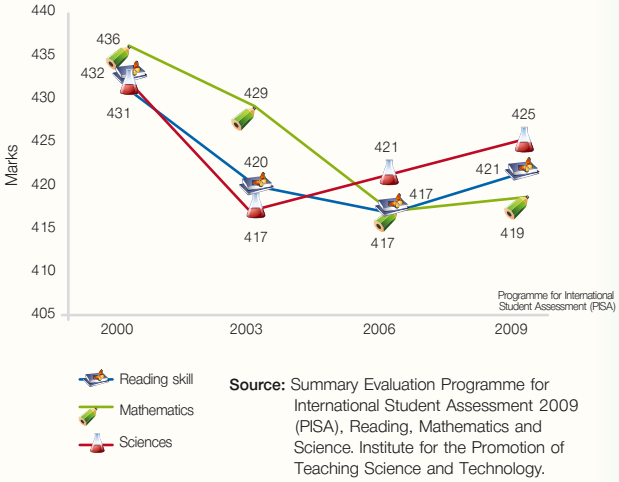
Source: Human Development Report, 2009. Human Security, Today and Tomorrow. United Nations Development Programme. (United Nations Development Programme: UNDP)

Crime Rates per 100,000 population, 2002 – 2009



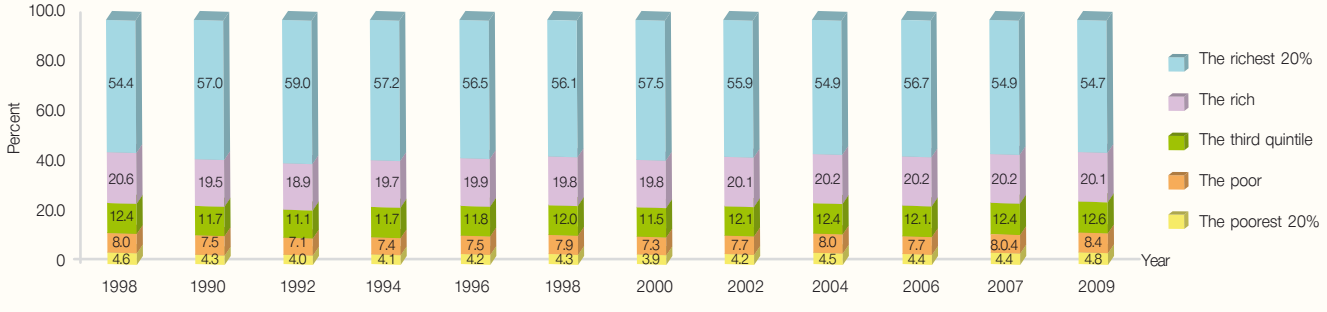
Source: Office police national

Evaluation of reading skill in Mathematics and Sciences of students, 2000 – 2009



Source: Summary Evaluation Programme for International Student Assessment 2009 (PISA), Reading, Mathematics and Science. Institute for the Promotion of Teaching Science and Technology.

Percentage of revenue in country by the population's income level, 1988 – 2009



Source: The Office Database Development and Social Status Indicators. Office of the National Economics and Social Development Board.

10

Equity and Accessibility

Dr. Thaworn Sakulpanich
Health Insurance System Research Office

"The number of Thai families impoverished by medical expenses has dropped by more than two thirds after the Universal Coverage Policy came into effect, but medical resources remain very unevenly distributed."

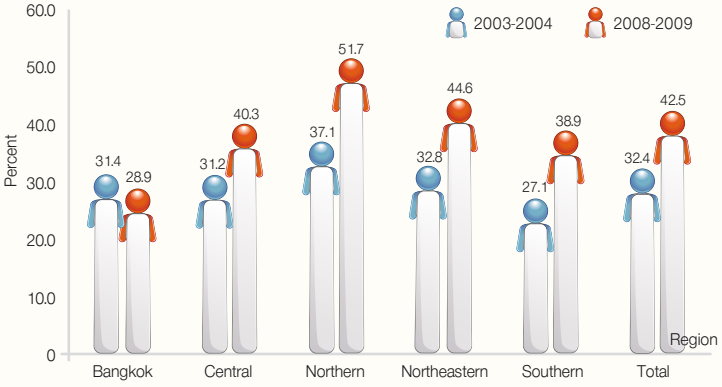
Access to health care services depends on a well-coordinated health care system with start from symptom detection within the community, diagnosis by primary health centers to referral to hospitals.

Thailand has rolled out the Universal Coverage of Health Insurance scheme since 2001. This scheme aims to manage access to essential health services and cut the burden of household expenses, thereby, ensuring equity of health care access. Such fairness can be primarily assessed in three dimensions, that is: government subsidy, a safety net protecting the poor from impoverishing medical expenditure, and access to services.

The Thai government's health care subsidy is found to favor poor out-patients and affluent in-patients. Subsidy for the affluent increased between 2006 and 2009, undeniably due to the rapid rise of medical expenses in the welfare system for civil servants, most of whom are in high-income brackets. However, the Universal Coverage of Health Insurance Scheme also seemed to have achieved its goal to help relieve poverty. The number of households impoverished by medical expenses decreased from 280,000 in 2000 to only 88,000 in 2008. Similar decreases were found in all regions, with the biggest drops in the Northeastern region and for rural households.

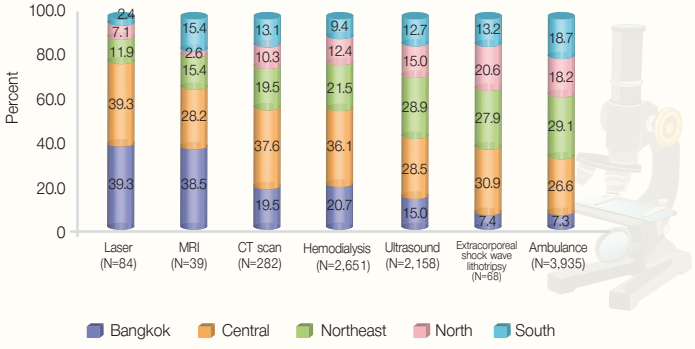
The health services which best reflect Thai people's health care access are diagnosis and treatment of diabetes and hypertension (among the group of chronic diseases on the increase), screening for cervical cancer (among Thai women, the most common but can be cured if detected and treated early), treatment of myocardial infarction due to ischemic heart disease (increasingly common cause of death although mortality can be prevented if patients are given anticoagulants in time). At present, only 28.5% and 20.9% respectively of diabetes and hypertension cases are diagnosed, treated and brought under control. The ratio of women aged 15–59 years who have been screened for cervical cancer has improved but remains low at 42.5%. The percentage of patients with acute myocardial infarction given anticoagulants remains very low, although on the rise.

Percentage of women aged 15 – 59 having cervical cancer check in the past two years by region, 2003 – 2004 and 2008 – 2009



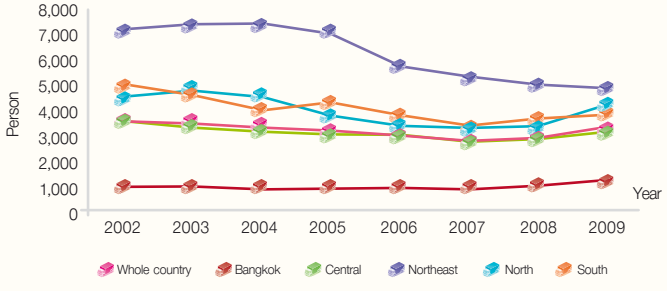
Source: 1) Thailand's 3rd National Health Exmination Survey 2003 – 2004, Health Systems Research Institute and Bureau of Policy and Strategy Ministry of Public Health (2006)
2) Thailand's 4th National Health Exmination Survey 2008 – 2009, Office of the Thai People's Health Survey (2010)

Distribution of medical equipment by region, 2009



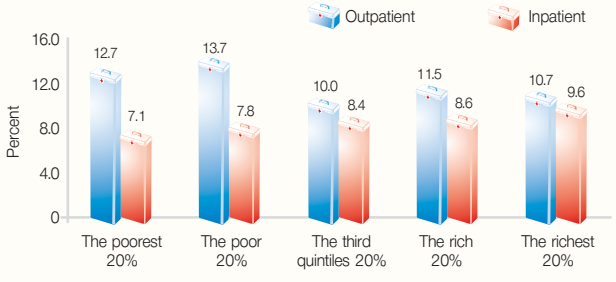
Source: Information System on the Follow up of Performances of Ministry of Public Health (http://moc.moph.go.th/index.php)

Ratio of population to one medical doctor by region, 2002 – 2009



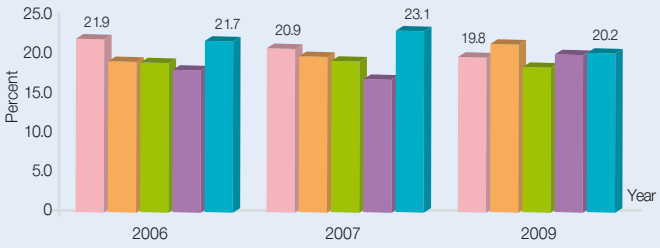
Source: Information System on the Follow Up of Performances of Ministry of Public Health (http://moc.moph.go.th/index.php)

Health benefits attained from the government budget by population groups and income level, 2009

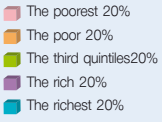


Source: Health Insurance System Research Office

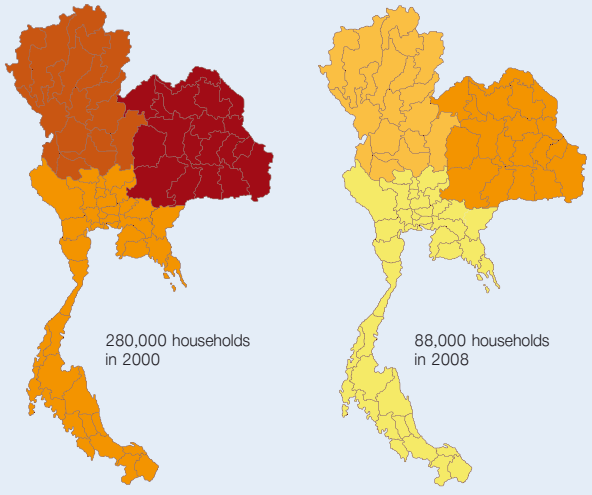
Health benefits attained from the government budget by population groups and income level, 2006 – 2009



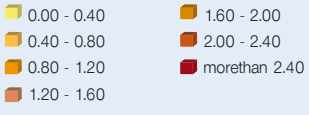
Note: Each five population group should gain 20% of health benefits provided by the government
Source: Health Insurance System Research Office



Number of households and distribution of poverty from medical expenses, 2000 – 2008

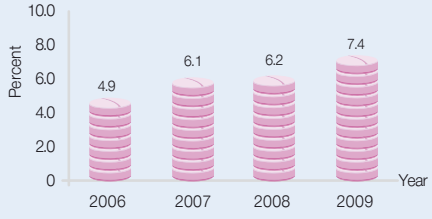


Percentage of households fell into poverty by impoverishiny Medical exponses



Note: Number of households and distribution of poverty from medical expenses reflect "the impact of poverty from expenses for public health services" which is one of the National Health indicators."
Source: Supon Limwattananon and Viroj Tangcharoensathien (2010) Findings from the Household Socio – economic Survey, National Statistical Office.

Percentage of Acute Myocardial Infarction patients prescribed anticoagulants, 2006 – 2009



Source: Health Insurance System Research Office (HISRO), Findings from the analysis of patient data under the Social Security, Scheme, CSMBS and Universal Coverage

Efficiency of Health Care System

Chitpranee Vasavid
International Health Policy Programme

11

"Thai people have a high level of health in relation to the country's medical expenses. Thailand's health care system, therefore, can be said to be efficient. "

Rising health care expenditure suggests that Thailand must adopt policies and monitoring measures to ensure the cost-effectiveness of its health care system, especially in the area of drug-related expenses.

It can be said that Thai people have better health than those in many countries with similar level of per-capita health-related expenses. This is a reflection of the efficiency of the country's health care system. Thailand's total health-related expenses amount to 3.5–4.0% of GDP lower than many developed countries. Only 18% of total health expenditure are paid by the households, which is half of the proportion of 15 years ago and which continues to fall.

However, an important concern at present is the rapid increase of expenses, especially under the Civil Servants Medical Benefit Scheme, which continue to rise by 20% every year. Medical expenses of its out-patients have rapidly increased since 2006. The per-head expenses in 2008 were 10,000 Baht, 5 times the per-head expensesunder the Universal

Cost and number of prescriptions of drugs not covered by the National Essential Drug List in 26 hospitals under the Civil Servant Medical Benefit Scheme by hospital category in 2009 Fiscal Year

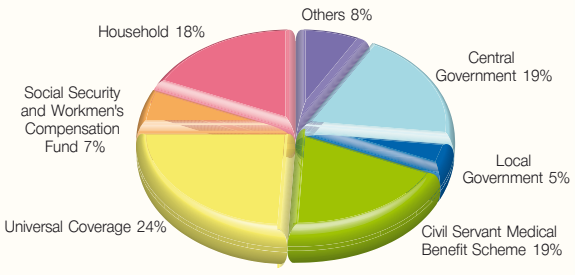
Item	University	Other Organisations	Ministry of Public Health	Total
Number of hospital	6	7	13	26
1. Total drug price (Baht)	5,996,840,443	4,419,368,934	2,768,688,682	13,184,898,059
– Not included in the National Essential Drug List	3,977,682,096	3,001,123,630	1,833,519,130	8,812,324,856
– Percent	66.3	67.9	66.2	66.8
2. Number of prescription	5,160,612	4,812,957	4,168,085	14,141,654
– Not included in the National Essential Drug List	2,327,897	2,017,018	1,458,601	5,803,516
– Percent	45.1	41.9	35.0	41.0

Note: (1) The "percentage of total costs of drugs not included in the National Essential Drug List" reflects the "percentage of cost of the use of National Essential Drug List to drug expense" which is an indicator of efficiency of health service systems based on "National Health Indicators" (2) Dispensation of drugs in health service centers nationwide is not well systematized. Only 26 hospitals can be presented in the Table.

Source: Health Insurance System Research Office and Network of Health Systems Research Institute, 2010, Report on Drug Use and Its Impacts on Drug Expense and Control Measure of Pilot Hospitals: Case Study of Out-patients Eligible for Direct Payment System under the Civil Servant Medical Benefit Scheme, Fiscal Year 2009, page 12

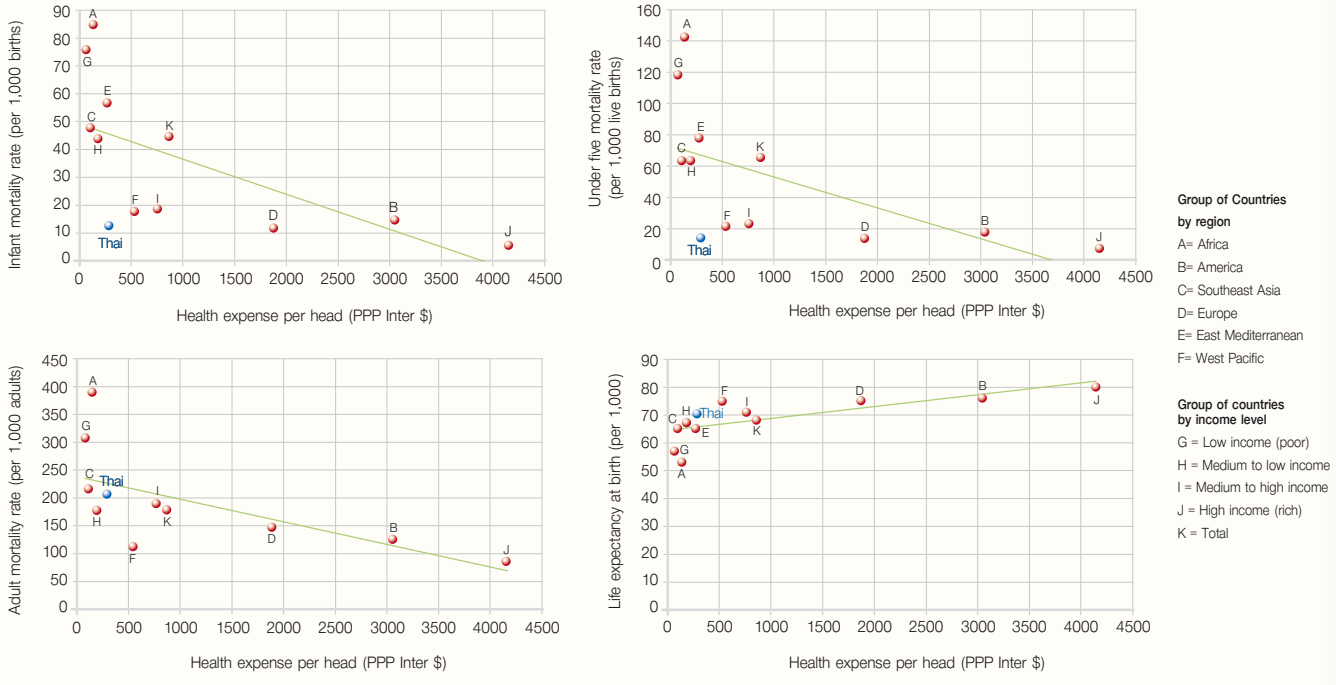
Coverage of Health Insurance. Data from 26 hospitals between October 2008 and July 2009 shows that drug-related expenses of out-patients under the direct-payment Civil Servants Medical Benefit System account for 66–68% of the hospitals' total drug expenses. 83% of medical expenses for out-patients are also spent on drugs. Estimated from the National Health Account 2008 based on these figures, The costs of non-essential drugs can be extrapolated to be 22.842 billion baht out of the 34.093 billion baht total drug expenses or 6.6% of total health expenses. (This number excludes the dispensing of non-essential drugs to other patients, due to lack of sufficient data.)

Total health expenditure by source of financing fiscal year 2008



Source: National Health Accounts of Thailand 2002-2008. (update), International Health Policy Programme.

Total health expenditure per head and four health indicators of Thai people in comparison to other countries by region and income level.



note: Infant mortality rate, under five mortality rate, adult mortality rate and life expectancy at birth were data in 2008. Health expense per head was data in 2007

Source: World Health Statistics 2010. http://www.who.int/whosis/whostat/en/index.html (10 January 2010)

Key indicator of health expenditure, Year 1994 - 2008 (price at present)

Keyindicator	1994	1997	2002	2003	2004	2005	2006	2008	209
Total health expenditure	127,655	189,143	201,679	211,957	228,041	251,693	291,294	319,456	367,767
Total health expenditure of public sector (%)	45%	54%	63%	64%	65%	64%	68%	72%	74%
Total health expenditure of private sector (%)	55%	46%	37%	36%	35%	36%	32%	28%	26%
Total health expenditure (Baht/person/year)	2,160	3,110	3,211	3,354	3,680	4,032	4,636	5,068	5,802
Ratio of total health expenditure to Gross Domestic Product (GDP)	3.5%	4.0%	3.7%	3.6%	3.5%	3.5%	3.7%	3.8%	4.0%

Note: Ratio of total heath expenditure to Gross Domestic Product (GDP) is an indicator of equity and service access according to the "National Health Indicators"

Source: National Health Accounts of Thailand 2002-2008. (update), International Health Policy Programme..

Quality and Effectiveness of Health Care System

Dr. Thaworn Sakulpanich
Health Insurance System Research Office

12

"31.2% of diabetes patients and 50.3% of hypertension patients are not diagnosed. Only 28.5% and 20.9% of cases have been diagnosed, treated and brought under control."

Effectiveness and quality of health care for out-patients is falling, while those for in-patients are improving.

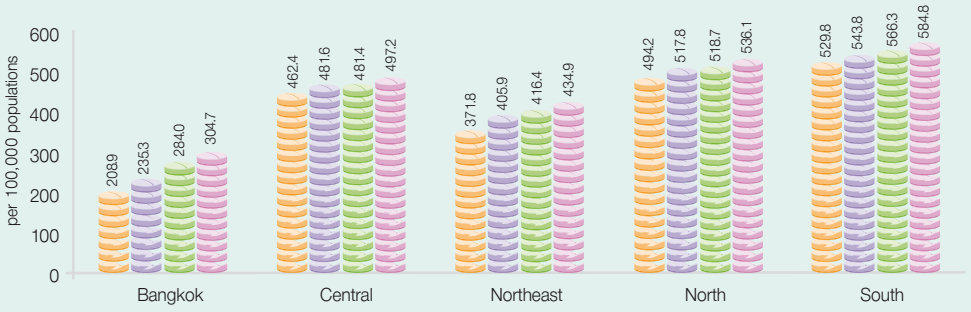
An increasing number of chronic disease patients can receive services at primary health care units such as health centers, clinics and out-patient units in hospitals. If the quality of such services is high, there will be no complications that require hospitalisation.

However, data between 2006 and 2009 reveals an increasing number of patients requiring hospitalisation due to acute complications of chronic diseases such as hypertension, diabetes, heart failure, asthma, emphysema and seizure. The proportion of patients hospitalised due to hypertension and diabetes continues to increase, accounting for almost 1 in 10 of all in-patients in 2009. This shows that the quality and effectiveness of chronic disease treatment remains problematic.

Part of the reason for this may be the substantially increased burden on the health staffs after the Universal Coverage Scheme came into effect, combined with the attempt to increase the coverage of the screening for diabetes and hypertension in communities. The Thailans's National Health Examination surveys of 2003–2004 and 2008–2009 reveal an increase in the number of patients diagnosed with hypertension and diabetes. However, the proportion of patients who can control their blood pressure and blood sugar levels within normal ranges remain low.

Mortality rates from hospitalisation or within 28 days after discharge are indicators for the quality of health care in hospitals. By comparing with expected death between 2006 and 2009, the in-patient mortality rates are found to be falling, indicating that the quality of hospital health care is improving. However, it's unclear how much of the improvement can be attributed to the Hospital Accreditation attempts.

Admission rate of ambulatory care sensitive conditions, 2006 – 2009



Note: This graph presents the admission rate of ambulatory care sensitive conditions per 100,000 population

Source: Health Insurance System Research Office. Findings from the analysis of patient data under the Social Security Scheme, CSMBS and Universal Coverage

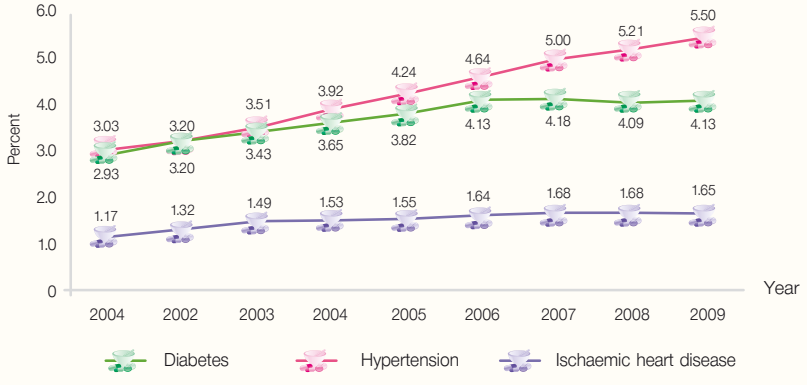
Standardized rate of in-patient death in 2006 – 2009

$$\frac{\text{Actual Death}}{\text{Expected to die}} \times 100$$

Note: This picture presents the "standardised rate of in-patient death" or in – hospital mortality rate/28 – day mortality rate in comparison to the standardised rate of expectation of death which is one of the National Health Indicators"

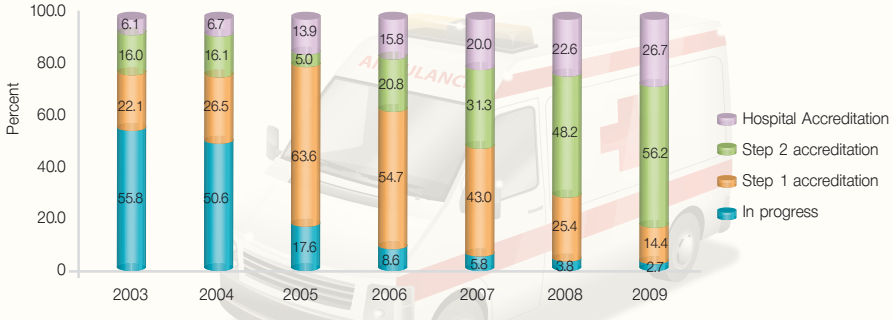
Source: Health Insurance System Research Office. Findings from the analysis of patient data under the Social Security Scheme, CSMBS and Universal Coverage

Percentage of in-patients with three diseases that should be controllable by out-patient unit in 2001 – 2009



Source: Database, Bureau of Policy and Strategy, Ministry of public health.

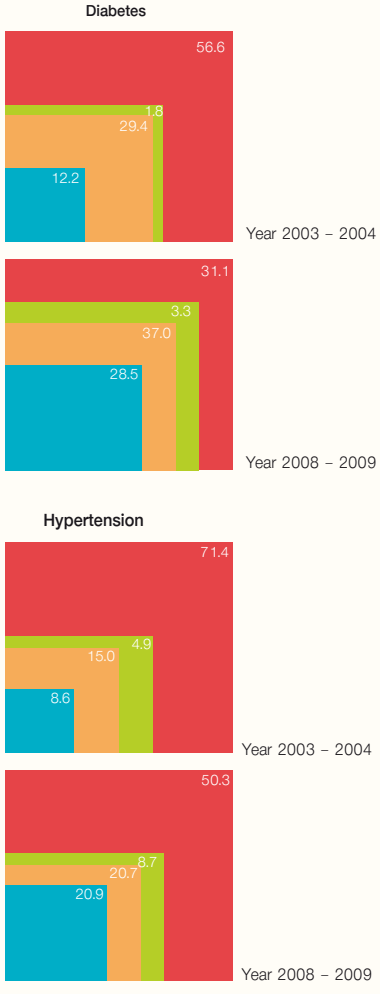
Percentage of service units under the Universal Coverage by hospital accreditation (HA), Fiscal Year 2003 – 2009



Note: (1) Regular service unit and referral unit
(2) Step 1 and 2 are minor accreditation prior to HA.

Source: Piyaporn Piyachan, 2009. Cited in Annual Report of. National Health Security Office, 2009.

Percentage of diagnosed patients with diabetes and hypertension by their treatment status in 2003-2004 and 2008 – 2009



Source: 1) Thailand's 3rd National Health Exmination Survey 2003 – 2004, Health Systems Research Institute and Bureau of Policy and Strategy Ministry of Public Health (2006)
2) Thailand's 4th National Health Exmination Survey 2008 – 2009, Office of the Thai People's Health Survey (2010)

12 National Health Indicators

Indicator	Key Indicator*	
1. Physical health	1.1 Life expectancy 1.2 Health adjusted life expectancy 1.3 Mortality Rate at age 15-59 years	Health Status
2. Mental health	2.1 Suicidal Rate Health status 2.2 Proportion of population with happiness	
3. Spiritual or wisdom health	3.1 Population spiritual well-being index	
4. Health behavior	4.1 Proportion of hazardous alcohol drinkers 4.2 Proportion of smokers 4.3 Proportion of teenage pregnancies	Health Factors
5. Environmental quality	5.1 Air quality index 5.2 Water quality index 5.3 Use of ozone depleting substances	
6. Human security	6.1 Proportion of people below the poverty line	
7. Family relationship	7.1 Warm family index 7.2 Proportion of single parent families	
8. Community capacity	8.1 Strong community index	
9. Social security	9.1 Income difference 1st : 5th Quintile	
10. Equity/Accessibility	10.1 Benefit incidence analysis 10.2 Poverty impact of health care payments 10.3 Infusion of Thrombolytic agent in hospitalised acute myocardial infarction event rate	Health Care System
11. Efficiency	11.1 Health expenditure as a percentage of GDP 11.2 Proportion of essential drug expenditure	
12. Quality/Effectiveness	12.1 Admission rate of ambulatory care sensitive conditions 12.2 In-hospital mortality rate/ 28-day mortality rate	

* "12 key indicators" are shown in figures with colour background.

10 Health Issues

1 Falling IQs Among Thai Children : Time for More Educational Reform

Both the WHO and UNICEF came to the same conclusion that Thai children's low IQs are due mainly to iodine deficiency. This conclusion as in agreement with an educational achievement survey which found Thai children failing all standard criteria and the national health survey of all Thai nationals (2008–2009) which showed that around a quarter of Thai children have IQs lower than the standard of 90. All these results point to the failure of the previous educational reform and child upbringing which affects Thai children's intellectual development.

http://fedgeno.com/images/brain/colored.jpg

When Thai children have low IQs

In early 2010, Dr. Somyos Deerasamee, the Department of Health Permanent Secretary, reported the results of a survey on the level of intelligence and age-appropriate development among Thai children during the previous 12 years (1997–2009). The report showed that children's average IQs fell steadily over the period from 91 to 88–lower than the WHO standard range of 90–110.

"What is more shocking is that an average Thai childspends 9,800 baht per year on snacks and 3,024 baht per year on education."[1]

The future of Thai children's health, which seems to hang on a bare thread as revealed by this data, is also reinforced by the explanation of Dr.Narong Saiwong, Vice President of the Nutrition Association of Thailand, who said that.

"At 8–10 years old, malnourished children will have smaller statures and lower intelligence and academic results. When they reach adulthood, they will have a lower level of intelligence and income-generating potential than those who have received age-appropriate nutrition. In addition, child malnourishment problems also cut the country's income by 2–3%."[2]

The result of the Age-appropriate Development Survey in Children under 5 years old by the Department of Health points to a similar conclusion that Thai children's degrees of development decreased from 72% in 2004 to 67% in 2007. In addition, Thai households' access to quality iodized salt was found by the 2009 survey of Department of Health to beat 77%, lower than WHO standard of at least 90%.[3]

In addition, Dr.Wichai Akepalakorn, Director of the National Health Examination Survey Office, revealed the results of the 4th Thai National Health Survey (2008–2009) of 9,000 Thai nationals in 21 provinces, conducted through interviews and health examinations. In the area of intellectual development, it was found that approximately a quarter of the sample group of children aged 1–14 had IQs lower than the average standard of 90.

"The initial results of the survey showed that poor environment, education and food all contributed to their decreasing IQs. These data should be incorporated into a plan to improve and stimulate child development from birth. We can help increase their IQ's through the change in the environment, food and educational curriculum."[4]

Soon after these shocking numbers were revealed, And emphasising the importance of food to Thai children's development, 6 agencies (the Nutrition Association of Thailand, the Ministry of Public Health's Department of Health, the Ministry of Interior's Department of Local Administration, the Office of Basic Education Commission, the Bangkok Metropolitan Administration and the Thai Health Promotion Foundation) announced a 3-year collaborative pilot project to develop systems and mechanisms to give Thai children age appropriate nutrition in 10 provinces. The project aims to provide local administrations with capacity to educate pre-school children and school-age children in the community, nurseries and school with the right eating behavior so that they eat sufficient, well-balanced and nutritious food everyday.[5]

"Stupid-Idiotic-Retarded-Low IQs" were common headlines around that time. Dr. Wiyada Jaroensiriwat, who heads the innovative project to "provide sustainable local solutions to the problems of mental retardation and iodine deficiency" at the National Institute of Health, said that "It is a serious crisis which is more threatening to Thai society than the burning of Bangkok (in the May 2010 riot.)"[6]

More Iodine, Higher IQs

As both UNICEF and Thai Children's IQ Survey point to iodine insufficiency among Thai adults and children, the cheapest and most efficient remedy is iodization.

As the Ministry of Public Health is at the frontline to respond when it comes to the health of Thai people, Public Health Minister Churin Laksanawisit launched a campaign to persuade Thai people to increase iodine intake in order to promote IQ increase, especially among 3 at-risk groups, namely:

(1) *Pregnant Women* Babies of mothers with iodine insufficiency may be born with disabilities or mental retardation. Beginning in October 2010, health care facilities began distributing free tablets combining iodine, iron and folic acid to those seeking prenatal care as well as postpartum mothers.

(2) *Newborns* Low levels of thyroid hormone in newborns can affect intelligence and general development as thyroid hormone is directly connected with iodine. If the condition is found by blood test, treatment should be sought immediately.

(3) *Young Children and General Population* Iodine is essential for everyone, regardless of age or sex. Children with iodine insufficiency are at risk of low IQ's.[7]

Furthermore, the Ministry of Public Health took the initiative of implementing a long-term solution for iodine insufficiency among Thai people by amending the Ministerial Notification No. 153 (1994) on table salt to extend to cover all salt used in food industry. All these products are now required to contain a minimum of 30 milligrams of iodine per gram. All table salt manufacturers in Thailand must add iodine into their products and label it as "iodized table salt". This helps ensure that all products with salt will also contain iodine whether they be soy sauce, fish sauce, seasoning sauce, instant noodles or snacks. The Ministry also issued the logo "Increase

Iodine Increase IQ" to be displayed on product packaging. For these initiatives, the International Council for the Control of Iodine Deficiency Disorders and WHO applauded the Thai government's effort to address iodine deficiency and cited Thailand as an example on this important issue.[8]

In addition, in 2011 the Department of Health and related networks made a 6-point strategic plan to control and prevent iodine deficiency covering 76,000 villages in all 75 provinces nationwide. The plan requires:[9]

1) Manufacturing and distribution of quality iodized salt with sustainable, continuous supply and Management
2) A system for surveillance, project monitoring and evaluation
3) Capacity building for local administrations, relevant organisations and network to elevate their participation in the project
4) Public relations, campaigning and social marketing to promote continuous consumption of iodized salt
5) Sustained research
6) Stop-gap and other measures with collaboration of all network members in all sectors, government and non-government.

But no matter how enthusiastic the Ministry of Public Health is in addressing low IQs among Thai children, the problem involves causes other than iodine insufficiency.

Dr.Siraporn Sawasdivorn, director of Queen Sirikit National Institute of Child Health, said *"An important cause of Thai children's falling IQs and worsening health is social change. Most children now are raised in nuclear families where both parents work and leave their children to be raised by technology because they think it's safer than allowing them to play outside. This negatively affects the children's physical development.... So please don't attach more importance to money than to your children."*[10]

Dr. Udom Petchsangharn, Deputy Chairman of Rak-Look Group, said at a press conference of the *"Thai Children's Brains Can't Wait"* project that, *"Iodine can only help with the hardwares of Thai children, but they also need softwares which come in the form of playing, learning and so on."*[11]

Will Thai children make it?

Thai children's falling IQs are not only a public health concern but also lay bare the failure of Thailand's educational system. Education Minister Chinnaworn Bunyakiat said, according to the Office of the Educational Council Report, that Thailand's world competitiveness ranking stayed at number 26 in 2010 (the same as in 2009) among 58 economies and below 5 other Asian countries, namely Singapore, Hong Kong, Taiwan, Malaysia and South Korea. These rankings complied by the International Institute for Management Development provide a useful index for educational policies and development plans.[12]

In addition, the Program for International Student Assessment (PISA) found in 2009 that 15-year-old Thai children's capacities in mathematic literacy, science literacy and reading literacy were below the Organisation for Economic Co-operation and Development's (OECD) standards. The alarming survey result, placing Thailand at number 50 from 65 countries, was dubbed as the 'PISA shock' by those in the country's educational system.[13]

The Trends in International Mathematics and Science Study 2007 (TIMSS 2007) also placed Thailand's eighth graders below international median.[14]

Scholastic achievement assessment over three years showed that Thai twelfth graders scored less than 50% in all subjects and the scores showed a declining trend over the years.[15] In 2009, the Educational Quality Assessment for Quality Assurance by the Office of Basic Education Commission found that Thai third graders were failing arithmetic and reading standards.[16]

Thai teachers are not in much better shape than their students. When the Office of Basic Education Commission tested mathematics and science high school teachers across the countries, it found that the majority of teachers in computer science, biology, mathematics, physics, chemistry, geology and astronomy failed in the subjects they taught.[17]

The academic decline similarly affected monk's education. Venerable Dharmakittiwong pointed out that *"It is embarrassing that monks now cannot write Pali... Lately, some novice monks were also found to be illiterate in the Thai language which unavoidably affects their Pali education. Some monks passed the highest-level test of Buddhist studies but arenot fluent in reading and writing Thai, so they cannot give sermons or lectures."*[18]

These embarrassing numbers reflect the failure of Thailand's education system to the point that most people no longer remember that Thailand has already gone through a round of educational reform and is in the middle of the second round (2009-2018). This is a very challenging and difficult issue for Thai society.

Time for another educational reform

The more data pointing out Thailand's educational crisis, the more important and necessary the second round of educational reform becomes. Prime Minister Abhisit Vejjajiva, as chair of the Educational Reform Board, said "Education must be bipartisan. It's not an issue for the government or the opposition because this is the most important thing for the development of the country and democracy."[19]

Three key factors of the educational reform are:

Students must be intelligent, well-behaved, happy, proud of Thainess and aware of happenings in the world.

Teachers must be given training and capacity building to become 'new breed' teachers with skills, determination and professionalism.

Good management can be achieved through decentralisation so that educational institutions are responsive and independent. Transparency and good governance are also important.

As the second round of educational reform is under way, there are other crises that must be overcome also. The combined amount of teachers' debts now stands at over one trillion baht, leaving some teachers with only 10 percent of salaries after credit payments. Corruption is rife in many projects. Drugs are rampant in schools. The shortage of vocational students is choking the industrial sector.

Laying out the vision of the second-round educational reform aiming at quality life-long learning, Dr.Prawase Wasi, as a member of the Thailand Reform Board, wrote in his book "To a Society of Learning" that "When education becomes a good learning process, it will help solve all problems in our lives and society.."[20]

The success of educational reform will depend on inviting those outside the educational system to take a role, in particular the family, the community and Thai society at large.

2 Severe Drought Followed By Devastating Floods : Preparedness For Climate Change

A long drought stretching beyond the first half of the year, followed by a devastating flood affecting 51 provinces in the second half of the same year made 2010 a year to represent a dramatic climate. Complicated by global level climate change, responses to changing flood problems must also evolve to allow more vigilance and preparedness. Concepts, perspectives and methodologies must also be revolutionised in response.

Drought in the Middle of the Rainy Season

2010 was correctly predicted to be a year when Thailand would experience a severe and long drought. The drought started at the end of the rainy season in November 2009 and lasted until August 2010. The 10–month long drought affected 60 provinces, 463 districts, 3,005 Tambons, 24,248 villages and 1,922,651 Rais of farmland.[1] Kasikorn Research Center estimated the damage at more than 6 billion baht.[2]

Pictures of scorched paddies, brown crops standing lifeless in 40 degrees plus heat, thin cattle showing xylophone–like rib cages and dried up streams and canals told the reality of this 2010 drought. It was confirmed to be the most severe drought in 5 years by the low water levels in important dams such as Bhumibol Dam, Sirikit Dam, Ubolrat Dam, Pa Sak Chonlasit Dam and others, which fell considerably lower than previous year's water levels.

The short rainfall after April's Songkran Festival barely replenished the dam water levels. Without more rain, there would be water supply only for another 1–2 months. The situation caused concern for all sectors of Thai society. Prime Minister Abhisit Vejjajiva ordered the economic cabinet meeting to track the drought situation on a weekly basis.[3]

After months of scorching sun, the lack of rain, despite it being the 'rainy season', made water levels in several dams drop so low that islands appeared in places and became grazing fields for cattle. Temples and villages once underwater re–emerged above the surface again. The voice of Mr. Utsa, a farmer from Kula Ronghai area in Maha Sarakam province, well represented the ordeal of farmers and villagers desperately in need of water for household use and agriculture when he said: *"This year's drought is so bad that rice farmers may have to buy rice to eat. If it continues, this could be the worst drought in 20 years."*[4]

El Niño's Fury

The severe drought in 2010 in Thailand resulted from low inflows of water into dams due to 2009's 5 year low precipitation combined with the release of large outflows of water to mitigate the drought. The cumulative rain map from November 2009 to April 2010 showed that Thailand received unusually low precipitation, especially in the upper parts of the country, and considerably lower than the same period the previous year.[5]

Both Thai and foreign experts attributed the drought mainly to El Niño between April 2009 and June 2010. Dr. Smith Thammasarod, former Director of the National Disaster Warning Center, explained that *"Because the heated sea surface in the Pacific Ocean moved eastward past the equator, taking all the humidity to cause heavy rain in Ecuador and Peru, countries on the west of Pacific Ocean, including Thailand, were left with dryness, long drought and high temperatures."*[6]

As a result, many countries in Asia, including China, India, Vietnam, the Philippines, Indonesia, Malaysia, Thailand and some areas of Australia similarly experienced severe drought from early 2009 and for a large part of 2010.

A Devastating Flood Followed

The mid rainy-season drought caused concern that rainfall would be concentrated towards the end of the year resulting in large flooding. Dr. Royol Chitradon, Director of the Hydro and Agro Informatics Institute, unequivocally predicted that from the end of July 2010 until the year's end there would be heavy rain due to La Niña and the "Indian Ocean Dipole," the Indian Ocean's equivalent to the El Niño-La Niña phenomena. This would cause heavy rainfall in the upper Northern region. In addition, the wind direction from the USA to Thailand would carry a lot of rain with it.

When the rain eventually came as predicted, it came in a much larger quantity and for a longer period than expected with irregular patterns, thus turning a regular flood season into a major disaster.

Rainfalls first came in May, concentrating in the upper Northern region and causing mild flash floods in some areas. After somewhat increasing water levels in dams and relieving water shortage concerns, the rain again became absent for more than a month. In the middle of July, two South China Sea tropical Storms, Conson and Chanthu, just missed Thailand refreshing only a small part of the country. The headline "Nakorn Panom residents joyful with Conson's day-long rain" captured the day."[7]

As most of Thailand still waited for the next tropical storms, the long drought suddenly was turned into a devasting flood by the third tropical storms, Mindfulle, which landed on the Vietnamese coast on the 24th August, combined with the low pressure areas in Northern Thailand. Many provinces in the Northern, Northeastern and Central Regions were hit by long periods of heavy rain resulting in flash floods of 1-3 meters high in some areas and land-slides destroying tens of thousands of raise of farmland.

In October 2010, several provinces in the lower Northern region, the upper Central region and the Chao Phraya basin faced unexpected flooding when water levels in several main rivers and tributaries surged by more than 30 centimeters as critical water levels forced dams to release water. In some areas, such as Tharua district in Ayuttaya Province, the water level reached 3 meters, destroying houses and agricultural areas.

Flash floods, long inundation and damages to river banks and dykes were reported in many Northeastern provinces such as Roi Et, Nakorn Panom, Sakol Nakorn and Chaiyaphoom. But the worst effects of flooding were experienced by Nakorn Ratchasima when mid October heavy rains over several days caused a high-level inundation of almost the whole province for almost 2 weeks, putting more than 1 million residents in hardship and damaging almost 2 million Rais of agricultural land.

In early November, a depression storm in the lower Gulf of Thailand hit the Southern provinces from Chumporn to Narathiwat with high waves, strong

winds and heavy rains, lasting several days. The rising water destroyed houses, shops, streets and farmlands

The heaviest damage was suffered by Hat Yai district, Sonkhla province where the precipitation reached 500 millimeters during 1st to 2nd November. Despite the 'red flag' evacuation warning at 5 pm on the 1st November, the sudden flood caught many people unprepared, drowning cars and houses. In many areas, especially the central business district, the water level continuously rose until it covered rooftops in some places, cut electricity, water and telecommunication and trapped hundreds of thousands of people in their houses, with at least ten thousands people desperate for emergency help. This event ranked as one of the worst floods in history and much more severe than the 2002 flood. (see Table 1)

Table 1 Flood damages 2002–2010

Year	Affected people (million)	Affected households (million)	Affected farmland (million rais)	Damage (million baht)
2002	5.13	1.37	10.43	13,385
2003	1.88	0.48	1.59	2,050
2004	2.32	0.62	3.30	850
2005	2.87	0.76	1.70	5,982
2006	6.05	1.67	6.56	9,627
2007	2.33	0.57	1.62	1,688
2008	7.92	2.03	6.59	7,602
2009	8.88	2.31	2.96	5,253
2010	8.97	2.61	7.04	32,000 – 54,000[1]

Note[1] : Estimation by Kasikorn Research Center

Source : Flood data between 2002–2009 from the Department of Disaster Prevention and Mitigation, Ministry of Interior http://61.19.54.151/public/group4/disaster01/disaster_002_53.htm

The year end flood disaster hit 39 provinces, 425 districts, 3,098 Tambons and 26,226 villages in the Northern, Northeastern, Central and Eastern regions, affecting 7,038,248 people, 2,002,961 households and 7,784,368 raise of farmland. 180 people were killed. In the Southern region, the flood hit 12 provinces, 133 districts, 874 Tambons and 6,197 villages thereby affecting 1,932,405 people and 609,511 households. 80 people were killed. Kasikorn Research Center estimated the total damage at 32 to 54 million baht.

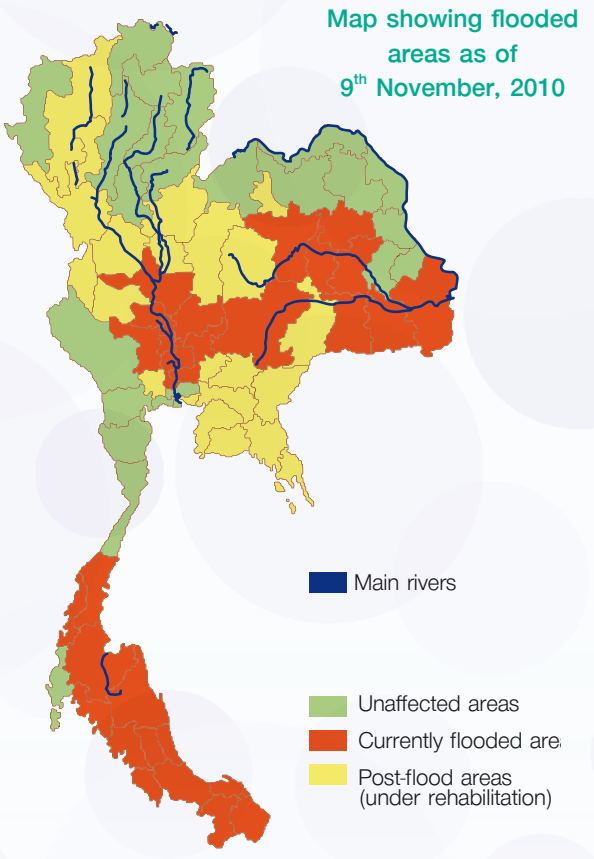
La Niña's Wrath

So what's going on? What are the reasons for the early severe drought and then the later flooding? How was it possible that Nakorn Ratchasima, located on the Korat plateau, was devasted by floods? Dr. Anon Sanitwong Na Ayutthaya, acting Director of the Geo–Informatics and Space Technology Development Agency who has tracked climate change, stated that the 2010 climate was very irregular due to drought–causing El Niño early in the year followed by La Niña which caused heavy rains in Asia and drought in South America. **In 2010 it was highly unusual that these two polar–opposite phenomena happened in the same year.**[9]

Table 2, 2010 floods and damages

Period	Affected Areas	Death Tolls	Number of those affected	Note
10th October–13th December 2010	Pichit, Petchaboon, Rayong, Chantaburi, Trat, Tak, Chonburi, Sakeo, Nakorn Nayok, Kampaengphet, Phitsanulok, Prachinburi, Samut Prakarn, Nakorn Pathom, Uthaithani, Chachoengsao, Angthong, Chaiyaphoom, Nakorn Sawan, Lopburi, Singburi, Chainart, Saraburi, Pathumthani, Nonthaburi, Suphanburi, Ayutthaya, Nongbua Lamphu, Buriram, Nakorn Ratchasima, Surin Khonkaen, Maha Sarakam, Sri Saket, Ubon Ratchathani, Kalasin, Roi Et, Lampoon, Chiangmai	180	2,002,961 households and 7,038,248 people	Low pressure areas across the lower Northern region, Central region, Northeastern region, and Eastern region, combined with a Sourhwest monsoon.
1st November–13th December 2010	Surat Thani, Pattaloong, Satul, Karbi, Ranong, Pattani, Yala, Narathiwat, Trang, Songkhla, Nakorn Sri Thammarat	80	609,511 households and 1,932,405 people	Depression storm in the lower Gulf of Thailand

Source: Cabinet meeting summary, 14th December, 2010. Retrieved from http://www.thaigov.go.th



Source: Department of Disaster Prevention and Mitigation, Ministry of Interior [http://www.disaster.go.th/dpm/flood53/flood53.html]

Dr. Thanawat Jarupongsakul, lecturer from Chulalongkorn University's Faculty of Science who has studied the disaster-causing effects of global warming and especially coastal erosion said that the 2010 unusual rainfall pattern was due to the effects of La Niña starting from July that resulted in a monsoon trough across Asia. During the first two weeks of October the monsoon trough stayed firmly in place causing heavy rainfall in all regions of Thailand. In a normal year the rain would already have moved on to affect only the Southern region of the country.[10]

Dr. Anon Sanitwong Na Ayutthaya added that normally the monsoon trough travels at an average speed of 100 kilometers per day. But during 2010 it stayed put for more than ten days because of influence from two low pressure areas in the Bay of Bengal and in the Pacific Ocean.[11]

La Niña's wrath across Asia resulted in devastating floods in Pakistan, China and Laos in August 2010 and Myanmar, Cambodia, Vietnam and Thailand in October 2010.

Problems in Water Management and Warning Systems

The severity of the 2010 drought/flood problems again raised questions about Thailand's water management systems, long criticized as failing. The very many water-related projects of different government agencies seem largely uncoordinated and unprepared, especially when faced with unusual situations and dramatic changes in climate. This results in highly inefficient water management in the country.

Dr. Thanawat Jarupongsakul explained that, out of fear of a repetition after the severe 2009 drought, dams retained all rain water between August and September 2010 before the end of the rainy season in October. But experts were not aware of the climate fluctuations and the encroaching La Niña. At the end of September 2010, almost all dams were filled to about 70-80% of capacity. But the heavy rainfall in the first 2 weeks of October filled the dams and forced officials to urgently release water in fear of pending damage to the dams. All water from all of the dams being released combined to flood the plains already soaked with rain fall and hence resulting in extensive flooding.[12]

Dr. Smith Thammasarod, chairperson of the Foundation of the National Disaster Warning Council and former Permanent Secretary of the Meteorological Department, stated that the main problem remains as the Government's lack of a natural disaster warning policy and effective coordination rendering weather prediction useless. "The Meteorological Department issued more than 20 warnings predicting heavy rains in specific areas and possibilities of flash floods. If these warnings were put to use and local administrations were warned so that they could prepare evacuations, use sandbags for prevention, desilt canals, warn residents and stockpile food, there would have been much less damage."[13]

2010's climate related disasters exposed many weaknesses in the country's water-management and warning systems, as well as challenges facing the perspectives in and conceptualization of

the management of droughts and floods. These challenges must be overcome to turn this crisis into an opportunity or otherwise more disasters can be expected in the future.

Integration of Concepts and Activities

In a seminar entitled "Thailand's flood crisis: extent, Problems and solutions,"[14] organized by Chulalongkorn University' Environmental Research Institute on 10th October 2010, Dr. Royol Chitradon, Director of The Hydro and Agro Informatics Institute at Ministry of Science and Technology, said that the lesson learnt from the latest water crisis is that there must be a review of structures to address flooding problems. He pointed out that: "In the past, we used western theories to address local problems without examining their suitabilities to the nature of the problems and terrains in Thailand."

Projects and plans are often created by the central government without consideration of suitability to different areas. For example, the Northeastern region is said to be arid but the average annual precipitation is 1,300 millimeters, comparing to 1,100 millimeters in the Northern region. The difference is that the Northern terrains are more conducive to dam building. To address flood and drought problems in the Northeastern region therefore there must be thousands of small projects scattered across the region because of the hilly terrains.

In contrast to the past when they were addressed separately, Dr. Royol said flood problems and drought problems must be addressed together. As Thailand's precipitation levels will increase due to climate change, water management systems must aim at security and flexibility to manage rainfalls above and below the dams.

The review of water management structures also reveal a need for a coordinated plan to prevent and address flood and drought problems. As responsible agencies currently have separate plans and projects with little practical implementation, Dr. Royal suggests there should be an interrelation of concepts and activities. He cites the example of the Northeastern region. If a drought is expected, water could be drawn from the Mekong river. Or if a flood is expected, there could be a different solution. But if both floods and drought are expected at the same time, he suggests the different agencies should share the same concepts and the big picture or there will otherwise be problems. If all agencies collaborate and take the latest disaster as a lesson in planning, there will be fewer problems in the future and Thailand can even put flooded areas to use efficiently.

Learning to Live with Water

Dr. Anon Sanitwong Na Ayutthaya, acting Director of the Geo-Informatics and Space Technology Development Agency, is currently collecting detailed flood data across Thailand to form the basis for decision making on how to address future floods.[15]

The most important thing he is suggesting is **a paradigm shift of perspectives and concepts on how to address floods at all levels** from different government to government mechanisms. If approaches of local mechanisms do not change, there is perhaps little the government can do. For example, in Ubon Ratchatani Province, despite a warning that the water level would reach 114 centimeters, the local government agencies were hesitant to implement response measures such as evacuations due to fear of prediction errors and the consequences of wrong decisions on their future careers. Predictions can occasionally turn out to be wrong but they should also perhaps be carefully followed to avoid risks.

"Thai people must learn to live closely with water, integrating water into their life rather than eliminating it. Floods are not the end of the world. If we don't hate water, our lives would be simpler. The government systems must assist to dismantle the official cultures and think outside the box to address mistakes which have been piling up for many years," concluded Dr. Anon in comments relating to the intensifying drought and flood problems which have occurred due to increasingly irregular natural climate factors affecting Thailand.

How to Prevent History from Repeating Itself? The Case of 2002 Aborted Fetuses at Phai Ngoen Temple

The most shocking health related situation in 2010 Was the discovery of 2002 aborted fetuses from illegal abortion clinics in a Bangkok city–center temple. The event was, however, not a surprise to public health veterans as they have already for a long time recognized the scale and seriousness of the problem of abortions and grappled with it with great difficulties in the Thai social context. A few health veterans were even glad that the problem finally revealed itself to public consciousness in the hope that the issue will at long last lead to efficient well–rounded prevention measures and sustainable solutions.

http://www.tnews.co.th/html/picture/tnews_1291098300_1523.jpg

The world's eyes on Thailand's discovery of thousands of aborted fetuses

"Shocking discovery of 348 aborted fetuses at Phai Ngoen Temple in the heart of the capital. Undertaker confessed to storing before cremation" [1]

"Aborted fetuses now number at 2,002–DNA tests ordered" [2]

On 16th November 2010 Thailand faced it's biggest ever abortion–related shock with news reports on the discovery of 348 human fetuses hidden in the crematorium of Phai Ngoen Temple in the heart of Bangkok. The temple undertaker confessed that he had been paid by several abortion clinics to store them before cremation.[3] Foreign media including AFP, BBC, CNN and Fox news created headlines with the discovery and it became one of the most read news items on the BBC for a period of time.

After prompt investigation, the police arrested a former physician's assistant in a clinic who confessed to having offered abortion services for 3 years. The ages of her clients ranged from 13 to 38 years old. Clients were often in an advanced stage of pregnancy and had been denied services from other clinics. The most advanced case was a 7–month pregnancy. The assistant also claimed to have adopted 8 children from failed abortions whose mothers couldn't afford to raise them.[4]

Abortion Clinic Crackdown

Once the discovery became known, Health Minister Churin Laksanawisit announced his ministry would immediately crack down on abortion clinics. *"I have ordered public health officials to coordinate with the police to conduct raids on suspicious facilities such as beauty clinics, surgery clinics, family planning clinics and drug addiction clinics. I'm not saying that they all provide abortion services, but they are the most likely places. From now on, ministry officials will coordinate with the police to monitorthe situation and "nip abortion services in the bud".*[5] This aggressive attitude of the Ministry of Public Health resulted in a widespread crackdown on a large number of suspected clinics.[6] This kind of reaction by the Ministry of Public Health followed the same formula as has always been used in relation to illegal abortions in Thailand.

http://www.sxc.hu/browse.phtml?f=download&id=1260743

Conflicting Opinions Concerning the 'Abortion Law'

Sathit Pitutecha, a Democrat Party executive board member, said in interview that he would collect MP's signatures to propose amendments to the abortion law. The amendments would be aimed at mitigating health risks for those women with unwanted pregnancies who must illegally turn to substandard abortion clinics. Similarly, Dr. Buranat Samutarak, Democrat Party spokesperson, said a draft law must go through intensive, careful consultation with all sectors of society and wouldn't mean legalisation of abortion in all cases.[7] At the same time, civil society organizations felt it was about time that Thai society started to provide safe services for termination of pregnancy as well as other support for women with unwanted pregnancies such as shelters and financial support. Civil society working in this area is led by the Network for the Promotion of Choices for Women with Unwanted Pregnancies, which consists of government agencies and almost 50 non–governmental organisations.[8]

Most interestingly, a Dusit Poll survey showed that 66% of those surveyed favored the expansion of legal conditions for abortions as well as giving knowledge to those with unwanted pregnancies. However, Prime Minister Abhisit Vejjajiva voiced his objection that the existing law was already adequate and appropriate.[9] At the same time, the legislative branch thought that the abortion law amendments would only address end results and there should be more preventive measures to deal with unwanted pregnancies.[10]

Most wanted sex education in school to cut unwanted pregnancies and abortion

"Schools urged to teach sex education" [11]

"Safe sex education by teachers and parents is key" [12]

"More than 90% agree that sex education prevents abortion" [13]

Amongst all the policy recommendations from all social sectors, the recommendation with biggest support was sex education, including pregnancy prevention. Even the "Moral Center" made a clear position on this issue including a recommendation that pregnant students should be supported so that they could continue their studies and care for themselves and their children.

Moral Center director Narathip Phumsap said, *"We should not think of it as dirty. Society has changed. We must all give them support. Don't expel pregnant students. Because those who are afraid of expulsion will turn to abortion."* [14] Accordingly, Chinnapat Bhumirat, secretary general of the Basic Education Board, said in interview that he had assigned the Bureau of Academic Affairs and Educational Standards to design sex education modules. He considered it was an urgent issue that several agencies must collaborate on, especially the Ministry of Public Health and Ministry of Social Development and Human Security. He said, *"I agree that education is part of the solution, but not everything. We must also use social and legal measures too."* [15]

Abortion Prevention and Solutions– Lessons Learned from Other Countries

1. **The abortion rate decreases when the public is knowledgeable about and have adequate access to contraception.** Studies in many countries have found that abortion rate has no correlation with the legal status of abortion. For example, while the rate is very high in Latin America where abortion is strictly forbidden and low in Easter Europe where abortion is legal, Vietnam, where abortion is legal, has one of the highest abortion rates in the world. Such research also found that the factor that most effectively cuts abortion rates is the availability, accessibility and effectiveness of contraception in the health care systems.[16]
2. **Abortion–related morbidity and mortality rates decrease when health care systems include abortion services which are adequate, of high standard and responsive to the reality of the situation.**
    - The fetuses found in Phai Ngoen Temple are a clear indication of the widespread-nature of substandard abortions. Morbidity and mortality rates of the clients concerned are missing in the news, however. Experiences in many countries show that legal abortion under necessary conditions can save many women's lives. For example, six years after South Africa amended its abortion law, mortality rates from substandard abortion were cut in half. The same happened in Nepal after an amendment to its abortion law in 2004.[17]
    - But abortion law by itself cannot cut Abortion related mortality and morbidity rates. For example, in India where abortion has been legalized for more than 30 years, the rate of unsafe abortion remains high because abortion services provided by the government remain substandard. More affluent women will chose to go to safer private hospitals. Poorer women, on the other hand, have to rely on government services which are often unhygienic, substandard, unconfidential and unskilled. In addition, women who seek services without a husband (or with a husband but without children) are often turned away. In that case, they have to turn to other service providers with even lower standards.[18]

Comprehensive Abortion Care Services: Regional Lessons for Thailand

On 17th to 18th January 2011 the "Global Comprehensive Abortion Care Initiatives: Regional Dissemination Meeting" was organised in Kuala Lumpur, Malaysia to provide regional updates on the progress of ensuring access to safe abortion care services within the region, analyse and identify relevant issues and contexts of challenges in providing comprehensive abortion care services and raise awareness and seek commitment from all relevant sectors in the development of safe abortion care services. The following are excerpts from the experience sharing session among all countries represented at the meeting:[19]

Indonesia Criteria for termination of pregnancy are narrower than Thailand. Abortion is allowed only in the case of threat to the mother's life, rape or emergency (such as hemorrhage due to blood stream infection) but the patient must be married. Being a Muslim country also limits the kind of services provided by the government sector. Private services face difficulties as providers risk being raided and arrested. There were recommendations to establish legal support units for service-providing clinics and to develop better referral systems.

Mongolia Since the legal amendment in 1943, abortion became more available and is now actually available upon request. However, government services remain limited and government doctors are unwilling to perform abortion because the government wants to increase the population which currently stands at approximately 2.7 million. Most safe abortion services are provided by 3 NGO clinics spread across the country with referral systems from hospitals. Distance remains an important barrier to access. Although abortion is legal there is occasional opposition from social groups wanting population increases.

Philippines As a staunchly Catholic country, abortion is prohibited in all cases. Hospitals can deny services even when the patient is suffering from hemorrhage or blood stream infections. NGO clinics must work underground with difficulties. Women's rights groups participating in the meeting showed a video aimed to raise awareness on the plight of Filipino women seeking abortion with unwanted pregnancies. Advocacy in the Philippines uses the framework of 'Women's Health is Human Rights.'

Malaysia The criteria for legal abortions are similar to Thailand except that the patient must be younger than 15 years old. Interestingly, mental health is still a debated issue, as it is in Thailand. Malaysia was represented by the Reproductive Rights Advocacy Alliance Malaysia which proposed a collaborative alliance of non-governmental organisations with various activities such as an information sharing website indicating available services, medical conferences, list of friendly doctors, advocacy for services, sex education and the teaching of safe technologies in medical schools.

Nepal Abortion is now available upon request after another legal amendment in 2007. The success in legal change resulted from the extremely high mortality of women from pregnancy and birth complications. One important cause of death was unsafe abortion. The legal amendment is part of the strategic plan to reduce overall women mortality rates by ensuring that all women can access safe health services, including abortion. A clear national plan for public health services has been developed. Nepal's great challenge lies in the fact that more than 50% of women are illiterate. Development of services must take this literacy factor into consideration.

Pakistan Gynecologists and obstetricians self-organised into a group for experience-sharing, learning, consultation and referral. An initial study found that doctors were not willing to perform abortion due to lack of skills and confidence. This grouping convinced previously hesitant doctors to provide safe abortion services.

Vietnam Since 1960, abortion has been available upon request in agreement with a population control policy. Safe abortion services have been supported and developed by international organisations for more than ten years. A national action plan has been developed employing safe modern technologies such as Manual Vacuum Aspiration (MVA) and medical abortion. Vietnam's progress in this area, far more advanced than Thailand, makes the country a popular field visit trip for public health officials across the region.

Thailand Analysing Thailand's situation, the Thai representative found the absence of comprehensive abortion care with shortcomings in the areas of: (1) limited pre-service counselling and access difficulties; (2) Safe modern technologies such as Manual Vacuum Aspiration (MVA) were not widespread and medical abortion was not available because Thailand's Food and Drug Authority has not registered the drug Mifepristone; (3) Post-service care was not systematised in the government sector.

Thailand's criminal law only allows abortion in the case of threat against a mother's life, physical and mental health, rape and with sexually abused women under 15 years old. The severity of the law affects both the service providers and the patients as it prevents easy access to safe services. Most importantly, *abortion is a controversial ethical issue in Thai society also. Both government and non-government agencies must tread carefully in the debate.* Even though Thailand has different measures to address the abortion challenges at the national level such as the strategic plan to support children and youth with unwanted pregnancies and the draft law on comprehensive reproductive health, these measures often focus on abortion prevention and support for teen mothers.

In the last 20 years, abortion laws in many countries around the world have become more relaxed. More than 36 countries now have abortion laws which allow legal abortion for differing reasons and require the provision of high-standard services as these governments had experienced high numbers of patients with serious complications from illegal abortion clinics.

It is worrying that Thailand still faces the same critical problems relating to illegal abortion as has been the case for more than 50 years. The country has also made commitments to the international community to improve reproductive health of its citizens, as evidenced by the International Conference on Population and Development Programme for Action (1994), the Beijing Platform (1995) and the Millennium Development Goals which must be met by 2015. The government should take this shocking incident, which received wide public attention as an opportunity to introduce changes, at least in the following areas:

1. **Women with unwanted pregnancies who fit the legal criteria must have access to safe comprehensive abortion care services,** especially in the government sector
2. **Unsafe abortion methods should be discouraged and safer ones as part of the public health system should be encouraged** by employing new technologies such as medical abortion or Manual Vacuum Aspiration, which also reduce the risks of complications.[20]
3. **The number of doctors who are willing to provide safe abortion services should be increased** by raising awareness on their role in preventing short and long term health impacts to patients, developing clear practice guidelines and creating a mechanism to give legal and social protection to service providing physicians.

www.sxc.hu/browse.phtml?f=download&id=322392

Thailand Reform to Break Political Deadlock : Unattainable Dream?

http://atlasshrugs2000.typepad.com/.a/6a00d8341c60bf53ef-0133f584cedf970b-800wi

Political protests have been a recent fact of life event in Thailand which began with the Yellow Shirt's demonstrations against the Thaksin regime before the 2006 coup, the seizure of the Government House and the airport in 2008 and then the Red Shirt's 2009 raid on the ASEAN+6 Summit in Pattaya and the 2010 Red Shirt protests at Kok Wua and Rajprasong intersections. With more political protests likely in the future, there is no end in sight. Many have come to the conclusion that the existing political conflict stems mainly from social inequality, double standards and judicial activism. This has lead to ideas relating to the need for comprehensive reform in all systems in Thailand. Whether this dream is attainable however is not yet clear.

2010 Thai Political Conflict and International Headlines: The Beginning of National Reform?.

The Red Shirt protests from April to May 2010 in order to demand parliament dissolution ended in violence. With 92 people dead and nearly 2,000 injured, headlines were created in the international media. CNN named the Red Shirt protesters as the top world-changing event of the year,[1] while Time Magazine made it one of the top 10 news items of the year.[2] According to Singapore's Strait Times, the director of a Hong Kong-based HSBC research unit stated that the April-May 2010 riot reflected Thailand's worse political turmoil, inflicting the biggest damage to its economy in 20 years.[3]

As a result of severe trauma to the country and the divisiveness of the Thai people, different measures to reconcile and bring back peace were proposed by different sectors of society leading to the "Thailand Reform" to address unfairness, inequality

and double standards believed to be the root causes of the existing and prolonged political unrest. Some saw these reform ideas as an unrealistic time-biding tactic by the government whilst others felt such ideas were better than nothing at all.

"The two committees are like Siamese twins as they have to work together or work separately on the same issues. What we will do is make Thailand a fairer society with less inequality. It is the national agenda which doesn't depend on any government or any individual, but on the public," the NRC Chair declared. Anand stressed that the NRC proposal *"must be based on the reality of Thai society and be down to earth. We won't propose abstractions, but something practical and ready for the government, public and private sector to implement immediately."*[4]

Prior to this, four committees including the police reform committee and the media reform committee were also established. However, those committees that received the strongest opposition from the Phua Thai Party and the United Front for Democracy Against Dictatorship (UDD) as "not neutral or independent"[5] were the Independent Fact-finding Commission for Reconciliation (IFFCR) chaired by the former attorney-general Dr. Kanit Na Nakhon and the Independent Committee on Constitution Amendments chaired by Dr.Sombat Thamrongthanyawong, Rector of the National Institute of Development Administration.

A network of 38 student organisations and civil society groups submitted an open letter on 24th June 2010 entitled "Opposition against the hidden agenda and blood-tainted reform". The network perceived the national reform strategy as a diversion tactic by the government to distract Thai society away from the demand for fact-finding and accountability over the thousands who were missing, dead or injured from the government's attempt to "tighten the perimeter" of the Red Shirt protests in April and May 2010. They also interjected "political inequality" as at the heart of the conflict in Thai society.

Thai Society Remains Deeply Divided

So national reform moves forward quietly as another round of conflict forms on the horizon. The Red Shirt protesters or UDD have mobilised again to demand for the release of their leaders and supporters by organising bi-monthly demonstration at the Democracy Monument and Rajaprasong areas in Bangkok, resulting in further conflict with local merchants.

At the same time, the relationship between the government and the Yellow Shirts or the People's Alliance for Democracy (PAD) has begun to turn sour as those associated with "The New Politics" Party failed in local and national elections. The relationship difficulties came to a head over the border and Prea Vihear dispute with Cambodia in which the Yellow Shirts and the government, particularly the Democrat Party, came to loggerheads. The PAD vowed to lead another prolonged street protest on 25th January 2011.[6]

On the other hand, the Phua Thai Party remained tightly connected to the Red Shirt protestors with MP Jatuporn Prompan playing a kamikaze role against Tharit Phengdit, Permanent Secretary of the Department of Special Investigation (DSI), who aggressively pursued the investigation and arrest of Red-Shirt 'terrorists.' The Phua Thai Party itself faces internal problems such as the disagreement over the party chief position, expulsion of party. members who defected to the Bhoomjaithai Party due to financial incentives and the split within the UDD Red Shirt movement itself.[7] (The PAD-Yellow Shirt movement also face their own internal crisis.)[8]

Another influential factor that continues to rock Thailand's stability is former Prime Minister Thaksin Shinnawatra, who regularly tweets, phones and "video links" in to his supporters. Thaksin also took on a new role as Cambodian Prime Minister Hun Sen's economic advisor from late 2009 to August 2010.

As a result of the Hun Sen–Thaksin relationship, the 60 year old Thailand–Cambodia relationship hit rock bottom with bilateral relationship being "downgraded" and prolonged tension resulting. Combined with the decades old historical "unfinished business" over the Prea Vihear Temple, skirmishes occurred on the border of Kantoraluck District, Srisaket Province in early 2011. About the same time, Thaksin's personal attorney Robert Amsterdam filed a case against PM Abhisit Vejajiva to the International Crime Court for ordering the bloody crackdown on Red Shirt protestors.[9]

Is it Too Late to Heal?

A continued political conflict is evidenced in Thailand which, even if not currently flaring into full blown violence like in April or May 2010, is far from being extinguished. With enough fuel, the conflict is likely to escalate again. One important question is whether the various committees established to reform Thai society or provide various solutions for the paths ahead will be able to achieve their goals, all relating to conciliation. Or will the situation already be too bad by the time they finish their work?

In response to such doubt, Dr. Narong Petchprasert, Associate Professor at Chulalongkorn University's Faculty of Economics, who sits in both committees, stated that the previous three months were used by all committees to define their framework and with the main goal of "creating justice to eliminate inequality in society." Such a framework will cover five areas including the economy, rights, opportunities, bargaining power and income. The committees aim to assist in adjusting the "power relations" first as this is the "key" to all five areas.[10]

Injustice and inequality is rooted in a power imbalance between three main social groups, that is, the state, capital and the people. Power relations should therefore be modified so that ordinary people can have more leverage against the state and against capital. Such a correction in the existing imbalance can only be achieved through the mechanisms of political reform. Although sounding particularly ambitious, Dr. Narong insisted that it was a necessary plan and process as the situation in Thailand had reached breaking point. At least such plans were necessary to prevent one group from taking absolute control and curtailing social negotiation for the future.

"The NRC Chair said we would continue our work with or without the government. If the current government is gone, we can quit. If the new government asks us to continue, we can resume our work. Our work doesn't rely on government approval. Our only duty is to propose a path to society and ask whether and how the society wants to follow it. If they say they don't want it, then our job is over."

From Reform to Populism

In early 2011, and with no news of progress from the National Reform measures, the government made a significant move by proposing a 9,190.30 million baht budget for the "national reform roadmap" that would cover four strategic areas:

(1) Future-building through child and youth development;
(2) Life quality improvement and social welfare expansion;
(3) Reform of the justice system, political system and addressing social inequality; and
(4) Promotion of an equal and fair economic system.

With such a plan, it would almost appear that the government had stolen the thunder from the NRC. The fourth strategic area is the same as the nine "New Year presents" that the government "gave" to Thais, which has also become known as "Popular Reform". These measures included: crime reduction of 20 percent in Bangkok Metropolitan area within six months; free electricity for consumption under 90 units a month; legalization of the motorcycle taxi system; improved access to business loans; more venues for street vendors; extending social security to cover every Thai; floating LPG prices for the industrial sector; price reduction of livestock feed; egg sales by weight and many more such measures.[11]

Such initiatives faced strong criticism as they seems no different from Thaksin's "populist" policies which also had a negative impact on the country's finance in the long run. The government, however, remained undaunted by the accusation of "buying people's hearts" or advance campaigning for the upcoming election and about distorting the intentions of national reform.

First Round: Land Reform

On 7th February 2010, the Reform Committee Chair Anand Panyarachun and other committee members submitted their "first proposal" to the government by stating that the committee, after careful consideration, had identified that "injustice" was at the root of the country's problems causing inequality and disparity of income, land possession and access to resources. Under the first proposal of "land reform for agriculture," the committee therefore proposed five key elements as follows:[12]

1. Justice reform to provide legal assistance to hundreds of thousands of households facing land-related lawsuits;
2. Land holding reform for minor farmers. This would include setting the ceiling for land ownership at 50 Rai per family or otherwise a progressive tax rate would apply;
3. Land bank for Agriculture. This aimed to establish a fund to buy land from those who own more than 50 Rai and asset liquidations by commercial banks to be distributed to landless farmers;
4. Land use reform by re-zoning, a usage plan and a law against land speculation; and
5. Land management system reform allowing public access to information so that society knows who currently owns what.

The NRC Proposal received a prompt response from the Prime Minister when he went to give the first community land rights to Yong Cooperatives in Nakhon Pathom Province on 12th February 2010. Prime Minister Abhisit stated he agreed with the NRC proposal and promised to propose it for cabinet approval within two weeks. Draft laws regarding land taxes and building taxes had earlier been approved.[13]

Time May Heal But Reform May Prove Elusive?

The political unrest which continues in 2011 has a potential to flare up again as there are many factors coming back into play such as Red Shirt and Yellow Shirt rallies, coup rumors, tensions along the Cambodian border, parliamentary debates, rising cost of living and disasters such as drought and floods.

As a result of this situation, some commentators predicted that the Prime Minister may well decide to pre-empt the immanent crisis by dissolving Parliament early and taking the country into election mode to improve the political climate. Others thought that the government "planned to finish its term" by referring to the statement made by the Prime Minister that "if Parliament dissolution will lead to chaos or doesn't solve anything then... I will not do it." There is also support from some parties in the coalition against house dissolution. Army Supreme Commander Gen Prayut Chan-Ocha also signaled his disapproval for house dissolution due to the continuing chaos.[14]

Thai society therefore remains at risk of renewed conflict, divisions and chaos, regardless of the election, as Thai people tend only to address immediate problems without touching on structural issues like the unfairness or inequality in Thai society. While the tasks of committees to perform according to the "Thailand Reform Agenda" will lay long-term foundations, they are time-consuming as a result of the numerous obstacles facing them and their implementation. Many commentators worry that such committee processes may not be finished soon enough to defuse a "political bomb" whose next explosion could spell the end of all reform initiatives.

There are some optimists too, however. Theerayut Boonmee, Director of Thammasart University's Sanya Dhammasakti Institute, stated that he believed the conflict and the colour politics will eventually be resolved. His comments were made at the "Suan Society and Thai Society" forum organised by Suan Kularb School Alumni Association on 25th January 2011.[15]

"I thought it (the April-May 2010 riot) could have been worse, as the conditions were ripe and the actors were determined. There could have been much bigger damage. The real damage was not as bad as it could have been, although still heart breaking to see. This shows the strength of Thai society's kinship system. By having no obvious classes, we do not face social class conflict. I personally believe that the Yellow Shirt or Red Shirt phenomenon will resolve by itself naturally. But pleading for reconciliation won't work. Thais are very concerned about faces. It's necessary for them that it is made clear who was right or wrong. You can't just ask them to reconcile. But time will heal and everything will improve."

On political reform, Theerayut however, was unequivocal that "There's no chance for reform, despite the many changes that Thailand will go through." He reasoned that "When faced with a crisis, we don't have the determination to address the problem. We, however, believe that the invisible hand of "the holy spirit of Siam Devathiraj" will protect us and solve the problem for us." However, Dr. Kasian Tejapira, at Thammasart University's Faculty of Political Sciences, stated that "This is a kind of deep wound that we have never experienced before. It will not go away with just the airing of reconciliation propaganda which currently monopolises the media over contrary opinions. These challenges will likely be suppressed and wait to explode like a time bomb. The quiet now is just a calm before the storm."[16]

No Peace Without Justice in Thailand's Deep South

Entering its seventh year, Thailand's Southern unrest has put the country at number 9 out of 196 countries in term of threats from terrorism. Despite a Government budget of 145 billion baht to solve the problems, the conflict rages on with four thousand killed, over seven thousand injured, five thousand orphaned and two thousand widowed. Out of more than 7,000 national security cases, almost half have been dismissed and only 256 have been ruled by the court. In early 2010, the government claimed a decline in violent incidents yet the situation turned worse from mid–2010 to early 2011. Opinion surveys conducted with locals revealed injustice carried out at the hands of state officials was the top problem to be addressed.

Unsolved Unrest: Change of Guard Needed?

The continuing unrest in the South of Thailand is the main reason the UK–based terrorism analysis firm Maple Croft put Thailand at number 9 (up from number 11) In a survey last year based on the frequency and seriousness of terrorist incidents and the number of casualties in the past six months.[1]

Security academic Dr. Suchart Bumrungsuk analysed the trend of the Southern unrest in 2010 and found that, regardless of complicating problems such as smuggling, drugs and local mafia, the essence of the Southern conflict remained unchanged as a 'political war' to fight the Thai State's power. Through popular support mobilisation and campaigning based on history, religion, and ethnicity, the ultimate goal was to *"abolish the old state and establish a new state".*[2]

Corresponding to this analysis, the number of violent incidents in the first months of 2011 were the highest comparing to the same period over the past four years since 2007. There was an unbroken string of violent incidents in just over one month. Statistics from the monitoring body Deep South Watch collected from 1st January 2011 to the third week of February 2011 counted 147 incidents killing 93 persons and injuring 172. What's more alarming was that the "insurgents" changed their targets from government officials to civilians and ordinary people by detonating several car bombs in city centers.[3]

Democrat MPs from Yala and Patani suggested that almost daily bombings from January to February 2011 were intended to escalate the unrest into war. Such people did not believe that state mechanisms could stop the unrest as most explosions in central business areas took place with heavy control and surveillance in place and continued to make national headlines. They demanded the government appoint new responsible bodies all the way up to addressing the Supreme Army Commander if possible.[4]

Turning Point: Justice First

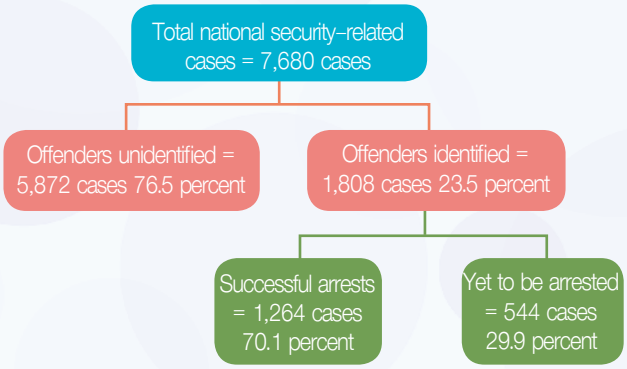
Songkhla Democrat MP Niphon Boonyamanee admitted that the military operation in the South had reached its saturation point and budget allocation now tended to go into development works. He suggested the key in turning around the Southern unrest lay with addressing locals' distrust towards the State. In addition, the justice system must not worsen an already poor situation by making questionable arrests and scapegoating. With 40 percent of previous charges being dismissed by the court, the importance and sensitivity of the issues at stake are clear.[5]

His opinion is similar to that of other parties involved in "extinguishing the Southern fire". Graisak Chunhawan, Chair of the Committee on Political Development and Public Participation, said *"Ultimately, in order to solve the problem permanently, we must go back to the justice system. The martial law being imposed on the three Southern provinces is unfair to the accused. There's an urgent need to reform the law enforcement officials, especially the police, otherwise they will cause resentment against the state among locals.."*[6]

At the same time, the Cross Cultural Foundation demanded the government to increase effectiveness in its investigation, establish a fair judicial mechanism and bring offenders to justice without discrimination.[7]

As the Martial Law Act B.E. 2457 (1908) and the Emergency Decree on Public Administration in a State of Emergency B.E. 2548 (2005) are still in force in the Deep South, they result in an increase in the number of security-related cases in the area. By power of the Emergency Decree the military can keep suspects in custody for up to seven days and can extend such custody for another 30 days prior to the regular police investigation procedures. From a January 2004 raid on military arsenal until December 2010, there have been a total of 77,865 criminal cases (prosecuted?) Among these were 7,680 security-related cases. Suspects were identified in only 23.5 percent of cases or in 1,808 cases and 45 percent of the cases were dismissed by the court.[8]

Picture 1: Number of National Security Cases in Court



Among all of these cases, the only case so far which has reached the Supreme Court for a ruling was the motorcycle bomb case that happened in Muang Pattani District in early January 2004. This bomb killed two bomb squad members who were tasked to defuse it. The case, however, was dismissed by the Supreme Court.[9]

Perhaps few people can reflect on the justice system in the Deep South better than those in charge in the area. Niphon Phadungthong, Region 9 Assistant Public Prosecutor, said "About 90 percent of national security cases that we received from investigative police officers came only with a statement of confession taken during the investigation and most were dismissed by the court. However, the accused were normally denied bail. This results in many troubles."[10]

The investigation police officers, most often the subject of heavy criticism, are struggling to cope. The Southern Border Provinces Police Operation Center's Investigation and Inquiry Commander Pol Maj Gen Narasak Chiangsuk Admitted: *"There are many problems, because some police officers do not want to work in the area. At police stations, there is barely anyone capable of proper investigations. Many officers haven't updated themselves on the new legislations and still base their cases only on confessions. This makes theircases weak."*[11]

The justice system itself has become a major problem in the Deep South unrest. During the first half of 2010 the number of detainees in national security–related cases shot up to 514.

In the directive number Yor Thor 224/53, Justice Minister Pheeraphan Saleeratwiphak appointed a working group to provide support to detainees in national security–related cases and those affected by the unrest. It was hoped that the working group would assist detainees in national security–related cases to receive bail or temporary release in a systematic way.[12]

Additionally, the "Justice Fund" was established to provide funds to suspects who had no collaterals to secure bail. The bail approval, however, depends on the court. A coordination center for witness protection in Deep South cases was also established three months later.

Such slow adjustments of judicial bodies are, however, unable to catch up with the reality of what is happening in the South as many cases in 2010 have already been elevated to the status of "classic" examples of state injustice in local people's opinions. Some of these cases include:

- The mysterious death of a 25–year–old suspect, Sulaiman Naesa, who was found dead hanging from a window bar in his room in the Reconciliation Promotion Center in Ingkayut Military Camp in Nonjik District, Pattani Province on the 30th May 2010. The military insisted his death was the result of suicide but locals were not convinced.
- A mysterious bomb in front of Yala Central Musjid in the evening of 8th June 2010 that injured almost ten people. While locals believed that the bomb came from a military vehicle, the military denied any such vehicle passing by the area. After CCTV confirmed the presence of a military vehicle, the military then argued that the bomb was thrown at the vehicle. This account failed to convince locals.
- A bomb in front of Nurulmuttaleen Musjid in Tabing Village, Tambol Tabing, Saiburi District, Pattani Province in the evening of the 19th June 2010 which injured three people (two children and one middle–age woman). The bomb was rumored to have been caused by state officials. This was promptly denied by officials however.[13]

In October 2010, representatives from various bodies promoting justice in the South met to discuss the shortcomings of the justice process in the region, with delayed justice cited as the most pressing issue, and recommend stop–gap measures. It was proposed that a meeting should be organised among the six offices of the Attorney General, the Supreme Court, the Police General Commander, the Supreme Army Commander, the President of the Lawyer's Council of Thailand and the Minister of Justice as all these offices had proved themselves to be "unprepared" for the task resulting in a delayed process and other challenges.[14]

In late 2010, the Director of the Southern Border Provinces Administration Center (SBPAC), Bhanu Uthairat, stated that among the complaints received from the public through Dhamrongdham Center during October 2009 and September 2010, the Royal Thai Police was the subject of the most complaints.[15]

SBPAC: A New Hope

Major change occurred in the Deep South when the government successfully passed the Southern Border Provinces Administration Act (SBPAC), allowing SBPAC to work independently from the Internal Security Operations Command (ISOC) and reporting directly to the PM.

Deputy Minister of Interior and Minister in charge, Thaworn Saennium, believed that the law "would certainly improve the situation" with its legal measures to assist offenders who have been

deceived into insurgency and allow reintegration into society, and in addition all cases that would be subject to this special procedure must be approved by the court.[16]

According to the Southern Border Provinces Police Operation Center, from the 4th January 2004 arsenal raid until the end of 2010 there have been in total 11,523 violent incidents, 7,139 deaths and 4,370 people injured while the government has spent 145 billion baht to address the problems.[17] Sniping remains the most frequent form of attack (see Table 1). The majority of casualties of the unrest are civilians, followed by military officers and police officers (see Picture 2).

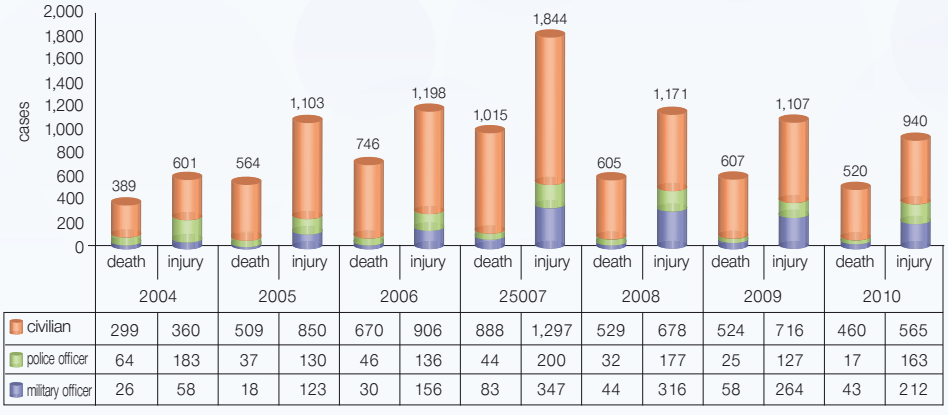
It remains to be seen whether the new development plans to come with the Southern Border Provinces Administration Act will be able to stop this protracted unrest. There are approaches that could be emulated, although they may come from outside the justice system. Dr.Supat Hasuwannakij, Director of Songkhal Province's Jana Hospital and a member in the Deep South Province Healing and Reconciliation Committee, gave an example of village health volunteers who could enter the "red zones" inaccessible by government officials. He believed the volunteers deserved support as they provided health services such as vaccination, diabetic test for the elderly and patient screening on behalf of public health officers in addition to their gaining trust from the local communities. *"We believe that the key to reconciliation is providing remedy, reducing the mistrust and the suffering of those affected. This will decrease the animosity and prejudice among the two cultures which must peacefully coexist in the end. It is the social capital to bring back peace. Reconciliation must be rooted in trust and compassion."*[18]

Table 1: Summary of Violent Incidents in the Deep South (2004-2010)

Type	Number of Cases						
	2004	2005	2006	2007	2008	2009	2010
1. Shootings	531	905	1,040	1,308	861	788	694
2. Physical assaults	53	52	39	41	28	28	20
3. Arsons	232	308	281	359	88	93	52
4. Explosions	76	238	327	492	267	288	248
5. Robberies of guns, electricity wire, SIM cards and telephones	25	140	10	3	0	0	0
6. Protests	2	0	14	45	5	0	0
7. Nuisances such as obstructing trafficking by using nail traps, etc.	33	422	219	214	112	146	151
8. Beheading	0	12	3	13	7	5	0
9. Hostage taking	0	1	1	0	2	0	0
Total	**952**	**2,078**	**1,934**	**2,475**	**1,370**	**1,348**	**1,165**

Source: Thai Health Project, Institute for Population and Social Research, Mahidol University (calculation based on records of the Southern Border Provinces Police Operation Center (SBPPOC), Yala Province)

Picture 2: Deaths and Injuries in the Unrest (2004-2010)



	2004		2005		2006		25007		2008		2009		2010	
civilian	299	360	509	850	670	906	888	1,297	529	678	524	716	460	565
police officer	64	183	37	130	46	136	44	200	32	177	25	127	17	163
military officer	26	58	18	123	30	156	83	347	44	316	58	264	43	212

Source: Thai Health Project, Institute for Population and Social Research, Mahidol University (calculation based on records of the Southern Border Provinces Police Operation Center (SBPPOC), Yala Province)

6 Medical Malpractice Victims Protection Bill Meets Opposition from Doctors

It was the first time in Thai public health history that doctors took off their whitegowns and donned black clothes to protest against the Medical Malpractice Victims Protection Bill proposed by civil society. Although both parties agreed in principle to the Bill, the detail meant it was impossible for both parties find agreement. This conflict was only the tip of an iceberg of problems facing the Thai public health system which have yet to be solved. And it may be the first time in Thai public health history that the doctors' monopoly on medical knowledge is challenged by ordinary people.

Doctor–Patient Arm Wrestling

A 7th April 2010 Cabinet meeting finally approved the Medical Malpractice Victims Protection Bill after a long campaign by the Medical Malpractice Victims Network and consumers' network with the aim to create a remedy mechanism for those negatively affected by medical care and to reduce malpractice lawsuits and conflicts between doctors and patients. There should have been no problems in principle with what resulted. Yet a climate of conflict developed quickly, undermining the already fragile doctor–patient relationship, and even a professional organisation like the Medical Council of Thailand asserted its strong opposition. The government ended up as the bumper in the middle of the conflict between doctors and civil society.

Each party used various tactics to pressure the government and the other side such as filling petitions, dressing in black, shaving their heads and so on. The doctors announced three protest measures as follows:[1]

1. Thorough medical investigation according to professional standards which would increase examination time from 5 minutes per patients to 20 or 30 minutes;
2. Limited capacity in line with facility size. There would be no patient overflow and excess patients would be referred to larger hospitals;
3. Strikes would be used when needed in order to protect doctors' rights.

The strike tactic was widely criticised as it was perceived as a measure to take patients hostage. Both parties accused each other of having hidden agendas. Doctors claimed that the 'ส' (sor) research institutions and funding agencis were the mastermind of this law as they wanted to extend their power base. The squabble became so dirty that even the MOPH Permanent Secretary Dr.Phaijit Varachit, who

acted as mediator, was attacked with the public release of a notorious video clip.

In addition to these hawkish measures against each other, both sides also used dovish public campaigns through newspaper articles and seminars. While supporters highlighted the Bill's benefits, critics pinpointed legal loopholes and possible negative consequences of the law. Some nitpicked at minor details such as the title of the Bill, which they felt was too negative, while others even claimed that it would lead to the end of Thailand's medical and public health systems.[2]

There have also been several failed attempts to bring both sides to an agreement. Left in a dilemma by an intense conflict of opposing viewpoints, the government failed to keep the pledge given to the Medical Malpractice Victims Network to send the draft for Parliament's consideration. Now in limbo, the draft has been put on hold until after the election waiting for the new government to act upon it after the national election on the 3rd July 2011.

Why Do We Need the Law?

Amid the expansion of the health welfare system in increasingly fast-changing, complex economic and social development conditions, health care quality problems have become a key issue in Thai public health research and education.

According to Dr. Ittiporn Kanacharoen, Assistant Secretary General of the Medical Council of Thailand and Member of the Advisory Board of the Public Health Commissioner, there are 2,700 doctors in 720 community hospitals nationwide providing services to 26–27 million patients. This means on average a doctor has to examine 80–100 patients in a period of three hours, which makes the system error-prone.[3]

Statistics from the National Health Security Office (HSO) shows that the financial support given under Article 41 of the National Health Security Act B.E. 2545 (2002) has been increasing annually. From the amount of 4.8 million baht in 2004, the budget shot up to 73.2 million baht in 2009 (see Table 1). **The increase, however, didn't necessarily mean more malpractice cases but increased public awareness on the right to demand support.**

HSO Deputy Secretary Dr. Weerawut Phankhrut said that the total amount of compensations under Article 41 at 244 million baht over six years was not as high as expected. He concluded that the Article did not promote more complaints, as many had feared, and that out of these many claims less

Table 1: Compensations for Patients Affected by Medical Malpractices (2004–2009) Year Complaints

Year	Com-plaints	Invalid	Valid	Type			Appeals	Total compensation (Baht)
				Death	Disability	Injury		
2004	99	26	73	49	11	13	12	4,865,000
2005	221	43	178	113	29	36	32	12,815,000
2006	443	72	371	215	71	85	60	36,653,500
2007	511	78	433	239	74	120	58	52,177,535
2008	658	108	550	303	73	174	74	64,858,148
2009	810	150	660	344	97	219	67	73,223,000
Total	**2,742**	**477**	**2,265**	**1,263**	**355**	**647**	**303**	**244,592,183**

Reference: Legal Office, National Health Security Office, May 2010

than one per cent led to lawsuits. *"This data shows that timely remedy and support given by a committee which has the confidence of all parties can foster understanding and prevent litigation."*[4]

On the other hand, **actual malpractice lawsuits remain slow and lengthy,** despite the Consumer Case Procedure Act B.E. 2551 (2008). Western Consumer Network representative Boonyuen Siridham stated that no patients wanted to sue their doctors. Among the 600 patients who sought consultation, fewer than 10 filed criminal cases. The actual problem was the slow and lengthy consideration by the Medical Council of Thailand which went over the statute of limitations for civil cases. Patients therefore opted for criminal cases to extend the statute of limitations. In addition, most cases were brought against the hospitals and the MOPH and not the doctors themselves.[5] Prior to Article 41, patients affected by medical malpractice had three channels to seek justice:

(1) **Petitioning to the Medical Council or other professional associations** which could only penalise doctors. The Medical Council has a mandate to monitor professional standards for consumer protection.

(2) **Complaints through the media** Although the media lacks the power or knowledge to judge on the merits of the complaints, lengthy process and lack of confidence in professional organisations make some patients turn to the media for justice. As a result the society at large is also educated by this information sharing. Although it increases doctor–patient confrontation, such information also forces the Medical Council to consider complaints in a more serious and timely manner.

(3) **Filing a case in the court**. Lawsuits become the point of no return for both doctors and patients. Not only do they result in large financial costs on the Patients but they also dishearten doctors and hurt their morale. Additionally, lawsuits usually take time and put patients in a position of disadvantage.

To address the problem at its root, Article 41 became a crucial tool to protect affected patients and their families in exchange for not pursuing civil lawsuits against doctors and leniency in the criminal cases when doctors were found guilty.

This then led to the idea of establishing a fund to provide prompt remedies and reduce the number of lawsuits against doctors, now packaged in the form of the Medical Malpractice Victims Protection Bill.

Conflicting Opinions About a Conflict Prevention Mechanism

One key element in this draft law was the establishment of a compensation fund with compulsory contributions from private and public hospitals. The compensation process is based on the principle of no–fault liability compensation aimed at providing redress rather than judging on liability.[6] It was believed that such a mechanism would not only reduce patient resentment against doctors and reduce the number of lawsuits but would also ease the tension between doctors and patients.

This compensation fund would then receive money from the fund under Article 41 of the National Health Security Act B.E. 2545 (2002), as well as from contributions from private hospitals. As for public hospitals, the fund would receive state contributions on a yearly basis.[7] A Fund Management Committee would be set up, consisting of multi–sectorial representatives respected by both doctors and patients, and would serve as an approval body. The key elements of the draft laws were:[8]

1. Establishing a compensation committee for affected patients;
2. Ensuring affected patients would receive initial compensation and redress from the fund based on the principle of no–fault liability compensation;

3. Patients or their families must file for compensation within 3 years of the incident or not more than 10 years from when the incident becomes known;
4. Patients or families retained the right to pursue criminal cases after receiving compensation;
5. Every health care facility must contribute to the fund for compensation;
6. Violations against the committee's decision would be punished by imprisonment of up to six months, a fine up to ten thousand baht or both.

Elements 4 and 5 faced the strongest opposition by doctors as they thought patients should forfeit the right to pursue civil and criminal lawsuits upon receiving compensation from the fund. Otherwise, they argued, patients would have more monetary incentives to blame doctors. They argued if this was the case, the fund would not reduce the number of court cases but would affect the morale of doctors.

Supporters of the bill, however, claimed that patients were entitled to such mechanisms as it was their inalienable fundamental right. In practice, they argued, it would be very rare for patients to sue doctors after receiving compensation from the fund as they had to sign an agreement of compromise as required by Article 33. In addition, Article 34 stipulated that patients who pursued court cases would never be able to file for compensation from the fund again in the future.[9]

Medical Council President Dr. Somsak Loelekha said that this law was not suitable to Thailand's health care system, citing over 50 studies on the experiences of countries which had implemented similar laws. For example, Sweden's 600 complaints in 1975 shot up to over 10,000 in 2004.[10] By making contributions compulsory for both public and private hospitals (item no. 5), the costs of public health and medical services would also increase, it was argued, leaving less money for actual care. Doctors therefore proposed that the source of funding for the contribution fund should come from the unpaid amount from the fund under Article 41 and from the collection of one percent from the Health Security Office's annual budget, the Comptroller General's Department, the Social Security Office and voluntary contributions from private health care facilities.[11]

These proposals, however, faced strong criticism from supporters of the Bill who believed that the Medical Council was trying to protect the interests of private hospitals. Such opponents believed that, according to the principle of risk management by diversification, private hospitals should make systematic contributions to the fund, instead of case–by–case compensations, which were more costly. In addition, Peeyanun Lorsermwattana, President of the Medical Malpractice Victims Network, demanded for implementation of WHO's Patient for Patient Safety initiatives, ensuring patient's participation in lesson learning processes in relation to malpractice to promote doctor and public participation in establishing prevention measures.[12]

'Khon Kaen Model': An Example for Better Relationship

Amid the intense conflict, Khon Kaen Hospital made the headlines as an outstanding, passionate example of a health care system, also dubbed the 'Khon Kaen model' While conflicts between doctors and patients escalated in many places, one thing that never went missing at Khon Kaen hospital was the strong relationship between doctors and patients.

The story began in late 2009 when cataract surgeries involving 11 patients went wrong and caused seven patients to completely lose their eyesight and three partially lost their sight also. Despite the potential to become an epic of a malpractice lawsuit, the incident surprisingly became a classic tale of human relationships.

"What does the hospital have to lose? Only money and reputation. It is incomparable to the patients who lose their organs or their lives. We have to do our best to show our responsibility," said Khon Kaen Hospital Director, Dr. Weeraphan Suphanchaimart.[13] His words were accompanied by prompt care and response as well as proper, transparent and honest case management and follow–up, this allowing the tattered fabric of the doctor–patient relationship to heal.

"We started the remedy with apologies, showing our willingness to take full responsibility of what happened. We don't say anything about money yet, as the patients are still sick. We must ensure that their conditions were under control. We showed our responsibility by doing our job to the best of our capability. Later we then started to discuss compensation with them. Money is also important. If they file a lawsuit, it will take a long time. So we offered them more reasonable options by helping them with their children's school fees or compensating their income losses." [14]

Most interestingly, Khon Kaen Hospital established a "Peace Room" or informal working committee which consisted of treatment, remedy, investigation and coordination teams.[15] By listening patiently to the patients, mediating, providing redress, giving comprehensive and equal care to all victims and home visiting the hospital successfully eased the patients' anger and helped them understand that the incident was erroneous but unintentional. In the end, none of the patients brought lawsuits against the hospital. Instead, they even praised it for its efforts. In addition, the hospital also established a public relations mechanism to reduce negative publicity by:[16]

1. Analysing the media's needs;
2. Giving all facts to reduce the unknowns and undue attention; and
3. Expediting redress for the victims.

From this positive experience, Khon Kaen Hospital became a model of successful case management for malpractice victims. If this example could be emulated by all hospitals, there would be an automatic reduction of patient–doctor conflict and malpractice lawsuits, with the draft law acting as a supporting mechanism to facilitate prompt and all–inclusive redress.

This however does not mean eradiation of the conflict's root causes as there are still many other public health issues to be solved. These problems range from shortage of doctors due to the small numbers of medical schools and the continuous flow of doctors from rural areas to cities and from public hospitals to private hospitals. The situation will deteriorate with the planned international programme in some universities which will increase the brain drain to foreign countries. Medical schools also continue to teach students with a view that patients are something to be treated or service recipients rather than being fellow human beings. Capitalism is also turning health care services into full–blown businesses.

The government's plan to promote Thailand as the region's medical hub can also have undesirable backlashes, regardless of the revenue generated. Patents and intellectual property systems also deprive the public from equal access to drugs. In addition, various FTAs require Thailand to amend laws, This is perhaps to the benefit of multinational harmaceutical companies and to the detriment of the domestic pharmaceutical industry. In view of sustainability, Thailand's public health system must be improved holistically with support from all relevant parties.

A law to provide redress, remedy and compensations to patients is one of many mechanisms required to ensure public benefits and a protection system for doctors who may accidentally cause harm to patients due to human errors.

A Comprehensive Reproductive Health Law: Cutting the Rates of Abortions and Pregnancy: Related Dropouts

http://www.sxc.hu/browse.phtml?f=download&id=1245131

"Reproductive health would remain an obscure word in Thai society if not for the mid 2010 headlines that the Ministry of Public Health aimed to pass a law to protect the right to education of pregnant students. The headlines created wide-spread debates about whether the law was on the right track.

Headlining "Teen Pregnancy Law"

In the middle of 2010, Thai society was introduced to a draft law with the novel title of "Comprehensive Reproductive Health". The media was quick to focus on section 12 of the draft, as seen in headlines like:

"MOPH pushes law to protect pregnant women" [1]

"MOPH proposes new law to support pregnant students" [2]

"New law to allow pregnancies in school" [3]

The Health Minister, Chulin Laksanawisit, said in an interview with several newspapers that *"Personally, I think this law is necessary. It must be made clear that we don't encourage teenage pregnancies but it's our duty to protect and support their health.* [4]

Meanwhile, Dr. Kitipong Sae jeng, Director of the Bureau of Reproductive Health, said that: *"Currently, there are no clear guidelines on whether to allow pregnant students to remain in schools. It all depends on the school executives, teachers or the parents associations. With this law, all schools must follow the same standard to allow pregnant students to continue study, unless they prefer otherwise."* [5]

After ranking at number one in Asia, Thailand's number of teen pregnancies has been on the watch since 2009. However, the Government continued to have no clear policy on how to address the issue.[6] The law's rationale in addressing this important issue was therefore presented in plain sight to the public by the media. The result was largely positive. Many headlines on the law included: *"Women's NGO supports teen pregnancy law"* [7] *"Support mounts for Comprehensive Reproductive Health Law"* [8] *"Warakorn supports teen pregnancy law."* [9] The opposition, however, tended to come from newspaper columns such as *"Morality trumps reproductive health law"* [10] *"Without Dharma, law won't help"*.[11] Highlighting the school pregnancy issue also led to other discussions such as sex education in schools[12] and possible punishment for the impregnators of unwanted pregnancies.[13] In addition, politicians were seen as ready to jump on the band wagon. Prime Minister Abhisit Vejjajiva said in an interview that he supported the draft law which would address the issue of teen pregnancies in Thailand.[14]

According to Ministry of Education data, between 2005 and 2009 the number of female students who dropped out from school due to 'marriage' was 8.7 times that of male students (See Table belows). Assuming that half of these cases were actually due to pregnancy, that means 9,000 female students had to end their education and lose all future opportunities after becoming pregnant. The new law, if passed, would safeguard places for these students in school if they desired.

Due to intense media and public interest in the draft law, the Ministry of Public Health announced a plan to conduct at least one public hearing on the draft law before submitting it to the National Reproductive Health Committee and the Cabinet. The Public Health Minister, in an interview, urged public hearing participants to pay careful attention to Section 12 concerning school pregnancies. *"...because there are diverse opinions on this issue. Some worry that it will encourage school children to get pregnant. Others see it as giving those already pregnant the opportunity to continue their education because the lack of education will hurt their future."*[15] Education Minister Chinnaworn Bunyakiat said in an interview that he would need to look carefully at the public hearing results and wanted to focus on the prevention of teen pregnancies through appropriate sex education curriculum.[16]

Public Hearing Shows Overwhelming Support for the Draft Law

"Public hearing favours reproductive health law. 80% support education for pregnant students"[17]

"Draft law on comprehensive reproductive health sailed through to Cabinet in September. decrease of abortions anticipated."[18]

"Public hearing on 'Reproductive Law' sailed through. Civil society favours support measures for pregnant students."[19]

A public hearing for the draft law on comprehensive reproductive health was organised on the 16th August 2010 by the Department of Health, Ministry of Public Health in collaboration with the National Health Commission Office and Women's Health Advocacy Foundation (WHAF). The meeting was attended by more than 250 representatives from parents' association networks, educational institutions, the Ministry of Education, Ministry of Public Health and a network of organizations working in women's rights and child's rights.

All sectors were in favor of the draft law. Dr. Somyos Deerasamee, the Department of Health's Permanent Secretary, said *"The participants approved all sections with no demand to remove any of them–including section 12 concerning support for pregnant students. There were recommendations for addition and improvement of the details of the*

Table: Number of Nationwide High School Dropouts Due to 'Marriage' 2005–2009
Education Year Male Students Female Students Female: Male Ratio

Education Year	Male Students	Female Students	Female:Male Ratio
2005	325	3,435	10.6
2006	612	3,999	6.5
2007	389	4,640	11.9
2008	374	4,368	11.7
2009	391	2,736	10.0
Total	**2,091**	**18,178**	**8.7**

Source: Calculated from data of the Office of Basic Education Commission, Ministry of Education

law. [20] Nattaya Boonphakdee, WHAF coordinator, said that the meeting recommended that section 12 *"should also require that educational institutions provide support to pregnant students in order that they can continue their study effectively."*[21] In addition, the meeting recommended that the Prime Minister chair the National Comprehensive Reproductive Health Committee to be set up according to Section 15 because reproductive health was a complex issue involving several ministries.[22]

The results of the hearing were presented to the meeting of the subcommittee on the development of the draft law for adjustments in August and would later be submitted to the Cabinet.

Support Strengthens after the Discovery of 2002 Aborted Fetuses

In November 2010, the discovery of thousands of aborted fetuses at Phai Ngoen Temple in the middle of Bangkok was a wake up call for Thai society on the issue of abortion (see page 45 above). As a result, the draft law on comprehensive reproductive health again recieved intense attention after a two month hiatus. [23] Culture Minister Nipit Intarasombat said in an interview that *"The Democrat Party has organized a meeting on this and agreed to support the "Reproductive Health Law" as proposed by the Ministry of Public Health ... We believe that when this law comes into force, we'll be able to solve this problem ...It's time we have a specific law to prevent Thai society's sexual crisis. We shouldn't see sex as a personal problem. The state has the duty to protect..."*[24]

On 14th December 2010 several newspapers reported that the Cabinet had approved the draft law on comprehensive reproductive health in principle and sent it to the Office of the Council of State for review before returning it to the cabinet and then the parliament.[25] Dr.Marut Masayavanich, Deputy Spokesperson of the Office of the Prime Minister, said in a press conference that *"Because of the discovery of 2,002 aborted fetuses, this draft law has been expedited to the cabinet meeting. All ministries, including the Ministry of Foreign Affairs, Ministry of Social Development and Human Security, Ministry of Labour and Ministry of Education are in favour of the law.*[26]

Comprehensive Reproductive Health Law in Other Countries

Comprehensive Reproductive Health Law is a new concept which has already been enacted in some countries and is being drafted in several others. The idea of a specific law on reproductive health took its origins from the International Conference on Population and Development Programme for Action In 1994 that was signed by 168 countries including Thailand. Many countries then began to create measures to ensure protection of reproductive rights of their citizens. While some countries drafted an entirely new law specifically on reproductive health, some amended existing laws and others replaced old population policies with new ones.

Countries which have already drafted and enacted entirely new laws on comprehensive reproductive health include Albania, Benin, Chad and Mali. The essences of the comprehensive reproductive health law in these countries are as follows:[27]

- Implementation of the definition of reproductive health and sexual health in the ICPD Programme for Action. For example, it is stated clearly in the law that "Every woman and man has the right to choose family planning methods and must have access to safe, efficient, available and acceptable contraceptive methods. Women have the right to health care services during pregnancy and birth giving which focus on the health of the mother and the child."
- Guarantee universality in the rights to reproductive health such as gender equality in reproductive health issues o reproductive decisions o voluntary marriage o access to

information and education on reproductive health and sexual health services, access to reproductive health services with the highest quality possible o non-discrimination in access to health services and confidentiality and safety of patients

- Concerning law enforcement, specify responsibilities of government agencies at national and local levels, including responsibility-sharing with civil society representatives Provision of reproductive health services for teenagers
- An abortion law which clearly states conditions for legally safe abortions including threats to the mother's health or life, rape, incest and severely abnormal fetuses.
- Special services for patients with sexually transmitted diseases and HIV/AIDS with a guarantee of non-discrimination. Those who reveal their HIV positive status must be given physical and mental health care, consultation and other services.
- In some countries, the law also criminalises the following: all forms of sexual harassment against women and children; female circumcision; pedophilia; intentional spreading of HIV/AIDS to others; sexual exploitation and forced prostitution; and forced marriage.

The reproductive health laws in other countries tend to cover more issues than Thailand's draft law on comprehensive reproductive health, depending on each country's social context and legislative mechanism. If Thailand manages to enact the draft law on comprehensive reproductive health, now under review by the Office of the Council of State, it will be an important and serious policy-related progression to prevent pregnant students from dropping out of school and may also cut the number of abortions.

This law may not be a panacea to directly solve the problems of teen pregnancies or unsafe sex but it can be a springboard to advocate for well-rounded effective sex education that will help mitigate these problems.

Essence of Draft Law on Comprehensive Reproductive Health

1. ***Sexual and Reproductive Rights***–the State shall guarantee the right to make a well-informed decision and take responsibility in family planning and the right of all persons to choose their own sexualities and sexual relations in a voluntary, safe, respectful and responsible manner.
2. ***Education***–Educational institutions shall provide age-appropriate sex education to students and enable teachers to efficiently provide sex education and reproductive health knowledge
3. ***Sexual and Reproductive Health Services***–Public health facilities shall provide consultation and services which are of a high quality and standard, adequately inform and allow patients to make decision freely, are sensitive to all ages and genders, confidential, respectful of patient's privacy and do not embarrass patients.
4. ***Protection of Pregnant Women***–All educational institutions and government and non-government agencies shall provide protection to ensure that pregnant students who desire so can continue their studies or take a leave and resume their studies. Government agencies and non-government organisations shall approve all motherhood leave within the period allowed by law, promote breastfeeding and provide assistance to employees with unwanted pregnancies and difficulties in child rising.
5. ***Sexual Harassment in the Workplace***–Government and non-government organisations must prevent sexual harassment in the workplace.
6. ***National Level Mechanisms***–the State must establish a National Comprehensive Reproductive Health Committee chaired by the Prime Minister to ensure compliance to the Comprehensive Reproductive Health Law.

8 Global Food (In) security Encroaching on Thailand

www.sxc.hu/browse.phtml?f=download&id=1274003

The world is facing a food crisis that has been evident twice in the last five years. Thailand also finds itself at risk of food insecurity due to many different reasons including disappearing farmers, sellouts of agricultural lands and other structural problems which remain to be effectively solved such as land ownership, right to access natural resources, degradation of food resource bases and unsustainability in food production systems.

The World in Hunger

The food crisis began at the beginning of 2007 when the world was rocked by highest prices of agricultural products in 30 years as a result of shortage caused by natural disasters, speculations of commodity markets by hedge funds, changing food preferences among the Asian middle classes with more disposable incomes (especially in China and India) and the use of crops as biofuels.[1]

This crisis resulted in riots in 32 countries. Two Governments, in Haiti and Madagascar, were overthrown by the power of hungry people.

When another crisis was on the horizon in the second half of 2010, the Food and Agriculture Organisation of the United Nations (FAO) called for an emergency meeting on 24th September 2010 and announced that the FAO Food Price Index tracking the price of rice, wheat, maize, other cereals, sugar and meat–had made a new high of 214.7, exceeding the previous high of 213.5 during the June 2008 food crisis. Right at the end of 2010 FAO also warned the world of an impending "food price shock" as the global food price again entered the "danger zone".

Causes of the new crises are similar to previous causes. Although the demand for biofuels decreased, natural diasters intensified and included floods, earthquakes, droughts, wild fires, snowstorms and volcano eruptions. Countries expected to be affected by high food prices and severe inflation are emerging markets like BRIC (Brazil, Russian, India and China) as well as developing countries and poor countries in Asia and Africa.

Protests and riots erupted in many countries. In Mozambique, seven people died and several hundreds were injured in a protest after the government increased the price of bread by 30%. Teenagers in Algeria torched government buildings and vandalised public properties after the prices of milk, sugar and flour skyrocketed. The world's attention was turned to protests to oust governments in several Middle East countries including Yemen, Algeria, Morocco, Jordan, Tunisia and Egypt. As a result, the leaders of the last two eventually resigned.

The "Jasmine Revolution" spread to Libya in late February 2010, leading to what looked like a civil war as the opposition against the Gaddafi regime took control of key eastern cities in early March. There may also be protests in Iran and Morocco soon too.

If the Middle East remains volatile, many predict that oil prices will hit 100 US dollars per barrel and gold prices over 1,500 US dollars per ounce.[2] Prices of other products may also increase in turn resulting in food shortages, unemployment and more hardship for the world's poor.

This situation makes "food security" much more frequently discussed around the world because it proves that **without food security political, economic and society security is untenable.**

What is Food Security?

According to the FAO, food security exists when all people at all times have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. Food security consists of four key elements, that is: food availability, food access, utilization and stability.[3] Food security also encompasses a product management system which promotes sustainability and involves land reform and water source management as well as other production factors such as product distribution and fairness to the farmers, community and country.[4]

If food security is an iceberg, a food price hike is only the visible tip of the iceberg. But the large remaining part of the iceberg below the surface is the factors which affect food security and influence one other. For example, a study in Thailand cited "10 root causes of food insecurity" as[5]

1. Degradation of food resource bases such as deforestation and degradation of soil and water;
2. Unsustainable food production systems such as genetically modified food, heavy dependence on fertilisers and other chemicals, the decline of small-scale farmers and the expansion of giant agro-businesses;
3. Structural problems such as land ownership and the right to access natural resources;
4. The role of giant retailers and modern-trade megastores which have become very powerful in food distribution;
5. Climate change and its impacts on food production;
6. Consequences on food systems of free trade agreements and international treaties;
7. Well-being problems from food systems such as chemical contamination in farmers' bodies and products;
8. Establishment of "food colonies" or land acquisition in other countries by powerful foreign countries;
9. Domination of foreign food cultures over local food;
10. Lack of a national policy on food security.

Thailand and Food (In) Security

Several of these cited causes of food insecurity are chronic problems in Thailand while others are emerging problems. Interesting developments occurring in 2010 were:

Price hikes with droughts and floods A drought devastated almost 2 million rais of farmland in 60 provinces of Thailand costing around 6 billion baht in damage. A flood drowned almost 8 million rais. of farmland in 51 provinces costing 32-54 billion baht in damage. Both incidents severely cut food production and resulted in shortages and price hikes, as can be seen in headlines like:

"Drought drives up prices. Vegetables expensive until end of June"[6]

"Vegetable prices unpalatable due to flood. Celeries at 300 baht a kilo."[7]

Another grave situation that occurred in Thailand was the drought and pests which cut palm oil production and market availability. Subsequent profiteering and skyrocketing prices forced the government to allow imports. In the meantime, food prices also rose, particular for eggs, so that the government proposed a controversial sales method by the kilo in early 2011.

Land sellouts–pest problems In 2010 swarms of brown planthoppers damaged almost 800,000 rais of paddies with the worst damage in Supanburi Province which lost more than 400,000 rais of land. An important reason for these swarms was the heat and drought which favored the spread as well as wrong use of insecticides which destroyed ecology and natural control.[8]

Around the end of 2010, coconut shortage caused a hike in costs from 35 baht to 65 baht per kilo. The immediate cause of this price hike was drought, flood and pests. But the long–standing reason for the price increase was actually that many coconut growers had sold their lands to real–estate developers or turned to the more profitable rubber plants and oil palms. Koh Samui, which used to be filled with coconut trees, now has only 84,310 rais of them with 1,000 more trees on average being cut down without replacement every year. The number of Chumporn's coconut growing families decreased from 20,878 in 2008 to 19,500 in 2010.[9] Similar coconut shortages also affected other countries like the Philippines and Sri Lanka.

Golden land for whom? After the 2007–2008 food crisis, a UN report stated that industrial and oil–rich countries were secretly buying more than 10 million hectars (62.5 million rais) of arable lands in other countries. For example, South Korea bought 700,000 hectars in the Sudan, Saudi Arabia bought 500,000 hectars in Tanzania, the richer African countries bought land in the Congo and Japan and China have been buying land under the guise of 'joint ventures' in Southeast Asian and African countries.[10]

In Thailand, similar occurances hit the headlines when Middle East investors tried to buy land for food production to ensure food security. During a field visit with the former Prime Minister they requested to rent rice farms and volunteered to manage Thailand's rice production. The 6 GCC Middle East states sent a letter to the Thai government expressing interest in operating meat farms and rice cultivation. A Bahraini investor, together with one of Thailand's giant agro–businesses, is now raising farmed animals in the South of Thailand.[11]

In 2009, the Thai media and authorities exposed foreign attempts to acquire land in Thailand, as evidenced in headlines such as "Investigating Arab ownership of irrigated land"[12] and "DSI probes 'proxy' famers"[13] As a result, Prime Minister Abhisit Vejjajiva firmly insisted that land purchases by foreigners were not allowed and there has been no policy change on the issue. What is allowed however is Thai–majority joint ventures."[14]

The issue of concern then disappeared from public eyes in 2010 but concerns about Thai proxy ownership on behalf of foreigners lingers on. Dr.Aat Pisanwanich, Director of the Center for International Trade Studies, recommended that the government enact a law to prevent land acquisition by foreigners and proxy ownership on behalf of foreigners with preventive measures such as investigation of capital trails and examination of business activities of Thai–registered companies.[15]

Thai Farmers Become an Endangered Species The number of small–scale famers in Thailand is falling continuously. The average age of farmers is now

45–51 years old. Children of farmers no longer want to take on farming activities.[16] On the other hand, contract farming, with unfair terms to hired famers, is increasing. There has also been a trend in Thailand for giant agro-businesses and other businesses (such as a liquor companies) to invest more in the agricultural sector since 2008.[17]

Shortage of Agricultural Scientists A Mae Jo University poll showed that most young people knew that agriculture is one of the country's main occupations and a major revenue earner but more than 80% did not want to study agriculture because they thought it was labour intensive with low income.[18]

Other root causes of food insecurity also need to be watched with concern. Detection of high levels of chemicals such as insecticides in vegetables and fruits, preservatives in meat, and heavy metals and formaline in fresh sea food is a serious food safety concern.[19] In 2010, the European Union, a major market for Thai agricultural exports, issued more than 70 warnings on detection of bacterial and chemical contaminations in Thai vegetables and fruits. This threatened exports worth 700 million baht per year as well as the image of Thai products.[20] There are also local food safety concerns in relation to the reuse of oil in deep-frying, hygiene standards of local fresh markets and the use of beta-agonists to increase red meat ratio in pigs. Genetically-modified food (GMO) is touted by some to be the solution to the global food crisis,[21] as evidenced in the UK Government report titled "Global Food and the Future of Agriculture." Thailand should be prepared for the possible invasion of GMO's through multi-lateral and bilateral free trade agreements, many more of which will come into force or will be under negotiation in the coming years. These agreements will have wide-ranging effects on Thailand's agricultural sector, especially on small-scale farmers who are still suffering from existing FTA's. They may also affect consumer safety, the image and acceptance of Thai exports and the country's world-ranking biodiversity.[22]

Survival

Amid the intensifying food crisis, food security has become a 'national agenda' in almost every country as food price hikes have been proven themselves able to trigger political, economic and social instability. As the anonymous saying goes, **"Hunger knows no law."**

Although Thailand is blessed with more abundance of food than many countries, and is often dubbed the 'golden land' and 'the world's food basket,' the uniqueness of Thailand's agriculture lies in the large number of small-scale farmers and not a handful of giant agro-business.

Food production by small-scale farmers guarantees everyone's access to food as access cannot be monopolized.[23] One important strategy to ensure food security is therefore policy to support small-scale farmers across the country. The food insecurity problems that Thailand is facing are a reflection of structural problems or problems in Thailand's food production systems which are connected to many other problems and factors, both domestic and international. Some are controllable but greatly damaging if neglected. Others are uncontrollable and worsening such as climate change, energy shortage and global financial and economic crisis.

To ensure food security, it is necessary to systemically address, improve and find solutions to challenges faced from a community level up to a policy level and from rehabilitation of resource bases to the food culture dimension.[24]

Out of Control False Advertising for Health

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Along with the strong "health" trend of the past five years, various media is being filled with false advertising of 'healthy' products and services with a combined market value of billions of baht. Owners of these products are willing to risk legal penalties due to the high profits involved. This can be evidenced by the ballooning number of food supplement products which exaggerate their effectiveness, are sub–standard or are unauthorised by the FAD. The failure to control these products results in consumer risks, as can be seen from the headlines in the newspaper surrounding the case of a female 12th grader who died after taking a weight–loss drug purchased on the internet.

Oh My God! Unbelievable!

This expression of astonishment from a TV commercial which became a popular catch phrase proved how successful a commercial was in selling a product that supposedly could help you lose weight by spending only three minutes a day.

As the health trend and attention to illnesses become more popular, new channels are open for unscrupulous businesses to present different 'healthy' products and services ranging from food supplements, weight loss medicines, diet coffee, breast enlargement cream, multi–purposed herbal medicine, aphrodisiacs, anti–aging cosmetics, miracle water filters, nanotechnology mineral water, electrostatic slimming equipment and even magnetic products that not only boosts health but also bring luck.

To estimate the net value of this business is difficult but it is perhaps worth tens of billions of baht or more. During the period of 1st October 2009 until 30th September 2010 the Food and Drug Office (FDA) prosecuted 1,145 offenders, 3,248 items of evidence were gathered and 15 raids were conducted resulting in the confiscation of products worth 20 million baht in cases involving food, drugs, medical equipments, cosmetics and psychotropic substances offences. Public Health Minister Mr. Chulin Laksanavisit stated, *"From the FDA Hotline 1556 we received 1,124 complaints of which 55 percent concerned food products. Most common issues experienced were unauthorised advertisements, fraud, substandard food, wrong labeling and counterfeit. 23 percent of complaints were about drugs, 10.7 percent for cosmetics, 4.5 percent for medical equipments, one percent for psychotropic substances and the rest totalled 5.3 per cent."*[1]

Offences involving direct sales have also skyrocketed. FDA Secretary General Dr. Pipat Yingseri stated that over 80 percent of direct sale–related offences are in the area of false advertising. Seemingly undeterred by prosecution, the practice is being undertaken continually by both large and small companies.[2]

Not only products but also medical services have been found to use false advertising. The Medical Council of Thailand stated that there were 400 pending cases in their hands and 198 cases of these were committed in 2009 alone. Most were not medical malpractice cases but false advertisement, especially by beauty clinics.[3]

But what are the seeds of false advertisements?...

Because We all Want Good Health?

It is natural that long-established beliefs are negotiated and challenged by or interact with emerging trends. For example, the pre-1997 economic boom which resulted from accumulated gains of the first National Economic and Social Development Plan was later brought to heel by the Tom Yam Kung Crisis, shattering the dreams of Thai society. Returning to the cruel reality, Thais started to field radical questions against many beliefs which had been taken for granted in national development. This resulted in recognition of new concepts on development, politics, economics and the environment. The Green Movement is a significant trend challenging traditional health belief of the Thai middle class also. Alternative health care started to emerge and was met with a warm reception. After the crisis, this trend however became another revenue-generating concept that turned 'health' into another product on the market.

As health information becomes plentiful and more accessible, slimness, fair skin, toned muscle and many other characteristics became tied up with 'healthiness' in a confusing logic. Such characteristics became symbols of health, self-discipline and good living and were commoditised into the law of supply and demand along the lines of classic economic theory. Unethical business owners or impatient consumers were and are, however, also part of this picture.

Dr. Pipat revealed interesting data that the public are more concerned about weight control nowadays as obesity is a key risk of heart disease, diabetes and other chronic diseases. This concern results in the explosive growth of advertisements for weight loss diets and products. With strict control on psychotropic substances type 2 the FDA was able to reduce public consumption from 400 million tablets in 2002 to 9.9 million tablets in 2009 or from 33,420,523 baht of sales in 2007 to 26,372,892 baht in 2009. However, cases of false advertising and substandard and unauthorised food supplement products exploded. Particularly, such cases involving sales generated through mail or internet orders from 160 cases in 2008 to 230 cases in 2009.[4]

These false advertisements would be unable to get Their misleading messages across to targeted consumers without media. Undeniably, the media plays an important role in bridging the two together. In addition to the traditional or mainstream media, the growth of the internet, cable TV, satellite TV and community radio increases the reach in power of these advertisements. With falling costs, commercial websites, television or radio stations are becoming the most effective channels for exaggerated or false advertisements for 'healthy' products and services.

The spread of "miracle" drugs claiming to cure ailments from mosquito bites to prostate cancer, including the "miracle" fermented water of "Aunty Cheng" or Sorawan Sirisuntharin are notable. Such businesses of making a living on other's misery deserve punishment. Yet, as a reflection of the failures of the educational system, credulousness and poor judgment result. The situation is worsened by the monopoly of knowledgeby modern medicine and denial of the place for traditional treatments which are locally accepted by many. This is despite modern medicine's own limitations on the treatment of chronic diseases.

Out of Control New Media Power

The premature death in mid 2010 of 18 year old twelfth grader Ms. Chotima Jintanaphol from weight

loss medicine she ordered through the internet was an expensive lesson of the harms of false advertisement and slack system of regulation. Even though there had been a crackdown on the product she ingested, it was still easily available on the internet. According to an FDA investigation, the substance was found to contain sibutramine, a drug used to speed metabolism with side affects such as dry mouth and throat, palpitation, insomnia and high blood pressure. From an interview with Chotima's parents, it was found that she had lost her appetite and 10 kg of weight in only one month.[5]

Her case was not the first and definitely will not be the last. Consumers will continue to buy into these dangerous products despite regular FDA warnings on numerous weight loss products from the sitbutramine–containing diet coffee, which claims dramatic weight loss effect, to Auntie Cheng's "miracle" water which ended up blinding a user who used it as an eye drop.

Undeniably, technology is the key catalyst which is difficult to control here. From FDA suppression records of internet–based false advertisement from January 2009 to July 2010, 62 commercial websites with 719 URLs, as well as 155 free websites with 349 URLs were shut down. Such number is negligible however when compared to new websites being created daily as it takes only 10 minutes to start a new site. In the meantime, prosecution and law enforcement processes remain slow and lengthy as the FDA lacks the authority to shut down websites on its own.[6]

Cable TV is also another important channel for false advertisement which proves to be difficult to monitor also. This is due to the fact that there's no limit on advertisement time. The situation is worsened by the failure to establish a key regulator, the National Broadcasting and Communications (NTC). President of the Cable TV Association of Thailand, Mr. Kasem Indrakaew, said that the association has 250 members who operate 500 stations nationwide. He also admitted that his members still lack understanding on laws related to advertising[7]

At the same time, satellite television is also growing fast. Sales of satellite dishes grows by 10 percent every month while advertising budgets for satellite TV commercials also has grown significantly from 100 million baht in 2008 to 500–800 million baht in 2009 and then 2.5 billion baht in 2010.[8] In addition, there is the exponential growth of social networks like Facebook and Twitter which have become immensely popular over the past few years. Recently false advertising has started to infiltrate these new forms of media. Even authorised commercials on national free televisions are not free from false advertisements. Yet it seems that nobody is paying any attention to this problem. Is it because we have grown familiar with lies and fantasies??

Leaving the Fantasy

Arrests on false advertisement regularly make headlines but there seems to be no end to the trends as the law only deals with the phenomenon and not its root causes. Law enforcement seems incapable of stopping cunning and selfish business owners. Nowadays advertisement for food, drugs and medical equipment must be authorized by the FDA prior to dissemination. Violations are subjected to the following penalties.[9]

1. Unauthorised advertisement of food products are subject to a fine of not more than 5,000 baht. Fraud or false advertisements are subject to imprisonment for not over three years or a fine of up to 30,000 baht or both;
2. Unauthorised or false advertisement of drugs are subject to a fine of not more than 100,000 baht;
3. Unauthorised advertisement of medical equipment is subject to imprisonment for up to six months, a fine of up to 50,000 baht or both. False or exaggerated advertisement of medical equipment is subject to imprisonment for up to one year, a fine of up to 100,000 baht or both;

4. Authorisation is not required for cosmetics advertisements. Exaggerated claims of medical properties or false advertisements of cosmetics are subjected however to imprisonment of up to three months, a fine of not more than 20,000 baht or both.

FAD Secretary General Dr. Pipat admitted that these legal measures are still weak. The FDA has tried to increase legal penalties but the amendment process is long and complicated as it needs support from all stakeholders.[10] In addition to harsher penalties, the content of the law must also be updated in order to deal with the ever changing global trends.

Currently the best countermeasure is monitoring and prosecution. In 2011, the Consumer Protection Board (CPB) plans to have undercover agents working together with consumer networks, students and volunteers to monitor false advertisement, establish surveillance centers to monitor substandard products and form a consumer protection team working together with the Consumer Protection Police Division to refer consumer complaints to the FDA for prompt remedy.[11]

However, even the combined forces of the CPB and FDA are still far from adequately solving the problems because of the complexity and immensity of the territory to be covered. The effort must involve many other agencies. The Ministry of Information and Communication Technology (MICT) should be activated to keep an eye on fraudulent websites. It is also time to establish the long-overdue National Broadcasting and Communications Board (NTC) to start working officially as the regulator of satellite TV and community radio commercials. The system also requires a coordinating body.

In parallel, efforts must be made on outreach activities to educate and promote self-protection and awareness among consumers. The most difficult part of this whole process is uprooting old or wrong beliefs while promoting proper health and self-care mindset as well as realising the hidden consequences. For example, Thailand's anti-obesity campaign has been successful in educating the public on the harm of obesity yet it has also instilled irrational fear, reinforced the idea of ideal beauty and body and forced people to change themselves for social acceptance. Lastly, Thai society itself must learn to wrestle control over the definition of "health" from the hands of marketers.

Examples Cited by the FDA as False Advertisements

Cable TV Advertisements: Despite FDA's suspension, the following products still continued advertising on cable TV: (1) "Jiu Jerng Poo Sern Jiao Nang" which claims to have kidney and liver recovery properties, cure impotence and muscle pains; (2) "White Nature" white tea which claims to have the same properties as natural insulin in preventing Atherosclerosis and increasing blood circulation; (3) "Magic Iris" food supplement which claims to stimulate male sex hormone production, eliminate gall stones, improve kidney functions and reduce prostatic hyperplasia; (4) "ADOXY" food supplementary product advertised to be suitable for those with diabetic wounds, infected wounds or cancerous wounds; and (5) "Long Long" herbal drink which claims to reduce muscle pains, pre-menstruation cramps, migraine, gout pains and more (ASTV On-line Manager, dated 6th June 2010).

Internet Based Advertisements: Foot stickers which claim to remove bodily waste, stimulate over 60 foot reflexology spots and increase blood circulation by using natural energy or "chi" of a substance called "wood vinegar" (Bangkok Business News, dated 26th February 2009).

Print and Radio Based Advertisements and Billboards: "Carabao Daeng (red buffalo)" caffeine-based drink which claims to have B12 vitamin to boost the nervous system and the brain. Its label states "Carabao Daeng has B12, good for your brain and your life" (Bangkok Business News, dated 2nd September 2010).

Consumers can report misleading or false advertisements at the FDA Hotline Number 1156, E-mail: 1556@fda.moph.go.th or P.O. Box 1556, Ministry of Public Health (MOPH), Nonthaburi 11004.

Obesity in a Consumer Society

Over the past 10 years, Thai children have Had the fastest expanding wastelines in the world. In 2010, news of a severely obese patient forklifted to the hospital also drew public attention for a short while. These are some of the increasing amout of news on the dangers of obesity which abound in Thai society. Nevertheless, the threat of obesity has not shown sign of subsiding but has become more worrisome with increased consumption stimulated by the power of marketing. At the same time, products marketing also promotes obesity phobia and a desire for the perfect body with rebounding negative effects.

International Obesity, National Obesity

An ABAC poll on "Business booms and busts in 2011" undertake with 1,437 business executives and entrepreneurs across the country between the 20th December 2010 and the 6th January 2011 found that 24% of respondents thought convenience stores and consumer products would see highest growth in 2011[1]

From the business growth predicted by this survey, it is possible to infer an increasing desire to consume in a society with an abundance of food. This goes hand in hand with the global trend. According to the WHO, 1.6 billion people around the world are overweight or obese and this leads to 2.5 million deaths per year. A quarter of obese patients live in Southeast Asia. Most shocking is the fact that over the last 10 years, Thai children had the fastest expanding waistlines in the world.[2]

More detailed data from the Department of Health in 2007 revealed that 10.2 million Thais were obese, accounting for 35% of those over 35 years old. A third of obese persons lived in urban areas. Thai children are doing no better. It's expected that in the next 6 years overweight children will account for one fifth of preschoolers, which is a 20% increase.[3] In the past 5–6 years the number of obese Thai men increased by 36% and 47% for women. Those in the 20–29 age groups have the fastest expanding wastelines.[4]

This type of statistics has been aired in the media from time to time but in an increasingly individualistic society there would inevitably be a question of "What's wrong with obesity?" As obesity is often seen more as a personal problem than a social burden to address, most anti-obesity campaigns are aimed at personal health. But

obesity, like all other problems in society, is a complex phenomenon influenced by many social factors and which affects the whole society.

From a capitalist perspective which values human capital, personal health problems are undesirable. As for an obese person, the condition affects their physical and mental health, bringing a train of chronic diseases such as arthritis, hypertension, diabetes, high blood cholesterol and depression. The condition also has a high price in terms of government public health budgets. It is estimated that 2–8% of health–related expenses go to obesity–related consequences.[5]

Weighty Causes

There are two main factors that cause obesity. The first is genetics. A study found that if both parents are overweight their children are 80% more likely to be overweight too. If only one parent is overweight, the likelihood goes down to 40%. But if neither parents are overweight the child is only 14% likely to be overweight.[6]

The second factor is the environment, which is a much more complex issue than the first as it is out there to invite, lure and trap us. We undeniably live in the age of constant consumption. We are enticed to consume almost all the time except during our sleep. The subtlety of today's consumerist culture lies in the bundling of consumption and identity. Consumption does not only satisfy basic bodily needs but also emotions, feelings, taste and lifestyle to make a statement on 'who I am'.

Nutritional data from the Ministry of Public Health showed that in 1962, Thais consumed only 18 grams of fat per day, accounting for 8.9% of daily calories. After the Ministry's health–promotion campaigns combined with the country's economic growth, similar surveys in 1986 and 1999 found fat consumption increased to 42–45 grams per day, accounting for 22–26% of daily calories, while protein consumption and the total daily calories of 1,800–2,000 calories remained the same.[7]

Sedentary lifestyles, technological advances and various entertainment has evolved human beings into a new species who live attached to computers, game consoles, televisions and mobile phones. Going into a movie theatre with a big bag of sweetened popcorn (not including soda drinks) is already equal to the 1,800 calories needed per day to survive.[8]

In reality, there are often snacks and soda drinks next to television sets or computers to 'sweeten' the entertainment, especially for children. Advertisement is an important factor that accelerates children's consumption also. In 2007, Chulalongkorn University studied the frequency of TV commercials for snacks and soda drinks targeted at young children and found commercials aired 49 times per hour during weekend mornings' children television programmes. If the 21 million Thai children and youth between 5 to 24 years–old have an average monthly 'snack money' of 800 baht that means Thai children collectively spend 202 billion baht per year on snacks and soda drinks.[9] It does not provide any assistance given that 97% of children like sugar–filled soda drinks[10] and Thai parents are also in the habit of spoiling their children by hoarding snacks in the house.[11]

It must be admitted however that we do not have many alternatives for our children. Snacks priced at 5 to 10 baht have become cheap packages of happiness which parents can conveniently give to children while oblivious to the high price of such unhealthiness for the future. Mahidol University's Institute of Nutrition conducted a survey on 400 kinds of snacks and found that less than 10% met the criteria which limit the amount of oil at 2.5 grams, sugar at 12 grams and sodium at 100 milligrams.[12] These are only the tip of the environmental iceberg which leads to obesity.

Obesity Becomes a National Agenda

The dangers of obesity are therefore encroaching upon Thailand and Thai families if the door is left open. Obesity has become a health problem drawing attention from many sectors who have initiated campaigns to reduce risk factors. Data from the "Sweet Enough" network shows that these sustained campaigns effectively changed sugar consumption behaviour among children. For example, the Ministry of Public Health's ministerial notification number 305 on instant food labelling which requires five groups of snacks to display nutritional labels and the warning "Moderate consumption and exercise to promote health" came into force on the 19th December 2007. An evaluation in 2009 found that 91.5% of snacks displayed nutritional labels and 74% of snacks displayed the warning. In addition, 68% of consumers noticed the nutritional labels and 57% used the information to inform buying decisions. 81% of consumers showed approval for the requirement for nutritional labels and warning displays.[13]

It is hard to believe that obesity has now been included in the national agenda as a result of advocacy by many different sectors. A cabinet resolution has approved a strategic plan to address this problem and assigned government agencies to draft action plans in accordance with this strategic plan considering the following 5 areas:

1. Draft an action plan with clear assignment of responsibilities within 1 year;
2. Adopt the measure to colour-code food products with high fat, sugar or sodium contents and require warnings labels;
3. Use tax and price measures to combat obesity problems;
4. Draft regulations on food product marketing which target children and has serious consequences in term of obesity and non-contagious chronic diseases; and
5. Monitor the progress on anti-obesity measures, especially the implementation of the strategic plan including the reason, time and mechanism for participatory modifications of the plan,

The subcommittee also appointed 5 working groups to draft action plans to address obesity problem for 5 additional issues as follows;[14]

1. Promotion of breast feeding, manufacture and distribution of healthy food, healthy snacks, low-sugar drinks and vegetables/fruit as alternatives to high-calorie food;
2. Market control measures on food products for babies and young children and food products with high fat, sugar or sodium contents;
3. Public education campaign and awareness raising on the negative consequences of obesity;
4. Promotion of appropriate, adequate and regular exercise and physical activities; and
5. Development and capacity building for service systems to provide care for those with obesity problems and related health consequences

In addition, some academicians such as Dr. Ugrid Milintangkul, Secretary General of the Folk Doctor Foundation, said that in order to combat the heavy-handed marketing of the snacks and soda drink businesses, social sectors must also use professional health communicators who are as competent as the advertisement agencies used by the business sector.

Dr. Sam-ang Suebsaman, a community nutrition expert from Sukhothai Thammathirat Open University, pointed out that the obesity problem is too complex to be addressed unholistically. One way to battle the aggressive business sector is to use the community as a base to solve the problems by allowing the community to work with the family in providing care for children and youth as well as

educating community members with 'consumer immunity'.[15]

Obesity Phobia: Rebound Effects

One thing that must be taken into consideration, although as an unintended consequence, is the fact that anti-obesity campaigns also affect social attitudes through the medical discourse and discourse on beauty and the perfect body. Combined with opportunistic marketing, obesity has been turned into a symbol of sickness, immoderation, lack of discipline and low education. These discourses marginalise those with weight problems and compel those without to strive for the perfect body as much as they can financially afford. A tremendous number of "health" products and services have been marketed to satisfy this need. It is the consumer's case of a rock and a hard place. This type of consumption also leads to the other problems of exaggerated and false advertisements.

These are contradictions in the labyrinth-like health situation of today. There is not enough research at present on the relationship between anti-obesity campaigns and obesity phobia that could be used for balancing action and lead society out of this labyrinth.

8 Habits to Prevent Obesity

Policies and measures address the problem at the structural level. But the following tips will help protect ourselves and our children from obesity at the individual level.

1. Resist around-the-clock eating. Eating between meals results in excessive nutrition which will be converted into fat.
2. Do not hoard snacks, milk and food in the house. Without self-discipline, hoarding is an indirect invitation to eat. This should be a concern for parents who buy at discounted bulk rates.
3. Make a habit of eating adequate vegetables and fruit
4. Cultivate eating discipline
5. Do not eat food with strong flavours, especially sweet food, as once it becomes a habit, it affects the health of children
6. Moderate rather than excessive milk consumption is the key to health. Toddlers over 1 year old should not be given milk at night time. Kindergarten children should take 2-3 meals of milk. Primary school children should drink two daily glasses of milk.
7. Reduce sedentary activities. A study found that reducing 'down time' can help lose more weight than exercise. However, this only works for short term weight loss.
8. Exercise regularly as a habit

Source: Kritsada Supawatanakul. 2009. Loom Dum UNCENSORED 2. Bangkok, Burapha Publishing pages 192-193.

4 Notable Thai Contributions

1 Restoration of Rights to Access Health Care for Stateless Persons: The Long and Winding Road

Prior to the 2002 National Health Security Scheme, stateless persons with 13-digit identification numbers beginning with '6' or '7' were entitled to access the 'Medical Welfare Scheme' established for low income earners and charity recipients under the Social Reform Programme. They could also access health care at their local hospital by purchasing 'Health cards' at 300-500 baht per family (with a 500 and 1,000 baht government subsidy). This arrangement, however, was cancelled by the "Gold Card health insurance scheme", formerly known as the "Universal 30-Baht Scheme". As a result, the health care scheme is no longer available to stateless persons.

After this cancellation, there have been efforts to restore the access to health care for stateless persons with a campaign starting from civil society groups working with people with legal status problems. In early 2010, the campaign finally succeeded in restoring health care rights to 457,409 status-pending persons in 172 border hospitals in 15 provinces starting from April 2010. A special fund of approximately 400 million baht was allocated for the expenses during the six months of 2010 with the Ministry of Public Health overseeing the management of this fund. However, the administration costs set at 24 million baht caused an outcry among civil society as the high deducted amount means that the fund would cover 11,000 fewer people. Services are also said to be patchy in many areas. The fund also doesn't cover many stateless and nationality-less persons despite inclusion in the identification records because of strict interpretation of Ministerial Resolutions without any factual or humanitarian concerns.

2 From Local Health Stations to Tambon Health Promotion Hospitals: Turning Point for Public Health Systems

For five decades small health stations nationwide have served their communities with minimal equipments and personnel as well as acted as the think tank for community health. Recently many of these health stations are being upgraded to "Tambon health promotion hospitals" with facility renovation, new medical equipments and ambulances as well as modern technology enabling prompt diagnosis and consultation from senior physicians in the districts and cities via internet communication. The newly revamped Tambon health promotion hospitals provide not only health care but also serve as medical hubs providing health care to community members from the first to the last days of their lives.

The direct beneficiaries of this major facelift are public health officers, residents and communities. The upgrade brings new and modern medical equipment to practitioners together with access to new medical science and technology and the internet with coaching from large hospitals. The patients are spared travel expenses to and queuing at large hospitals. Ambulance home pick-up can be arranged for serious cases which require referral to larger hospital. In addition, the community can take a more active part in overseeing their own hospitals. However, it remains to be seen if the upgrade of rural public health service systems to the new Tambon health promotion hospitals will become the turning point in sustainable progress or a merely attractive political propaganda tool where the quality of health care services remain unchanged.

to the Health of Thais

Thai National Health Care Scheme Gains International Recognition

2011 marks the 10th anniversary celebration of Thailand's successful National Healthcare Scheme. From the establishment of the Universal 30–Baht Health Care scheme in 2001 to the current all–free Medicare, patients with chronic or serious illness such as chronic kidney failure and HIV/AIDS can access health care with minimal associated expenses. With its extension to people with no citizenship (under ongoing identification processes) living in Thailand, the Medicare coverage is now close to 100%. Such developments also gave birth to many public health initiatives from exercise–for–health for diabetic patients and cervical cancer screening to community participation in the promotion of sustainability in public health system by granting contract scholarships for nursing or medical students, upgrading local health stations to community hospitals and establishing local healthcare funds.

This successful development of Thai public health systems was applauded by international organizations such as the World Bank, Rockefeller Foundation, Bill and Melinda Gates Foundation and the International Labor Organization (ILO) as a distinguished and successful example in the promotion of health security, particularly in the area of effective and diverse financial management throughout the financial crisis. This success helped reduce household expenses for health care, especially chronic diseases. The success of Thailand is well recognised as a health security model among ASEAN countries turning Thailand into an education and training hub for public health policy.

Investing in Food for Smart Thai Kids with the Nutrition Watch Programme

To help Thai children winning a place on the world stage seemingly became a pipe dream when the twelve–year survey by the Department of Health showed that Thai children had a poor level of development, both physically and mentally. Thai children's IQs have dropped from 91 points to 88 points over 10 years while the WHO standard is 90–110 points and the standards in developed countries stand at 104 points.

This crisis of intelligence has its roots in the "over–consumption" and "insufficient consumption" among Thai children which also manifest themselves in the equally serious problems of poor physical developments. Many children are left underweight, overweight and with undeveloped height. The main malnutrition problems among Thai children are bad food preferences, binging and lack of vegetable and fiber consumption. The average vegetable consumption of young Thais is 1.5 tablespoons per day comparing to the standard 12 tablespoons. While many Thai children are thin, short and physically underdeveloped, others have improper eating habits such as eating unhealthy snacks, finger food, and soda or being generally careless about their diets. Such bad habits results in obesity and put them at risk of chronic diseases in their adulthood.

In response to such an alarming situation, a committee was formed out of six agencies (the Nutrition Association of Thailand, the MOPH Department of Health, The MOI Local dministration Promotion Department, the Office of the Basic Educational Commission, Bangkok Metropolitan Administration (BMA) and the Thai Health Promotion Foundation) to run the "Good Nutrition Development for Smart Thai Kids" programme to promote healthy eating habits and consumption of nutritious food among infant, pre–school and school–age children as well as educate adults including parents, guardians, teachers and communities to take part in promoting healthy physical and mental development. This project was piloted in 10 provinces of Chiang Mai, Lamphang, Udonthani, Khon Kaen, Petchburi, Samut Prakarn, Nonthaburi, Songkhla, Phuket and Bangkok. After three years, the programme will be integrated into public health policies at local and national levels.



HIA

A Mechanism for Healthy Public Policy

Two Sides of the Developmental Coin

Some social observers say that we now live in a society full of risks, and the most important among these risks are human–made under the cloak of various "projects or development activities"

"Development–derived risks" would have been hard to believe 50 years ago when Thailand freshly entered the age of development, as "development" was thought–perchaps in not a completely wrong way to be synonymous with improvement, prosperity, abundance and comfort.

Thailand has indeed become more "developed" with economic growth, higher average income and better education for most, more abundance, improved transportation and communication infrastructure and, more comfortable, However this is only one side of the truth. What most people do not realise is that every developmental gain must always be paid for by some thing which is necessary less dear to us. Examples abound here.

The development of heavy industries at Map Ta Phut industrial estate (Rayong Province) and Laem Chabang industrial estate (Chonburi Province) under phase I (1981–1994) and phase II (1995–2005) of the Eastern Seaboard development project brought in hundreds of billions of baht in foreign investment and export revenues. In addition to monetary gain, direct and indirect jobs have been created, employing hundreds of thousands of prople. Today's Rayong province has the highest gross provincial products and average monthly household income. All these sound very impressive.

Twenty years after the birth of the Eastern Seaboard development project, some Rayong residents are now facing a myriad of problems in relation to the environment, natural resources, economy, society and health. Rayong residents living near this industrial Estate must put up with air pollution, water pollution, toxic chemicals and industrial waste. Local comminoties and the industries in the area are constantly wrestling for water. Destruction of the coastal natural resources is bringing local fisheies to the brink of collapse. Biodiversity is under serious threat. The so–called three–legged economy hitherto stable and balanced with agricultural, industrial and the commerce/service sectors became a lopsided one–legged economy whose industrial leg accounted for approximately 80% of gross provincial products. This means a large number of Rayong residents became vulnerable to economic insecurity.

Many of Rayong's social indexes show the same dismal picture, despite having the country's highest per capita gross product. According to statistics for the last ten years (2000–2009), Rayong ranked amongst the top together with other provinces with similarly high concentrations of factories in the following areas: suicidal rates, attempted/ accomplished youth suicide rates, child delinquency rates, reported assault cases and arrests made on drug cases.

Despite its better economy, Rayong residents suffer unusually high rates of certain illnesses such as respiratory diseases, allergies and cancer. Statistics between 2002–2009 shows that these illnesses are on the rise in the province, particularly cancer rates which is now the highest in the country. This may be only the tip of the iceberg.

These numbers may signal that past development projects did not bring only prosperity but also many "complications" which are, in fact, common in all societies where development policies focus mainly on economic growth.

The conclusion may be that profit–oriented development puts people at risk of many problems which concern not only health but also the economy, communal life and social security.

This is also the reason why global communities increasingly recognize the need for a new developmental approach that is conducive to the wellbeing of the people and community–sustainable development which is truly for the happiness of life.

At a global level the WHO urges member states to include health dimensions as an important element of public policies, projects or development activities aiming at "Healthy Public Policy".

Health Impact Assessment (HIA) is a social innovation designed specifically to help achieve this goal.

Public Policy and Healthy Public Policy

Public policy is a direction or approach that a society thinks or believes it should follow, including written policies formulated by a State. Public policies are made to achieve set goals and may appear as guidelines, plans, activities, projects or decisions of a government or local administration at national or local levels. Examples of public policies are industrial development policies, energy policies, agriculture policies, environment and natural resources management policies, transportation policies and education policies.

Good public policies should have clearly stated objectives to benefit society and, have good governance and transparent process in which the public participate in decision making and monitoring, is fair to all stakeholder groups, does not worsen social inequality, and is attentive to the wellbeing of the people and the community. In short, good public policies are Healthy Public Policies.

Healthy Public Policy (HPP) is a health promotion concept that ensures that the decision making process or conduct of policies or projects by the government or private sector or local communities are attentive and responsible to the health of the people while creating a natural, economic, social and political environment conducive to and allowing free choice for good health.

Under the National Health Act BE 2550 (2007), Healthy Public Policy has 4 important mechanisms, namely, (1) Formulation of a statute on health systems as a framework and approach in all policy decisions, strategic planning and operations of the country's health systems (2) Organisation of health assemblies to develop policy-making processes at national, community and local levels (3) Development of HIA as a mechanism for all sectors to consider and assess health impacts which may result from development policies in every area and (4) The National Health Commission's support for the development of Healthy Public Policy.

Source: (1) Statute on National Health System 2009
(2) National Health Commission Office (NHCO). Website http://www.nationalhealth.or.th/index.php?option=com_content&view=article&id=47%3Ahpp&catid=40%3A-hia&Itemid=106 retrieved on 12th January, 2011.

What Is HIA?

Screening tool based on collective learning processes

Health Impact Assessment (HIA) is a collective learning process for all stakeholders in field of public policy and development projects at all levels of society. This learning process utilises diverse tools and information thereby allowing all stakeholders of government projects, academics, project operators and civil society groups and individuals to collectively consider whether and how a particular policy, project or development activity may affect or have already affected some groups of people, how these effects can be prevented or mitigated, and whether other options exist. The answers are used to support decision–making which is based on the promotion and protection of the health of all groups of people thereby maximising positive impacts and minimising negative ones.

The ultimate goal of HIA is to ensure that public policies, projects or development activities are attentive to the health of people.

"Health" in this context has a broader meaning than in medicine and public health. It refers to wellbeing as a condition in which a person is in perfect condition in relation to their physical, mental, spiritual and social dimensions and, covering all aspects of private and social life.

HIA is a tool designed for all types of public policy at all levels, from the enactment of laws, regional strategic planning, free trade agreements, city planning, licensing of economic, social, communication and transportation projects and policy making or development project planning at local levels.

Health in this context has a broader meaning than in medicine and public health. It refers to wellbeing as a condition in which a person is in perfect condition in relation to their physical, mental, spiritual and social dimensions and, covering all aspects of private and social life.

http://www.sxc.hu/browse.phtml?f=download&id=1106535

Holistic Health

The meaning of "health" is internationally accepted to go well beyond the absence of illnesses and disabilities. Health is now understood as a perfect condition in the physical, mental, spiritual and social aense's synonymous with "wellbeing" as defined in the National Health Act BE 2550 (2007).

Physical health is the absence of illnesses and disabilities as well as behaviours with illness risks and hence, allowing normal daily life.

Mental health is the peace of mind unperturbed by positive or negative stimuli, including the ability to adapt to changing situations and cope with pressure in daily life.

Spiritual health is the well-rounded, mindful and rational wisdom to judge causes and effects of actions and to weigh the pros and cons of all things in daily life. It leads to kindness, far-sightedness beyond narrow self-interest, appreciation of life even at times of difficulties and adherence in the values of religious teachings and virtuous principles without falling into blind faith.

Social health come from relationship with surrounding people, community and society, and the ability to maintain such relationships through kindness, trust and cooperation that is a healthy social life with friendship and social environment conducive to a good life.

Health or wellbeing, therefore, is a combination of all aspects of our lives which are influenced–positively or negatively by several factors coming from three different sources that is:

(1) Ourselves Our genetics, personal behaviors, lifestyle and belief can influence our own wellbeing. For example, a bad eating habit without adequate exercise is detrimental to our health because "we are what we eat."

(2) Environment encompasses all aspects of physical and social environment such as air and water quality, housing, public parks and recreational facilities, transport and communication systems, the economy, social capital, as well as public policies in all areas including city planning, industrial development and social policies.

(3) Health care systems covers public health services such as the number of and quality of health care facilities, the number of health personnel and access to services.

These three sources are closely interrelated and connected to many other health-influencing and indirect factors such as political climate, educational systems, food security, social conflict, employment and human rights that can all affect our health or wellbeing through the different factors mentioned above.

Two HIA Approaches

HIA in Thai society can be categorised into different 2 approaches based on the nature of their application. Both have the same goal, that is, to ensure that public policies, projects or development activities pay attention to the wellbeing of people and the community. Both also emphasizes on participatory processes and collective learning for all related stakeholders.

1) HIA as a Licensing Tool: This is relevant when HIA is integrated into EIA (Environmental Impact Assessments) for the pre–license assessment of public policies, projects or activities which may seriously affect the community in the areas of environment, natural resources and health. The Announcement of the Ministry of Natural Resources and Environment on 31st August, 2010 declared 11 industries as falling under category of requiring and EIA in this way. We may call this approach "mandatory HIA" because it follows Section 67 (2) of the Constitution of the Kingdom of Thailand BE 2550 (2007) and is accompanied by a mandatory EIA.

2) HIA as a Learning Process: This is relevent when the HIA is used as a tool or process where all stakeholders in the society at local or community levels come together to learn and identify the best way to ensure that proposed projects or development activities will be most beneficial to the wellbeing of the people and the community while minimising the negative impacts on the people in the community. This HIA approach can be applied to any policy, project or development activity and is not limited to those specified by law. We can call this approach "voluntary HIA". The real intention of the HIA here is to encourage all levels of society to apply this learning process as broadly as possible so that it becomes part of the development culture without having to rely on legal requirements.

Two HIA Approaches

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HIA, as used in other countries, can be divided into two approaches. The first approach, used in Canada and New Zealand, is to apply HIA to complement EIA. The second approach, used in England and the Netherlands, is to employ HIA as a distinct process to ensure Healthy Public Policies.

After studying their examples, we invited experts from these countries to join our meeting in the second half of 2001 to discuss Thailand's HIA direction. The opinions went both ways. Some wanted to integrate HIA into the pre-licensing process, while others wanted to use it as a learning process in policy making. Out of the discussion, we came to the conclusion that, like in other countries, if HIA is used in the same way as an EIA, there will be an overemphasis on licensing.

Source: Excerpt from 4th October, 2010 interview

However, although licensing is not the main reason and goal, this HIA approach also is connected to licensing. When an HIA report is completed, the results will be used to help determine options or decide whether an assessed policy or project should be licensed or how it could be improved to best benefit the health of the people and the community. The difference is that this HIA approach is not compulsory, but aims to raise awareness and encourage those involved to apply it to their situation.

From past experience, Thai society has had many public policies, projects and development activities which did not have only positive effects, but in many cases also caused negative impacts on the health and life of people and community. These incidents raised the question regarding net effects of development and balancing the pros and the cons of development also.

It is true that policies and projects do not normally aim to create negative impacts, but often those involved in the operation can become negligent or lack concern on the comprehensive meaning of health dimensions. Over time, negative effects reveal can themselves in the forms of illnesses, conflicts, violence and adverse effects on community economy. Such problems repeat themselves over and over in many areas with industrial development. For example, communities near Map Ta Phut industrial estate face pollution emitted from heavy-industry factories. Bang Sapan community in Prachuab Kirikhan is affected by an iron-smelting factory, leading to conflict and violence. Wang Sapoong community in Loei suffers from toxic chemicals released from a gold mine.

Although development is necessary for today's society, we should not allow it to benefit a group of people while leaving others to face ensuing problems and difficulties. The people and their community should ensure that development confers benefits to their wellbeing. The most important mechanism to ensure that development projects and the wellbeing of the people and the community go hand in hand is the HIA (Health Impact Assessment).

History of HIA

HIA at global level

With the WHO as the main supporter, the idea of "Healthy Public Policy" emerged at the 1986 First International Conference on Health Promotion in the Ottawa Charter for Health Promotion. This "Ottawa Charter", for short, calls for the building of "Healthy Public Policy", which puts health at the center of all policy decision in all issues by all sectors and at all levels. Policy makers must consider the health impacts of all projects or development activities.

According to the meaning given in the Ottawa Charter, Healthy Public Policy is *"a policy in any sector and at any level which attaches importance to the health of the people. All policies and projects must be made and planned with the full recognition of possible health consequences. These are health-oriented policies."*

Thai scholars have later elaborated on Healthy Public Policy as *"a public policy which has a clear concern for physical, mental and social wellbeing of all groups of the population; is responsible to possible health consequences; aims to build a health–conducive physical, economic and social environment; and allows citizens health options and access to health–promoting options."*

Healthy Public Policy is an important paradigm shift on health. Previously health was defined as the absence of disease as well as physical and mental disability. Prevention and treatment were therefor the most important issues. This line of thinking was clearly reflected in global trends such as "health for all" and "basic health care". However, the failure of these ideas to satisfactorily reduce health problems led to a rethinking on a global scale. The WHO, therefore, spearheaded the use of HIA as a tool to create "Healthy Public Policy". Several countries in Europe have adopted HIA and EIA as tools to ensure Healthy Public Policy. The European Union set a common goal of 2020 by which time all member states must have set up health assessment mechanisms to evaluate health impacts, and requiring all sectors to account for their decisions and policies on all issues in term of careful consideration of possible health impacts to people, community and society.

HIA in Thailand

The idea of HIA became concrete in Thailand around 1997, when the new Constitution of the Kingdom of Thailand BE 2540 (1997) allowed democratic participation on an unprecedented scale and gave social movements a firm foothold. The Health Systems Research Institute then intensified their work on health system reform. The Senatorial Commission on Public Health Subsequently issued the "Recommendations on National Health Systems Reform, according to the 1997 Constitution", in which the sections on health promotion and disease control stipulated that *"The government must ensure a mechanism both at central and local levels to bring to account persons or organisations involved in or responsible for negative health impacts."*

In 2000, the government issued a "Rule of the Office of the Prime Minister on National Health System Reform" and formed the National Health Systems Reform Committee to push forward a comprehensive health system reform, focusing on a strategic plan to proactively promote good health rather than passively treating ill health ("the Health Promotion Before Health Repair" policy) An important goal was to promulgate the National Health Act to be used as a tool for long–term health reform and National Health System Reform Office was established as Secretariat.

One result of these actions was the nationwide public hearing forum which led to recommendations on "The health system that Thai people want" and a collective statement of intention that *"Development must promote the health of the people alongside economic growth ..."* In addition, the public were urged to participate in policy–making processes and create a concrete system for health impact assessments.

In the following year (2001), a National Health Assembly demonstration was shown at the "Health System Reform Fair" to promote "Healthy Public Policy" with HIA as a tool. At the same time, the Health Systems Research Institute established the "Research and Development Programme on Health Impact Assessment System" with the objective to advance academic knowledge and coordinate with various networks on this important issue. This programme later evolved into the "Research and Development Programme on Healthy Public Policy and Health Impact Assessment System (HPP–HIA Project)" which plays an important role in supporting HIA as a learning process in many projects such as the Eastern Seaboard development project, Map Ta

Phut industrial estate, the use of chemicals in Fang orange orchards, the use of chemicals in contract farming system, high–rise constructions in Chiang-mai, Wiang Haeng coal mines and a potash mining project in Udonthani.

Another important step in 2001 was the draft law on National Health which included many important aspects of the development of Healthy Public Policy and HIA.

During 2002–2004 bureaucratic restructuring, the Ministry of Public Health established the Division of Community Sanitation and Health Impact Assessment. The Department of Disease Control also began assessing health risks with an analytical approach on many occasions. The proposal that the Ministry of Natural Resources and Environment integrate health and social dimensions into the EIA approach was met with favourable responses.

Between 2005–2006, the effort to bring HIA to reality attracted the attention of the National Economic and Social Advisory Council who made a recommendation to the cabinet and appointed the Working Group on Health to follow up and provide continuous support to the development of HIA.

2007 can be considered the turning point on the development of HIA in Thailand. Firstly, the draft National Health Act was finally promulgated into law in March 2007, after its first conception in the beginning of 2001 and a long period of what was often a 'cloudy' political climate. Section 11 of the law guarantees the right of the people concerning HIA as follow:

> "An individual or a group of people has the right to request for an assessment and participating in the assessment of health impact resulting from a public policy."

> "An individual or a group of people shall have the right to acquire information, explanation and underlying reasons from state agencies prior to a permission or performance of a programme or activity which may affect his or her health or the health of a community, and shall have the right to express his or her opinion on such matter."

Five months later (August 2007), the Constitution of the Kingdom of Thailand BE 2550 (2007) came into force and Section 67 (2) of the Constitution stipulates that:

"Any project or activity which may seriously affect the community with respect to the quality of the environment, natural resources and health shall not be permitted, unless, prior to the operation thereof, its impacts on the quality of the environment and on public health have been studied and assessed and a public hearing process has been conducted for consulting the public as well as interested persons and there have been obtained opinions of an independent organisations, consisting of representatives from private organisations in the field of the environment and health and from higher education institutions providing studies in the field of the environment, natural resources or health."

In addition, in 2009 the National Health Reform Committee issued the *Statute on National Health System,* in accordance with *S*ections 46 and 47 of the National Health Act BE 2550 (2007), This was to be referred to as a framework and guideline in the formulation of policies and strategies and performance of health–related activities. Section 38 of Chapter 5 of the statute requires assessment of health impacts from public policies, projects, or activities which may affect health. Also importantly, it emphasises the capacity enhancement of local administrations to carry out health impact assessments when required, to formulate Healthy

Public Policy and projects, issue permission to projects or activities with possible health impacts, and monitor them to ensure the concerned government agencies and private sectors implement the projects in a responsible manner. This statute was approved by the Cabinet and is legally binding on all government agencies.

HIA in Thailand was founded on conceptual research accompanied by practical implementation long before becoming official reality. This makes HIA not only a social mechanism with a firm knowledge and legal basis, but also a new dawn for the development of Healthy Public Policy in Thailand. It is hoped that HIA will lead to a paradigm shift in the country's development in the long term.

HIA's Legal Basis

Constitution of the Kingdom of Thailand BE 2550 (2007)

Section 67 (2) :

"Any project or activity which may seriously affect the community with respect to the quality of the environment, natural resources and health shall not be permitted, unless, prior to the operation thereof, its impacts on the quality of the environment and on public health have been studied and assessed and a public hearing process has been conducted for consulting the public as well as interested persons and there have been obtained opinions of an independent organisation, consisting of representatives from private organisations in the field of the environment and health and from higher education institutions providing studies in the field of the environment, natural resources or health."

National Health Act BE 2550

Section 5 :

"A person shall enjoy the right to live in a healthy environment and environmental conditions."

"A person shall have the duties in cooperation with State agencies in generating the environment and environmental conditions under paragraph one."

Section 11 :

"An individual or group of people has the right to request for an assessment and participate in the assessment of health impacts resulting from a public policy."

"An individual or group of people shall have the right to acquire information, explanation and underlying reasons from a state agency prior to permission or performance of a programme or activity which may affect his or her health or the health of a community, and shall have the right to express his or her opinion on such matters."

Section 25 (5) :

"The National Health Commission shall have powers and duties as follows:

.....

"(5) to prescribe rules and procedures on monitoring and evaluation in respect of national health systems and the impact on health resulting from public policies, both in the level of policy making and implementation"

Statute on National Health System 2009

Chapter 5 Section 38 :

"The State shall arrange to put in place a mechanism to assess health impacts deriving from public policies, projects, or activities that may affect health in accord with the provisions of the Constitution of the Kingdom of Thailand and other related laws."

"The State shall enhance the capacity of local governmental organisations to carry out health impact assessments when required, to formulate a policy, develop a project, issue permission to carry out a project or activity with possible health impacts, and monitor the project implementation to ensure that the State and private sectors concerned implement the projects in a responsible manner."

"The State shall promote organisation by the people and their participation in the process of health impact assessment to protect the rights of the community from the impacts of public policies, projects and *activities to be implemented in the community. It shall also arrange for the establishment of a mechanism to receive complaints from people who have been affected and to solve problems in a timely manner."*

Testing Time

Two cases immediately arose to test the new introduction of HIA in Thailand. One came out of people's and community power, while the other involved the assertion of legal rights. Both, however, stemmed from the serious impact from heavy industries in Map Ta Phut industrial estate and nearby, as well as aiming at the goal of gaining the industrial sector's attention to the health of the people and the community.

People s and community power

Soon after the National Health Act came into force on 19 March 2007, the Eastern Region People's Network Group filed a case to the National Health Commission Office (NHCO) on 9 April 2007 to demand their rights under Sections 5, 10, 11, and 40 of the National Health Act for an issue–based Health Assembly and an HIA of industries in Map Ta Phut and nearby areas of Rayong province. They claim that despite the adverse effects to health and life that the area's residents have endured over the past 20 years, the problems have not been adequately addressed and remedied.

Health Assembly

A Health Assembly is Is a public policy process aimed to create wellbeing in society by allowing individuals, groups, networks and relevant agencies to work with and learn from each other in order to collectively define goals and directions, as well as working, monitoring and evaluation methods. Health Assembly is one of the mechanisms provided in Chapter 4 of the National Health Act BE 2550 (2007).

A Health Assembly can be organised in 3 ways: **(1) A Local Health Assembly** is a health assembly defined by geographical location such as health assembly on the impacts from factories in Map Ta Phut industrial estate **(2) Issue-Based Health Assembly** is a health assembly defined by an issue or a topic such as "Global Hub for Health" policy or free trade agreements. **(3) National Health Assembly** is a national-level health assembly which takes many issues into consideration and makes recommendations to ensure Healthy Public Policy and wellbeing of all people in the country. The National Health Assembly has been conducted in Thailand on a yearly basis for the last three years.

The Health Assembly is based on six important principles including : (1) Multi-sectoral participation especially from academia, government and civil society (2) Systematic operation (3) Knowledge-based approaches conducted in unity (4) Participatory democracy where all parties have the opportunity to learn and share experience on an equal basis. (5) Clear articulation of the issues to be developed into Healthy Public Policy in accordance with the Statute on National Health system and (6) Multiple channels for concrete realisation.

Source : Adapted from National Health Commission Office (NHCO) website http://www.nationalhealth.or.th/index.php?option=com_content&view=article&id=20&Itemid=68 and http://www.samatcha.org/ retrieved on 1st February, 2011.

Their effort resulted in policy recommendations which the National Health Commission (NHC) endorsed and passed into a resolution in August 2008. It was then sent to the Cabinet for approval. The resolution contained five main points:

1. Relevant government agencies must disclose information on the health impacts of the industries, especially in Map Ta Phut and Ban Chang districts.

2. Relevant government agencies must produce plans and guidelines for the prevention and mitigation of industrial accidents, as well as toxic chemical accidents.

3. NHC shall support the development of a central operative mechanism and promote capacity building for civil society

4. The government must review and revise its development approach in Rayong province and

5. The government must temporarily suspend expansion and construction of factories in Map Ta Phut and Ban Chang districts

The cabinet gave approval to the first 3 recommendations, but referred the last two to the Eastern Seaboard Development Committee for a review before resubmitting them to the cabinet.

This case was a test of HIA's effectiveness to use participatory democracy in problem–solving process with "issue–based health assembly" as its related mechanisms.

Asserting Rights through the Justice System

Around the same time, as this case, 27 representatives of the Eastern Region People's Network Group filed a negligence case against the National Environment Board (NEB) to Rayong Administrative

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What are the Industry s HIA Concerns?

At first, we were concerned about the unclear definition of the phrase "seriously affect" in Section 67 (2) of the Constitution. In the past, the industrial sector has become accustomed to an EIA according to the Enhancement and Conservation of National Environmental Quality Act BE 2535 (1992), which touches on health only in relation to the environment such as the source and affected population of toxic chemicals. But we were not clear about HIA when it arrived, but now the situation is better.

The second concern has the assessment process. Both the EIA and HIA take a long time to be completed for any project/activity with potential serious effects as required by the Constitution. From my research, the whole process typically takes around 10 months to one year, but it can be more than that if there's a problem at any step or if the report isn't approved. Such uncertainty and length of time concern investors. Especially foreign investors are worried about the uncertainty whether the report will be approved. They may choose to invest elsewhere where they have a better idea about the result.

Source: Excerpt from 2nd November, 2010 interview.

Court for not declaring Map Ta Phut and nearby areas a pollution–control zone despite serious environmental problems and continued adverse affects to residents. The NHC's 5–point resolution cited above was included in the complaint. Referring to Section 5 of the National Health Act BE 2550 (2007) and the NHC's resolution, Rayong Administrative Court ruled against the NEB and unconditionally declared Map Ta Phut and nearby areas a pollution–control zone. NEB's March 2009 declaration in accordance with the ruling was a first victory for the people.

Another important lawsuit was brought on the 19th June 2009 by the Stop Global Warming Association and 43 Map Ta Phut residents against 8 government agencies including NEB, the Secretary General of the Office of National Resources and Environmental Policy and Planning (ONEP) and the Ministry of Natural Resources and Environment. They were all charged for issuing operating licenses to factories which fell under "projects or activities which may seriously affect the community with respect to the quality of the environment, natural resources and health" in violation of Section 67 (2) of the Constitution of the Kingdom of Thailand BE 2550 (2007). The plaintiffs requested the suspension of 76 industrial projects which had been licensed in Map Ta Phut, Ban Chang and nearby areas.

Before the ruling, the court on the 29th September 2009 issued an injunction ordering the previously licensed 76 industrial projects worth 400 billion baht to temporarily halt operations until the court mades a decision. This injunctions was a bomb that rocked Thailand's industrial sector in an unprecedented scale, causing concern to the government as well as local and international investors. The government feared that the decision would force investors to shift their investments elsewhere and hurt Thailand's economy, while the project owners feared losses and delay which would increase their costs.

While the court had yet to rule and the 76 projects were suspended, there were efforts to clarify the meaning of "*projects or activities which may seriously affect the community with respect to the quality of the environment, natural resources and health"* as stipulated in Section 67 (2) of the Constitution.

As a matter of fact, the Ministry of Natural Resources and Environment had made similar attempts since 2008 on definitions but so far definite conclusion had not been reached. The court's injunction therefore gave an impetus to intensify the effort in an inclusive manner in order to win approval from society. The Prime Minister on 13rd November, 2009 appointed former Prime Minister Anand Panyarachun to chair the *"Committee to address the issues pertaining Section 67 (2) of Constitution of the Kingdom of Thailand"*. Also called a *"Four–Part Committee*", this committed was made up of representatives from four sectors, namely, civil society, the government, academic experts and the private sector.

The Four–Part Committee report recommended a list of 18 industries as "project or activities which may seriously affect the community subjected to an EIA and HIA before beginning operation. However, the National Environment Board revised the recommendations and shortened the list to include only 11 industries. The cabinet approved the NEB revision and the Ministry of Natural Resources and Environment enacted the decision into a ministerial rule which came into effect on the 31st August, 2010.

Two days later (2nd September, 2010), the Central Administrative Court's final ruling allowed 74 projects to resume operation and revoked the licenses of 2 projects.

Eleven Industrial Projects/Activities with Potential Serious Effects under Section 67 (2) According to the National Environment Board Resolution

The National Environment Board cut the list of industrial projects/activities with potential serious effects from 18 industries as recommended by the Four-Part Committee to 11, before making an official announcement. Details of the remaining 11 categories have been modified to varying degrees of significance. The below summary doesn't include all details and gives no information on the criteria, method and protocol for license application. (All information can be found in the Royal Gazette volume 127, Special Part 104 d 31st August, 2010)

Category	Project/Enterprise	Size
1	Offshore, lake or coastal landfills – except in the case of coastal rehabilitation.	larger than 300 rai
2	Mines	
	2.1 Underground mines, designed to collapse after decommissioning without collapse-preventing supports and filling materials	All sizes
	2.2 Mining of lead, zinc or other metals using cyanide, mercury or lead nitrate in the production process. Mining of other metals which have arsenopyrite as associated mineral.	Output of more than 200,000 tons/month or more than 2,400,000 tons/year
	2.3 Coal mines using vehicles to carry outputs offsite	All sizes
	2.4 Floating mines of every kind	All sizes
3	Industrial estates according to the Industrial Estate Act or similar projects	
	3.1 Industrial estates or similar projects with more than one factory established to support petrochemical industry (category 4 below) or iron-smelting industry (category 5.1 or 5.2)	All sizes
	3.2 Industrial estates or similar projects with expansion to support petrochemical industry (category 4 below) or iron-smelting industry (category 5.1 or 5.2)	All sizes
4	Petrochemical industry	
	4.1 Upstream petrochemical industry	All sizes or expansion of more than 35% of original capacity
	4.2 Intermediate petrochemical industry	
	4.2.1 Intermediate petrochemical industry producing or using Group 1 carcinogens.	Production output of more than 100 tons/day or combined capacity expansion of more than 100 tons/day
	4.2.2 Intermediate petrochemical industry producing or using Group 2A carcinogens.	Production output of more than 700 tons/day or combined capacity expansion of more than 700 tons/day

Category	Project/Enterprise	Size
5	Metal smelting or melting industry	
	5.1 Steel mills	Input of more than 5,000 tons/day or combined input of more than 5,000 tons/day
	5.2 Steel mills which produces coke coal or involves sintering process	All sizes
	5.3 Copper, gold or zinc mills	Input of more than 1,000 tons/day or combined input of more than 1,000 tons/day
	5.4 Lead mills	All sizes
	5.5 Metal-melting industry (except steel and aluminum)	Output of more than 50 tons/day or combined output of more than 50 tons/day
	5.6 Lead-melting industry	Output of more than 10 tons/day or combined output of more than 10 tons/day
6	Production, disposal or modification of radioactive	All sizes
7	Waste-treatment facilities, waste/garbage crematoriums or burials according to relevant laws (except burning in cement incinerators where toxic waste is used as alternative or additional fuels)	All sizes
8	Airports	Construction, expansion or increase of runways of more than 3,000 meters
9	Piers and ports	1) Berth length of more than 300 meters or docking areas of more than 10,000 square meters (except passenger ferry piers, piers for vessels carrying consumer products and marinas) 2) Canal digging of more than 100,000 square meters (except passenger ferry piers, piers for vessels carrying consumer products and marinas) 3) Managing more than 25,000 tons/month or 250,000 tons/years in combined weight of dangerous materials or toxic waste belonging in Group 1 carcinogens.
10	Dams and reservoirs	1) More than 100 million cubic meters in volume or 2) More than 15 square kilometers in water-holding area
11	Power plants	
	11.1 Coal power plants	Combined output of more than 100 megawatts
	11.2 Biomass power plants	Combined output of more than 150 megawatts
	11.3 Natural gas power plants with combined cycle or cogeneration system	Combined output of more than 3,000 megawatts
	11.4 Nuclear power plants	All sizes

Source: The Government Gazette Vol 127, Special Part 104 d., 31st August, 2553.

The NEB revision of the Four–Part Committee's list to include only 11 industries caused an uproar of criticism and debate on the definition of "*projects or activities which may seriously affect the community*." While the Office of National Resources and Environmental Policy and Planning (ONEP) focuses on the physical environment, the National Health Commission (NHC) attaches importance to the four dimensions of health and wellbeing with special attention to vulnerable groups such as children, pregnant women, the elderly, chronic diseased patients and the disabled.

Even today, the debate still rages on regarding what constitute a project/activity which may seriously affect the community, despite announcements of official guidelines. Although the definition of "projects or activities which may seriously affect the quality of *the environment and natural resources*" may be not complicated because such effects are quantifiable, the meaning of 'serious effects on health' is much more complex due to the multiple dimensions of health. However, these disagreements will be easier to reconcile if people's lives are put at the center of economic development.

What are Serious Effects? : Different Perspectives

Environmental Perspective

Projects or activities with 'potential serious effects' mean "projects or activities with a high risk of affecting the quality of the environment, natural resources or health to the extent that they cannot be adequately rehabilitated or replaced or decompensate or takes a long time to rehabilitate.

(Office of National Resources and Environmental Policy and Planning)

Health Perspective

The effects on the community in the health dimension must be considered from the health-determining factors, including social factors which are also important. The degree of 'seriousness' must be considered from the 3 categories of health threats, namely, physical, chemical and biological, and according to the nature of the risk. Special considerations must also be given to vulnerable groups such as children, pregnant women, the elderly and the disabled.

In the physical and mental dimension, 'serious effects' mean that the health threat can cause deaths, chronic illnesses such as cancer, premature births leading to long-term health problems for the babies, disabilities from chemical accidents and, psychological disorders. These must be scientifically demonstrable. In addition, in the mental health dimension, "serious effects" also includes health threats which may disturb the "spiritual center" of the community such as places of worship, archeological sites, ancestral grounds and, sacred places.

In the social health dimension, "serious effects" mean that the threat may cause changes to the normal life of the community such as migration, settlement by migrant workers, career shift and crime.

To determine whether a project or activity may have potential serious effects, the following characteristics must be considered (1) Type, output and size of the project (2) Health status of the people in the community (3) Areas that may be potentially affected and (4) Management capacities of relevant agencies.

Source: Adapted from "Criteria of projects or activities which may seriously affect the wellbeing of the community" of the Committee on Criteria of Projects or Activities Which May Aeriously Affect the Wellbeing of the Community (October 2010)

With EIA Already In Place, Why Do We Need HIA ?

There's one question that many may want clearly answered, considering that over the past 20 years Thailand has already had EIA as a tool to assess environmental impacts for the pre–license screening of policies, projects or development activities, and EIA has incorporated HIA as part of the impact assessment where public policies, projects or activities may seriously affect the community as required by Section 67 (2) of the Constitution. So why do we still need HIA?

EIA vs HIA : Filters of Different Sizes

If the EIA and HIA are compared to sieves, EIA would be one with large perforations designed for the screening of projects and activities with potential adverse effects as required by law. HIA, on the other hand, would be a sieve with smaller perforations designed to be used for virtually all kinds and all sizes of projects or activities. A project or activity that passes through the sieve of EIA therefore can be further filtered with HIA, using the four channels or conditions for such screening.

Isn t EIA enough? Why do we need HIA?

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Whether EIA by itself is enough depends on the effectiveness of the government sector and those involved in an EIA. Japan requires only an EIA with some health dimension integrated into it like Thailand in the past, this works for Japan because they conduct the EIA in a very rigorous way and their government agencies are serious. and committed. Thailand, we may have too many agencies including the Pollution Control Department, ONEP, Department of Industrial Works and other agencies also. Each has its own mandates, and works on its own. But in the case of Japan and USEPA (US Environmental Protection Agency), one agency is responsible for the whole process, and this allows a clear big picture to emerge.

If Thailand still has many agencies in this structure, having both EIA and HIA may be appropriate for integration. But if Thailand reorganises all of these agencies into a one stop service like in Japan or the US, then maybe only the EIA is required. However, both Japan and the US are very serious about the environment. They have top-class experts who, with only one look, can examine whether a water treatment system complies with the regulations. Thailand does not have experts like that yet. So I think the current model is appropriate for Thailand.

Source: Excerpt from 2nd November, 2010 interview

As a tool designed mainly for the assessment of projects or activities as required by law, the EIA is mandatory only for projects or activities as specified by law. Any project that doesn't fall under these specifications will automatically pass EIA screening.

For example, it's not surprising to find many hotels, resorts and residential buildings with fewer than 79 rooms/units because the law requires only those with 80 rooms/units or more to be subjected to EIA (according to the 26th June, 2009 Announcement of the Ministry of Natural Resources and Environment). Although these projects are not subjected to an EIA, it doesn't follow that they have no environmental or health impacts to the community because these may be accumulated over the years before becoming a threat to the community. As a result, EIA alone is not sufficient to guarantee the health of the people and the community because it is limited by the size of the projects or activities as defined by law.

The HIA, on the other hand, is a tool developed from the notion of placing the wellbeing of the people and the community at its center. It is therefore designed to handle all projects or activities, although it can also be made legally mandatory, like EIA, for the pre-license screening of projects and activities. (Since the Constitution of the Kingdom of Thailand BE 2550 (2007) came into effect, public policies, projects or activities with potentially serious effects are subjected to both a EIA and HIA).

HIA can be used to screen whether and how public policies, projects or development activities of the government or local administrations will affect the wellbeing of the people and the community, regardless of type, size or possible effects. As such, HIA is a multipurpose and, open-ended tool. The rationale of HIA is not primarily about licensing, although it can be used for such purpose. On the contrary, HIA is a process to identify options for public policies, project and development activities and compel them to pay attention to the wellbeing of the people and the community. The conditions or channels for HIA are, therefore, endless, although the 4 main channels are:

(1) Pre-license HIA integrated into an EIA is conducted according to Section 67 (2) of the Constitution. As such, it is often called HIA in EIA or H/EIA.

(2) A Voluntary HIA can be conducted, if a policy, project or development activity is deemed by the owner to require a HIA.

(3) If a group of people or a community is concerned that a licensed project or activity will affect (or has already affected) their livelihood, they can demand their rights under Section 11 of the National Health Act BE 2550 (2007) for an HIA to be conducted by the National Health Commission Office (NHCO), and

(4) A group of people or a community can freely self-organise and conduct an HIA as a learning process to solve problems or identify options and guidelines for policies, projects or activities for the wellbeing of their community, regardless of the project's type or size or legal requirement.

Vacuum to be Filled

With its focus on the assessment of impacts to the *environment and natural resources,* an EIA doesn't cover other important aspects which determine the health of the people and the community.

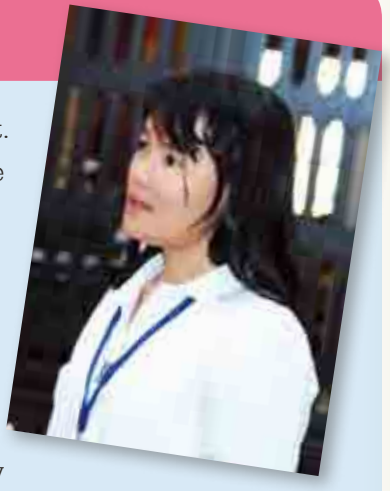
The EIA framework covers 4 compartments of natural resources and environment That is: (1) Physical environment and natural resources (2) Biological environment and natural resources

(3) Utility for human use and (4) Value to quality of life. Although each compartment contains considerable details, this framework is limited by its lack of attention to social and cultural factors as well as community livelihood which are important to the wellbeing of the people. Moreover, the methodology and procedure of an EIA are reductionistic in nature and, lacking the holistic picture of the impacts to community and livelihood. An EIA alone, therefore, is inadequate for the protection of the wellbeing of the people and community, especially in the present context of capitalistic development focusing on profit and economic growth.

This vacuum can be filled by a HIA which attaches importance to all elements which may impact on the livelihood and wellbeing of the people and the community, whether concerning the environment, economy, society, religion, culture, or public health resources.

With its comprehensive coverage of all health–determining factors, the HIA is a holistic tool suitable for the assessment of all types of projects or development activities, regardless of whether it may seriously affects the people and community. Such quality makes HIA a tool which can complement what's missing from the EIA.

Differences between HIA and EIA



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Health Impact Assessment Coordinating Unit
National Health Commission Office (NHCO)

The important difference is that the EIA is a mandatory assessment. A project which falls under the legal requirements must complete an EIA before the government authorise it. On the other hand, a HIA although an integral part of the EIA as required by Section 67 (2) of the Constitution has another important function as a collective learning process leading to options and decision-making to ensure that public policies and development projects are as healthy as possible. The true intention of a HIA in this regard doesn't require certain kinds of projects to conduct report for licensing purposes, but aims to be a process of collective social learning by all sectors of society with the ultimate goal of wellbeing for all.

When we speak about the HIA therefore, we must distinguish between a HIA for the authorisation of policies or projects with potential serious effects according to Section 67 (2) of the Constitution, on one hand, and a HIA as outlined in the National Health Act BE 2550 (2007) which aims not at licensing but at a learning process to protect the lives and health of the people, on the other hand.

Another difference between EIA and HIA is the level of participation in the assessment process. Before Section 67 (2) of the 2007 Constitution came into effect, the EIA did not involve different sectors. The owner of the policy or project only needed to hire experts to conduct a study according to the ONEP guidelines and present the resulting report to the licensing authority. Section 67 (2) requires both a EIA and HIA for polices or projects with potential serious effects and the process must involve the public and all stakeholders from the beginning step of defining the assessment framework to the last step of approving the report to be presented to the licensing authority. All forms of HIA put strong emphasis on participatory processes whether it's HIA for licensing or HIA as a wellbeing-oriented learning process.

Source : 11st November, 2010 interview

Different Assessment Process

As mentioned, the EIA is a screening tool for licensing. Some irresponsible project owners may see the EIA as an obstacle or even as a counterproductive risk to economic development to be overcome as quickly as possible. Such attitude makes some entrepreneurs only focus on licensing, ignoring that the true intention and essence of the assessment. The many doubts targeting the transparency and credibility of EIA are therefore understandable.

Firstly, in the mandatory pre-license impact assessment, the project owner (whether government agencies or private sector) aims to ensure that their project gets licensed as soon as possible or within a predetermined timeframe, otherwise the delay will cost further expenses or loss of business opportunity.

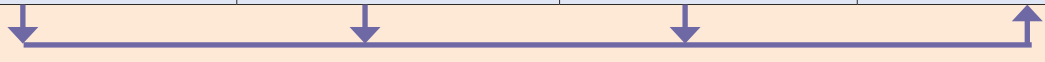
But due to the many detailed requirements, it becomes tempting for such actors to get licensed by any means possible, even shady means.

The important actors involved are the expert consultants who write the assessment report, the project owner, and the licensing authority.

Although the expert consultants who can produce EIA reports must theoretically be professionals authorised by the Office of National Resources and Environmental Policy and Planning (ONEP), it doesn't guarantee that the resulting reports will be truthful. Project ownersdriven to get licensed as quickly as possible may offer financial incentives for unscrupulous experts to produce a false report which can be presented to an unwitting or lax authority for a quick approval.

EIA Analytical Framework

Physical environment and natural resources	Biological environment and natural resources	Utility	Quality of life
- Terrains - Soil - Geology - Natural resources - Surface/subterranean water - Sea water - Air - Noises	- Animals - Rare species - Forests - Wildlife - Marine life - Biodiversity	- Water - Transportation - Electricity and energy - Flood control - Water drainage - Agriculture - Industry - Mining - Recreation	- Economy - Society - History - Aesthetics - Public health - Occupational health - Culture - Community relationships - Human resources



Source : HIA Guidelines for the Analytical Report of Environmental Impacts, published by the Office of National Resources and Environmental Policy and Planning, Third edition, September 2010.

The above scenario is not pure imagination. There are real–life examples, such as Sahaviriya Group's 500–billion baht project to construct a new iron–smelting plant in Bang Sapan district, Prachuab Kirikhan during 2006–2007. This project was on the verge of encroaching on the Mae Rumphung peat swamp forest which were a fertile public area and traditional source of food and resources for surrounding communities. When its EIA report was made public, there were wide protests by local residents with support from a network of many NGO's and a large number of academics. The report, produced by two consultancy firms under the guidance of academics from a leading public university, identified the area as abandoned without any mention of its fertility as a peat swamp forest. The report was, however, accepted by relevant government agencies, despite objections from many professional organisations who identified the area as peat swamp forest. Finding themselves in a tight corner, the project owner quietly withdrew the report and commissioned a new one by the same consultancy firms. The second report again failed to mention the peats swamp forest, but referred to the area as a 'ponded woodland'. This led to even louder protests and serious clash between project owner and the community and between people in the same community at an unprecedented level.

It must be recognised that the lack of transparency and credibility in the the EIA process as mentioned above can also happen to HIA, especially when it involves licensing. Once the focus is the licensing rather than truly ensuring the health of the people and the community, HIA can also become only a ritual or a "rubber stamp."

It may help that the HIA has a built–in immunity to such corruption in the form of a highly participatory democratic process. In addition, the HIA outside licensing has a lower risk of this problem, because the licensing isn't the end product of assessment. On the contrary, assessment is conducted to ensure healthy public policies and projects.

The real intention of HIA is to encourage all levels of society to apply this learning process as broadly as possible so that it becomes part of the development culture without having to rely on legal requirement

Secondly, EIA has faced many problems in terms of stakeholder participation. Although public hearings are required at the stage of scoping and public review of the report, they are often criticised as lacking transparency and credibility in terms of participant selection, location and time of public hearings, as well as the adequacy of information given to the public and community before the hearings.

On the other hand, the HIA attaches great importance to stakeholder participation at every stage of the assessment. The public, academics, government agencies, private sector and civil society in the area collectively determine the analytical framework, build common understanding, share information, identify options and formulate guidelines, listen to opinions towards the draft report, review and revise the draft report and monitor the results. The most important goal is not the licensing outcome but the identification of options and

formulation of appropriate guidelines to ensure that the project or activity will be most conducive to the wellbeing of the people and as much as possible minimize adverse affects.

It can be said that stakeholder participation is at the heart of the HIA process. The schedule of an HIA process is therefore full of "public forums" with participants from all sectors. The forum also rotates to different areas to ensure that all groups of stakeholders have an opportunity to express their concerns and opinions, according to the 7 guiding principles of 1) Democracy 2) Fairness 3) Evidence–based 4) Feasibility 5) Broad and equal cooperation 6) Holistic wellbeing and 7) Sustainability

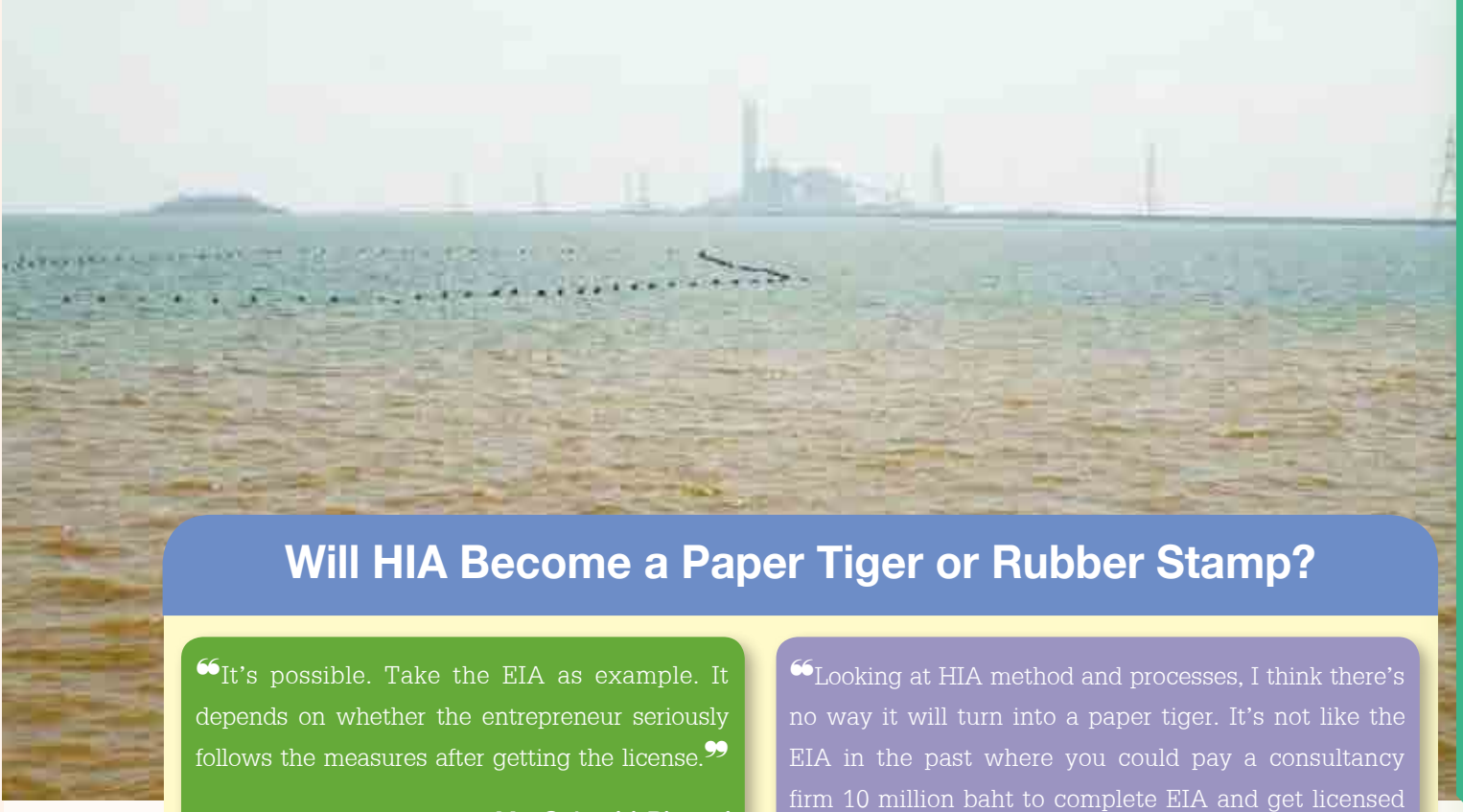
These 3 main differences between the EIA and HIA are the reason why HIA is an important tool which will ensure that development and the health of the people go hand in hand in a sustainable manner, especially in the context of profit–oriented development focusing mainly on economic growth.

A society in which development and health security sustainably go hand in hand is indeed a matured society fit for the development to benefit all.

HIA s Analytical Framework

- Changes in conditions and utilities of natural resources including land, water, fishery, forest, minerals, biodiversity, other natural resources and the ecosystem.
- Manufacture, transport and storage of dangerous materials
- Production and emission of health-threatening waste from the construction, manufacturing or any other process such as garbage, waste, toxic chemicals, sewage, contaminated objects, heat, air particulates, dust, brightness, noises, odors, vibrations and radioactives.
- Exposure to pollutants and other threats to health through all routes – respiration, ingestion or skin contact.
- Changes and impacts, both positive and negative, on jobs, employments and work environment in the areas such as work-related risks and accidents, changes in the ecosystem, resources and supply chains of essential goods and services for the area residents.
- Changes and impacts on the relationships of the people and the community both within and beyond the community, especially migration for work, increased or decreased public space and conflict which may arise around the project or activity.
- Changes to places and areas of artistic and cultural significance such as religious shrines, places of worship, historical or archeological areas.
- Impacts which are specific to or particularly serious for certain populations, especially vulnerable groups such as children, the disabled, the elderly, single parents or ethnic minorities.
- Public health resources and preparedness in term of health promotion, prevention, treatment and rehabilitation which may be related to the projects/activities, including availability of baseline health data, impact-monitoring information system management, capability to detect illnesses and respond to accidents or disasters.

Source : Criteria and methods to assess health impacts from public policies, published by the Health Impact Assessment Coordinating Unit, National Health Commission Office (NHCO), 2010



Will HIA Become a Paper Tiger or Rubber Stamp?

"It's possible. Take the EIA as example. It depends on whether the entrepreneur seriously follows the measures after getting the license."

Mr. Sakesiri Piyavej
PTT Aromatics and Refining Public Company Ltd.

"That will be difficult, because the HIA can be used for several purposes, not only for licensing. There are 3 other ways to use it. The public can demand it, policy or project owners can conduct it without legal requirements, or the community can do it as a learning process to identify options and make decisions on a project or development activity in their own community. If the HIA is limited only to licensing, there's a chance that it will become a rubber stamp. But HIA as a learning process with participation from all stakeholders in the society is unlikely to turn into a rubber stamp."

Dr. Wiput Poolcharoen
Director, Policy Research and Development Institute Foundation

"Looking at HIA method and processes, I think there's no way it will turn into a paper tiger. It's not like the EIA in the past where you could pay a consultancy firm 10 million baht to complete EIA and get licensed within 3 months. Consultancy firms are not likely to conduct it as rigorously as academics. They will do whatever to get the job done. But for HIA that won't happen, because it involves a lot of local residents and must be done publicly. So I think the process will prevent HIA from becoming a paper tiger, even though it's not perfect."

Dr. Amphon Jindawattana
Secretary General, National Health Commission Office (NHCO)

"It's possible, if the public or local community is not interested to use it to their benefit, but allow it to be only for licensing like the EIA. In that case, we will have people with a new job as HIA contractors hired to carry out HIA up to the point when the project is licensed and nothing more. If the community doesn't see the importance and doesn't get involved, if they let the government agencies be solely in charge, if they don't see HIA as a matter of concern to everybody, then HIA will fall into the same trap as the EIA. It's therefore important to make the people feel that HIA is everyone's business."

Ms. Somporn Pengkum
Health Impact Assessment Coordinating Unit National Health Commission Office (NHCO)

Collective Learning Mechanism

HIA has an important role as a collective learning mechanism for society because the holistic meaning of health and wellbeing depends on many factors. A number of health–determining factors are affected by careless public policies, projects or development activities. Although some of these are under the eye of relevant laws, there are others which may not fall under the category of "seriously affect the environment and health" but can threaten the livelihood and wellbeing of the people and the community in the long trun, especially when operated under the profit–oriented capitalistic ideology without adequate government monitoring. In such cases, legal authority may not be adequate or timely and the people must learn to protect their own health.

HIA as society's collective learning mechanism is designed for all stakeholders to collectively learn, define the problem and propose options based on accurate information, in order to make a balanced decision on a project or activity while minimising its negative impacts and maximising its positive effects.

This form of HIA can be applied at all levels from national to local or even community. However, as it requires participation of all sectors in society, it can be more conveniently conducted at a local level where the main host maybe the Provincial Administrative Organisation, Tambon Administrative Organisation or the community. The HIA best suits this level because with the principle and ongoing process of decentralisation, it allows the locality and community to take care of their own health–related issues.

As it is not subject to legal requirements, this form of the HIA must begin with the awareness of the potential problems from policies or projects or development activities proposed at local or community level, or concerns at ongoing problems.

At the local level, the most likely scenario is the integration of the HIA into the formulation of all policies, projects or development activities. In other words, every time a policy is being made regardless of scale (such as a new road, city planning, a new public park, a reservoir, or a garbage dumping site), local leaders must always consider a HIA to allow participation by all stakeholder groups to collectively define the problems and learn based on accurate information, propose options and formulate guidelines for a balanced collective decision. Such procedure not only prevents potential negative impacts from policies, projects or activities but also possible conflicts arising from them.

At the community level, the HIA may start from the awareness and concerns to problems from a certain policy, project or activity which may affect the health or livelihood of community members, such as toxic chemicals in agriculture, nuisance in daily life (dust, noise, risks of motor accidents), environmental destruction, or intra–community conflicts involving a factory.

Affected community can together initiate a HIA to find the best solution by inviting participation from all sectors such as academics, government agencies, NGO's the owner of the concerned business/industry and other stakeholders, to involve in the process of studying and analysing the problem, identify options, proposing solution approaches, and monitor the result of the collective decision. The goal is to make a collective decision to eliminate or minimise negative impacts and ensure that no single groups reap all the benefits or shoulder all the burdens.

How can HIA Ensure 4 Dimensions of wellbeing for the People and the Community?

Dr. Amphon Jindawattana
Secretary General, National Health Commission Office (NHCO)

Let's take the Wangsapoong community in Leoi Province as an example. After the gold mine started operating in the area, the villagers' blood tests turned positive for cyanide which is highly toxic to human. Where did it come from? No doubt from the gold mine which uses cyanide in the operation. So there are clearly problems with physical health. Then mental health also suffered. The community is breaking apart, no longer making merit together at the temple, because some people benefit from the mine and others don't. Drinking water now needs to be bought, the environment has changed, they can no longer collect food in the forest. The community is completely divided. So there are clearly problems with social health. Even spiritual health is affected, because the community no longer goes to temple peacefully together.

If HIA had been conducted beforehand, the villagers could have discussed about the dangers of the mine, how to live in harmony as a community, how to maintain the culture and tradition, what the economy will be like, and so on. But what happened was the mine got licensed over their heads.

With HIA as a tool, the community could have discussed if they ultimately wanted the mine, and what problems should be anticipated and prevented. But the locals didn't have any idea about it. It's all between the mine owner and the government agencies. Say, if you haven't done 8 out of 10 items on the assessment list, you can take the officials out to a nice dinner to smoothen the process. But the locals had no ideas.

If the process is conducted in a transparent manner from the beginning, the locals will know what have been done or not done. If HIA is creatively used as a tool from the beginning, the locals can keep their eyes on the assessment. They will learn what projects should be licensed or not. That's the way to ensure the wellbeing of the community, instead of the mistrust and conflict between those who profit from the mine and those who suffer from its impacts.

I would like to mention that the reason some people don't understand the HIA is because they think of health assessment only in terms of cancer or lung diseases. They only focus on the physical health dimension. Even in regards to projects or activities with potential serious effects under Section 67 (2) of the Constitution, they only consider carcinogens and not all aspects of health. HIA is a tool, however, to include all aspects of health in the broadest sense, including physical, mental, social and spiritual health.

Source : Excerpt from 11st November, 2010 interview

Local–level and community–level HIA should be notified to the National Health Commission Office (NHCO) so that, as the directly responsible agency, it can provide support and coordination as necessary.

Until now, the HIA as a collective learning process has been conducted in many areas on many different issues. In fact, the concept and experimentation of HIA as a learning process went as far back as the first conceptualisation of HIA in Thailand. It had been conducted before the appearance of the National Health Act BE 2550 (2007) and the Constitution of the Kingdom of Thailand BE 2550 (2007) which were the first laws to mention the HIA.

Examples of HIA in this approach can be seen not only in the case of Map Ta Phut Industrial Estate. Ban Bo Ngoen community in Pathumthani conducted a HIA out of their concerns about the potential dangers of chemical use in agriculture. Ban Tawai community in Chiangmai called for an HIA with their concerns about the potential health risks from dust and paint inhalants from their wood–carving handicraft industry. Several communities in Loei's Wang Sapoong district opted for an HIA due to their worries about the gold mining operation which affected their life and health. Not only for its effects of noise, dust and unpleasant odors, but because, the mine also raised concerns about the seeping of cyanide and other heavy metals into the environment and the body. Blood tests found that many villages had been exposed to cyanide, causing panic and serious rifts in the community between those who benefited from the mine and those who were adversely affected to the point that they no longer talked to each other at the temple. The mine had in effect brought the hitherto peaceful community to the brink of social collapse.

There are also cases where local administrative organisations and communities as well as the private sector in many areas voluntarily adopted for a HIA as a tool to assess the potential effects of their projects such as a Bangkok real estate developer in a high–rise condominium project and PTT Group's project to build a pipeline to Nakorn Sawan Province. Although these projects were not legally subject to a HIA, the project owners opted to conduct it to prevent potential social and health risks which would be much more costly to address later.

If the best health care policy is to allow the people and all sectors in the community to manage their own health, then the HIA as society's collective learning mechanism is a way forward. Because of its quality, the HIA is internationally accepted as an excellent tool to ensure that public policies attach importance to society, life and health. It is a tool that indicates the maturity of the society in question.

Challenges, Opportunity and the Future of HIA

If we take the birth of the National Health Commission (NHC) in accordance with the National Health Act BE 2550 (2007) as its official birth, HIA is only 4 years old. But the concept and initiative on this important issue had been formed and tirelessly nurtured by relevant organisations and individuals for more than a decade. Even so, the HIA is still young and only begins to develop its own social network like, in human terms, a young person who starts to get acquainted with those in her extended family.

HIA's present is, therefore, full of challenges and opportunities.

First, the nature of the HIA is unfortunately still not clear to some groups of people who still have the impression that the HIA is only a tool for licensing. This is, in a way, unavoidable because licensing was an important issue in Thai society around the time the HIA was introduced. Furthermore, the HIA is often compared to a EIA which is purely a tool for licensing. It also does not help that HIA is also a part of the licensing process (i.e. a HIA as part of a EIA)

If this impression continues, the future for HIA is not bright because it's possible that HIA will ultimately turn into a "rubber stamp" to endorse projects and activities. The attention of project owners and the licensing authority will be focused on the licensing rather than the content and process of assessment, as well as the potential health consequences which are far more important. This poses a challenge which may prevent HIA from becoming what it was actually aimed at being.

However, there is still hope that that will not be the case. Although the HIA has been included as a part of the EIA for licensing, the principle, content and process of assessment remains specific to the HIA. That means HIA may still retain its uniqueness even within the EIA, unless there are some uncontrollable variables. (Not entirely unthinkable in the Thai context.)

Secondly, because HIA's true identity and goal - its DNA, so to speak - is to be a social tool to ensure Healthy Public Policy through the collective learning process. In other words, if there's no social collective learning, the processes is not a HIA. The challenge now is how to ensure that the HIA attains this goal.

The collective learning process of society doesn't happen in a vacuum. It needs 3 conditions to concurrently happen that is :

1) Accurate understanding that the health of the people is not limited to the absence of diseases and illnesses, but is an holistic health.
2) Awareness that public policies, projects and development activities do not only create desirable impacts, but may as well cause undesirable effects. The people, community, government agencies, local administrative organisations, academics or NGO's must be aware of the hidden costs of development.
3) Understanding and ability to organise the ideal HIA process which puts at its center the equal participation of all sectors and decision-making based on accurate knowledge and evidence.

Certainly, creating right understanding and awareness on health at all levels of society is a challenging mission. Organisations directly responsible for the HIA like the National Health Commission (NHC) and the National Health Commission Office (NHCO) may be able to accomplish this to a certain level. But to meet this ambitious goal, a broad network is vital.

HIA's true identity and goal – DNA, so to speak – is to its a social tool to ensure Healthy Public Policy through the collective learning process

The important issue to be aware of is that human life and holistic health is important for development because all policies, projects and development activities can incur positive and negative impacts. Positive impacts for one group may be negative for others. There are no policies or projects which incur only positive impacts. Preventing negative impacts therefore, is a task that all sectors must work together for by putting the wellbeing of all stakeholder groups at the center.

Such awareness must be raised at all levels from the organisations directly responsible for developing public policies at the national, local and community level, as well as the business sector who are project owners and the youth in all education institutions at all levels.

There are many opportunities to raise awareness. Policies and projects are being developed everyday whether mega projects or smaller ones. These policies and projects can become the starting point for awareness–raising of the potential positive and negative effects on the community and society. In addition, past experiences can be used to create awareness–raising opportunities. Map Ta Phut industrial estate, Bang Sapan, Mae Moh, Pak Moon Dam, Klity lead mine, Wang Sapoong gold mine, or even the emerging Southern Seaboard Development Plan are all opportunities for awareness–raising which may lead to the adoption of HIA as a collective learning tool for the whole of Thai society.

One positive sign is the positive public responses to the HIA. This is an opportunity for HIA's further and stronger growth in the future–a future in which, many of us dreams HIA will become a culture, a way of thinking, and acting, on development whether it's a small scale or large scale policy or project. Every time a public policy or development project is to be developed, the executives, project owners, the public, and community at all levels will think about HIA as a thing that must be done as a matter of routine like washing one's hand before meals.

Today's society is filled of development which is admirable. But no matter how advanced a society is, development that doesn't put human life and wellbeing at the center will end up an expensive painful lesson like many things that have happened before in our society.

Whether HIA will be the right answer for health–centered development depends on the use of this tool to its fullest capability, both as a tool for pre–license screening and as a collective learning process for the whole society. It depends on whether we will use it until it becomes an integral part of our development culture, leading to Healthy Public Policy for life and for health.

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4 Notable Thai Contributions to the Health of Thais

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Personnel resources

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Dr. Wiput Poolcharoen. Policy Research and Development Institute Foundation. Interview, 30 October 2010.

Mr. Sakesiri Piyavej. PTT Aromatics and Refining Public Company Limited. Interview, 4 November 2010.

Dr. Amphon Jindawattana. National Health Commission Office of Thailand. Interview, 11 November 2010.

Ms. Somporn Pengkum. National Health Commission Office of Thailand. Interview, 11 November 2010

Ms. Paranee Sawasdirak. City Planning for Social Network. Interview, 23 November 2010.

The Process of Writing the Thai Health Report 2011

The process

Health indicators

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 Brainstorm 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 2010
- Have a significant impact on health, safety, and security as broadly defined
- Include public policies with effects on health during 2010
- 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 2010 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 analysed 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 topics 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 synthesised 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.

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With sincere gratitude,
Thai Health Working Group

Choose Wisely
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Institute for Population and Social Research, Mahidol University
Thai Health Promotion Foundation
The National Health Commission office