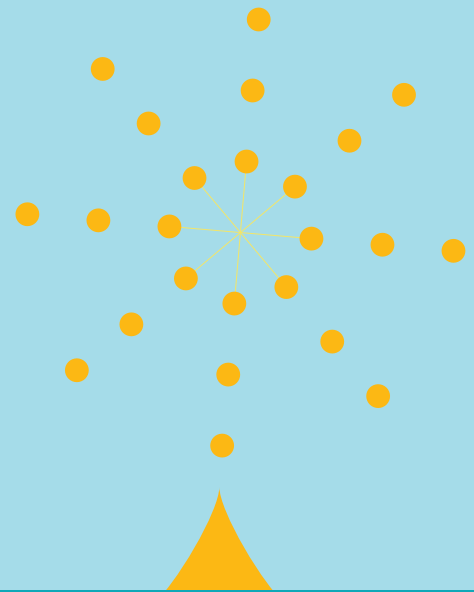


Thai Health 2018



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



Buddhism and Health Promotion

10 Indicators on Early Childhood Health • 10 Outstanding Situations • 4 Outstanding Accomplishments for Health

Cataloging in Publication Data

Thai Health 2018: Buddhism and Health Promotion. Nakorn Pathom: Institute for Population and Social Research, Mahidol University, 2018.

ISBN (e-Book) 978-616-443-234-5

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Publisher	Institute for Population and Social Research, Mahidol University)
Cooperate	Thai Health Promotion Foundation and The National Health Commission Office

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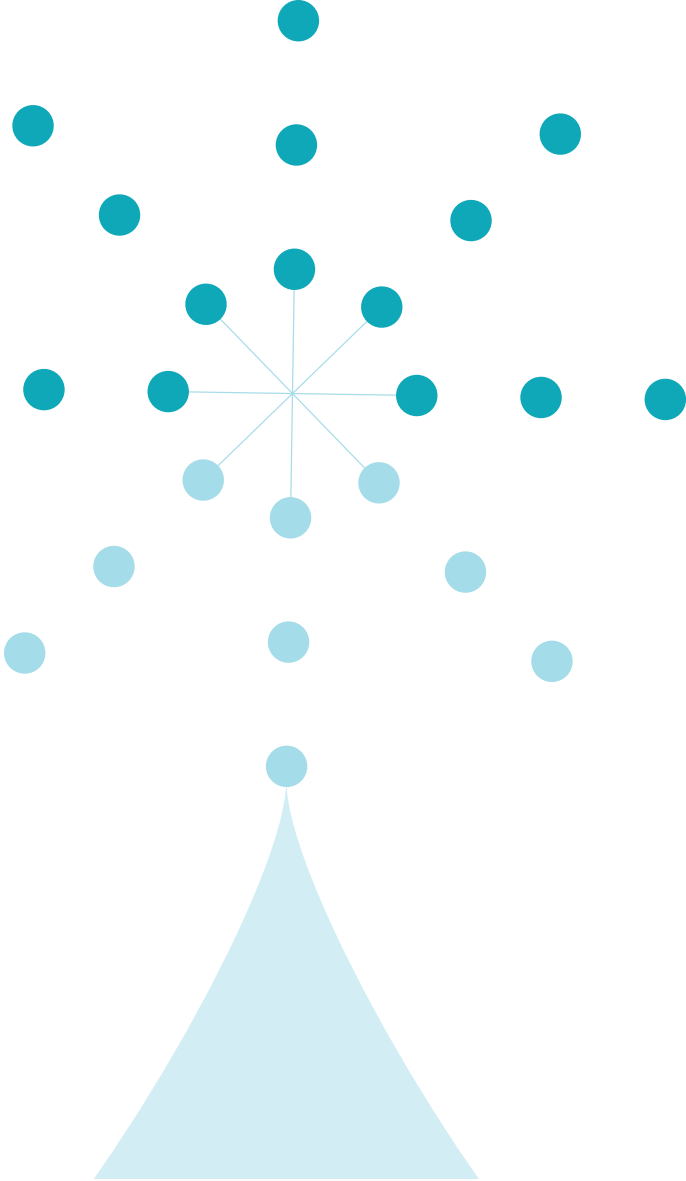
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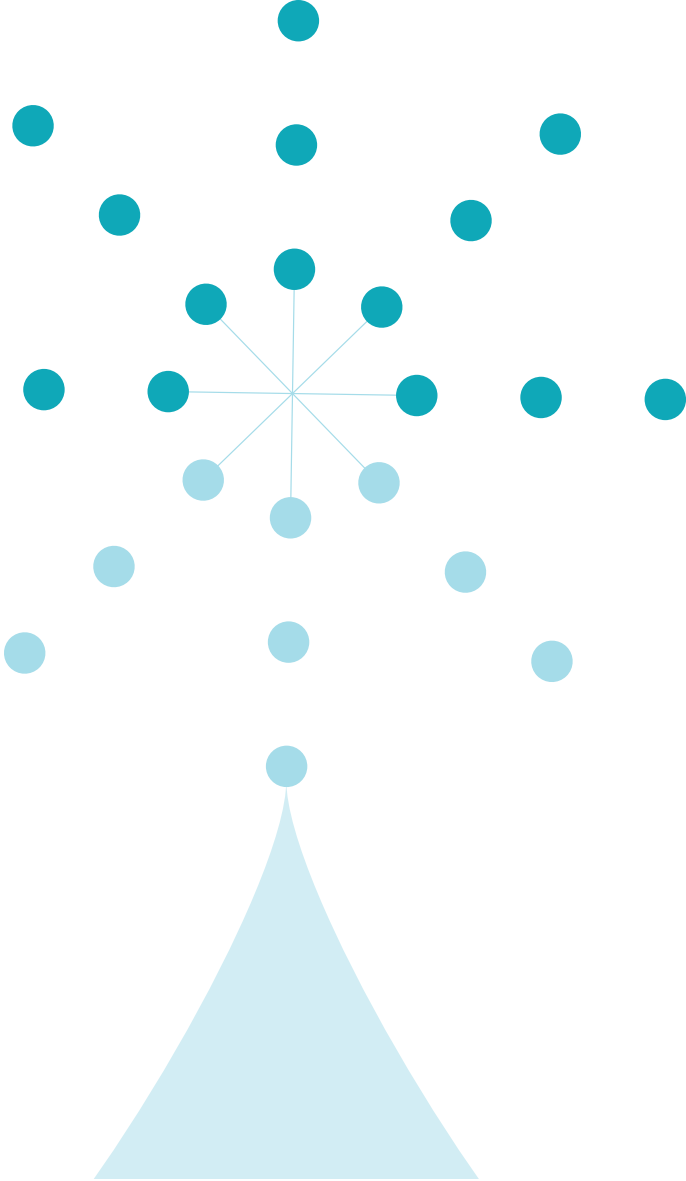
Preface

It is projected that Thailand will become a complete aged society in the year 2021, at which time the proportion of the population age 60 years or older will reach 20% of the total. As Thai fertility has fallen below replacement level, the proportion of the working age population has declined apace. Thus, it is imperative that Thailand build human capacity at all levels of the population. Childhood is the period of life that is marked by the most rapid development of the body, mind, intellect, and knowledge. Adequate care and quality development during childhood establishes the foundation for a secure future life, for the individual and for society at-large. This document on Thai health is divided into 10 Indicators on Early Childhood Health. The purpose of this document is to display the status, data and statistics in order to judge the success and remaining challenges for Thailand in promoting health and quality of life for the youngest generation as investment in the future of society.



The ten health milestones featured in this report echo the same ten highlights presented in the 2017 edition, and are as follows: (1) The Chakri King Journeys to Heavenly Abode, Instills Forever in our Hearts; (2) Run to raise funds: Betong to Mae Sai; (3) Reform of the National Health Security Act and the Thai Health Promotion Fund Act: Assessment of the Constitutional Impact; (4) The 2017 Infant and Young Child Food Marketing Control Act A Preliminary victory for Thai mothers and children; (5) 2017 Tobacco Products Control Act Another step forward for Thai health; (6) The Thai Welfare Card: Is it Really Inclusive Growth; (7) Development of Traditional Thai Medicine and Natural Healing Methods; (8) EEC: Don't Neglect the Grassroots Economy; (9) The Poisonous Case of the Rice-pledging Scheme: Revisiting Government Corruption; and (10) NCPO Reform of the Country: Will this Overlook the Dream? The four health achievements for the Thai population include the following: (1) UNESCO Honours His Majesty King Rama IX ; (2) WHO Praises the National Health Security System of Thailand for Covering Home-based Kidney Dialysis; (3) Praise for Thai Leadership in Addressing Non-communicable Disease; and (4) Thailand Health Promotion Fund (THPF): Receives the award for the “No Tobacco Day” as a Good Governance Honour.

The special theme in this year's report is a focus on the role of Buddhist principles and teaching in promoting a healthier population in the context of a rapidly changing society. The evolution of society is changing norms and lifestyles, especially among the younger generation. Thus, the question posed in this report is as follows: “Does Buddhism still have a role to play in today's society?” This report also explores the potential links between Buddhism and health status. A profound understanding of this linkage requires a review of how Buddhism became an integral part of Thai society. This report also reviews the connection between the core principles and discipline of Buddhism, i.e., the Dharma, as a guideline for comprehensive healthy living, with a focus on the dimension of the mind as a basis for physical, intellectual and social contentment. These principles should help everyone see reality of the situation as it relates to natural law, and conduct their lives accordingly, with awareness, regardless of their circumstances, nutrition, and behavior, etc. This text explores how strategies of Buddhist thought can create a social consciousness, and the role of the Sangha and monasteries in health promotion. This integration can occur in such common events as Buddhist novice ordinations, the role of the Wat (i.e., Buddhist monastery) in the community, and role of the Buddhist adherents themselves. Finally, this volume concludes that Buddhism is a promising avenue to build the health of the population, in one way or another, at one level or another, depending on the direction this national community of Buddhists wants to go.



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Citation:

Thai Health Project. 2018. Title of book: *Thai Health 2018*. (page number).

Nakorn Pathom: Institute for Population and Social Research, Mahidol University

Citation example:

Thai Health Project. 2018. 10 Indicators on Early Childhood Health. *Thai Health 2018*. (pp. 16-17).

Nakorn Pathom: Institute for Population and Social Research, Mahidol University

10 Indicators on

Early ▲

● Childhood Health

10 Indicators on Early Childhood Health

At the time of this report, the proportion of Thai population age 60 years and over was 17.7 percent¹ of the total. The proportion of the working age has declined steadily as the population has aged. The birth rate continues to decline among the newer generation of couples. Given these demographic phenomena, it is imperative that Thailand nurtures the health of the population at all ages to maintain a strong society.

“Early childhood” is the period of most rapid and significant development of the body, mind, intellect and learning. Quality care and parenting during this period lays the foundation for health, education, and general development of the child. A good start in childhood can have lifelong benefits for the individual and society as a whole. This Thai Health Report 2018 presents 10 indicators of early childhood health to reflect the current situations using available data in numbers and statistics with aims to highlight achievements as well as challenges that remain to optimize health development and quality of life for the early childhood of Thais.

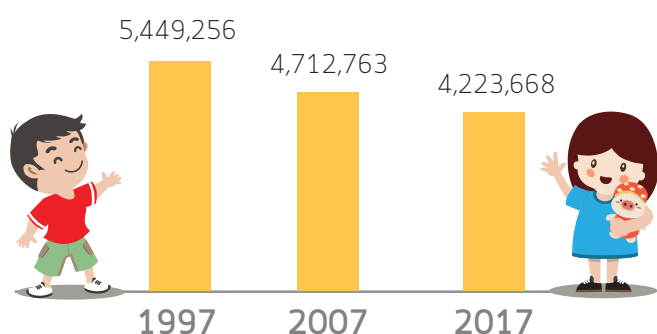
There is not yet standard definition of ‘early childhood.’ In this report, the definition which most of

the literature conforms to is used, which is age from birth to under six complete years. Some sections on health promotion and childhood development may expand the definition to include the period of fetus up to a completed age of eight years.² According to the Thai Civil Registration Data, the number of children age 0-5 years has decreased steadily over the past 20 years, from 5.4 million in 1997 to 4.2 million in the latest year.

The ten indicators presented in this report can be divided into four parts. The first part (Indicator 1-4) reflects situations of early childhood health status and health risks including indicators about nutrition, illness and abnormalities, injuries, and oral and eye health. The second part (Indicator 5) is the indicator on child development (physical, intellectual, emotional, and executive function). The third part (Indicator 6-8) includes indicators related to determining factors of child health and development, e.g., maternal and child health, child care and early childhood education. The fourth part (Indicator 9-10) presents data on vulnerable children and policy considerations for Thailand.

Overall, the prevalence of “stunting” among Thai children in their early childhood is higher than “obesity” and “wasting”. However, compared to situation in the past 10 years, the prevalence of stunting is decreasing

Number of Early Childhood (0-5 years)



Source: Bureau of Registration Administration, Department of Provincial Administration

¹ Mahidol Population Gazette. “Thailand’s Population in 2018.”

² Based on the concept of “Early Child Development” by the WHO and UNICEF. Accessed at: (<http://www.who.int/topics/early-child-development/en/> and <https://www.unicef.org/dprk/ecd.pdf>)



while those of obesity and wasting is increasing. The proportion of infants who are exclusively breastfed for the first six months is increasing but still accounts for only one out of four newborns. Nearly three-fourths of children (71.6 percent) received all vaccinations according to suggested immunization schedule in their first year of age. However, 3.3 percent has not received any vaccination. Under-5 Mortality Rate in Thailand is lower than many countries but still four to five times higher than the rate in Singapore. Death in the first four years of life is caused by injuries; mainly, drowning and traffic accidents, more than by diseases or illnesses.

Other threats to early child health which could adversely affect learning ability and child development include learning disorders -attributed partly to premature or excessive introduction of technology to the child; dental caries due to inappropriate oral health care, and also vision impairment. These are challenges that Thai parents and guardians need to aware, monitor and prevent.

About child development, a survey in 2017 found that nearly one in four children (23.1 percent) was suspected with delayed development - mostly in fine motor skills and cognitive ability, followed by language ability. Development in Emotional Intelligence (EQ) and Executive Function (EF) are also important. A study in Thailand found that one in four of children in the first grade of school (approximately age 6-7 years) had EQ lower than standard, and around 30 percent of those age 2-5 had delayed development in EF.

Early childhood health promotion and development need to begin at the earliest age possible, even while the mother is pregnant. All Thai women should receive iron and iodine supplements during their pregnancy, and access necessary antenatal and post-partum care. According to recent data, this is still a challenging issue to achieve. Proper childcare and supports of child learning are also important factors. One in three Thai children have a primary care giver who is not a parent; mostly, in these cases, it is the grandparent(s). Among this group, the rate of children suspected with delayed development is higher than that of children in the care of parent. Violence against children and use of physical punishment which may leave long-term psycho-emotional effects on the child is another issue that needs to be aware and prevented by Thai care giver and parents. Regarding to early childhood education, about three in four children age 3-5 years are in some form of pre-schooling, while about half of children under 3 years are enrolled in nurseries, learning centers or early childhood development centers.

As for policy considerations, health development and quality of life of children with vulnerabilities; especially those who are abandoned, with disabilities, poor, homeless, migrant and stateless; are highly in needs for care and supports from the society.

Investing in early childhood health and education is a cost-effective strategy that yields very high long-term social returns. However, such an effort will require the involvement and cooperation of all the related sectors.

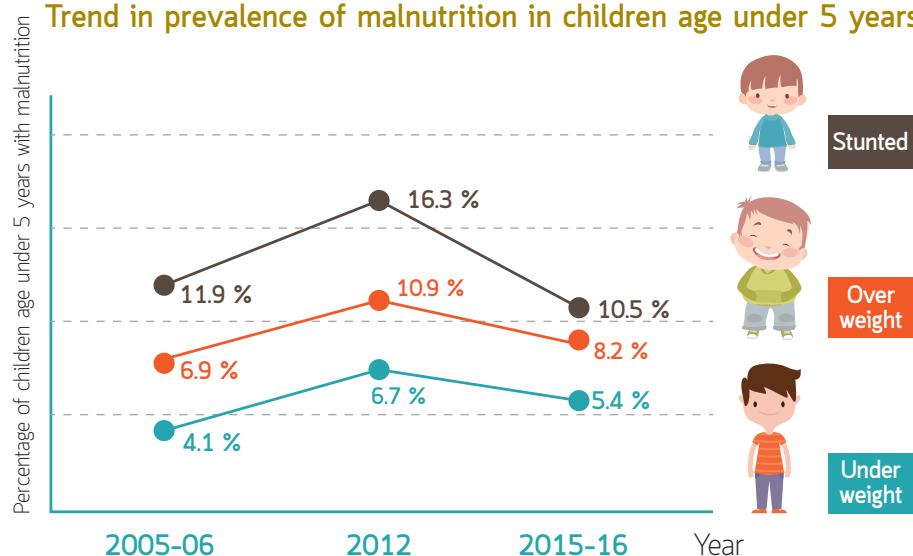


1 Nutrition

“ 1 in 10 Thai children under age 5 are obese, while 5.4 percent are underweight.”

Over the past ten years, some aspects of early childhood nutrition in Thailand have improved while some need close monitoring. Promoting breastfeeding and appropriate complementary feeding by age of infants and children is very important.

Trend in prevalence of malnutrition in children age under 5 years



Source: Multiple Indicators Cluster Survey (MICS). 2015-2016, National Statistical Office

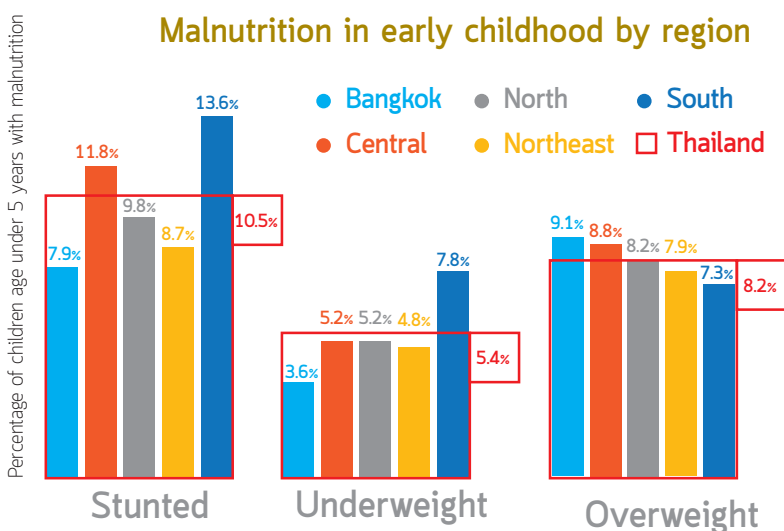
The rates of child stunting and wasting in Thailand are lower than the global average (23% and 8%, respectively). However, the rate of child obesity is higher (the global average, 6%).

Source: Global Nutrition Report 2017

Proper health and nutrition are the foundation for creating a good opportunity for learning and normal development in early childhood. These factors define the quality of the population going forward in the longer term. The best nutrition in

the first months of life is “breastmilk”. The 2015-16 Multiple Indicators Cluster Survey: MICS 5 in Thailand found that exclusive breastfeeding throughout the first six months of life showed an increasing trend, but remained low at only one in four infants. On average, the average duration of exclusive breastfeeding for children under the age of three was only 0.6 months (or about 18 days postpartum).

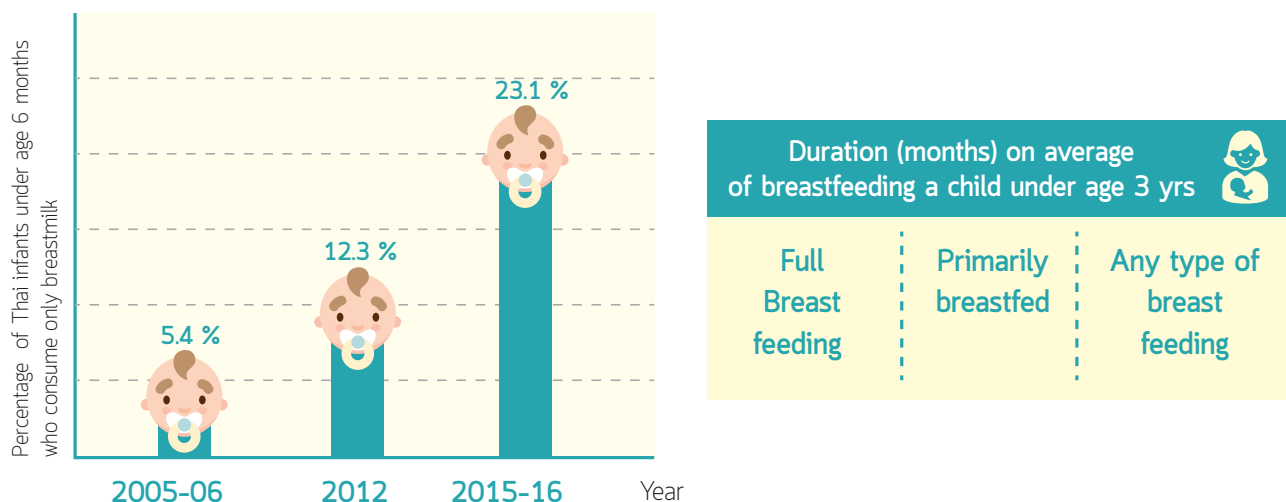
Malnutrition in early childhood by region



Source: Multiple Indicators Cluster Survey (MICS). 2015-2016, National Statistical Office

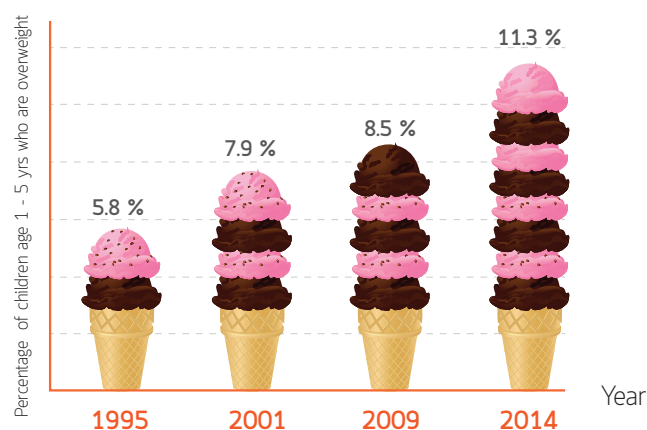
Malnutrition in children under age five declined as a proportion from the previous survey round in 2012. However, when comparing with the survey ten years prior (in 2005-6) the prevalence of children with “stunting” declined over the period, while the proportion of children who were “obese” or “underweight (or child wasting)” increased. The problem of child stunting, obesity and wasting varies by geographic region and socio-economic status of the family. For example, children in the Southern Region had the highest prevalence of stunting and wasting, while children in Bangkok and the Central Region had the highest prevalence of obesity.

Percentage of Thai infants under age 6 months who consume only breastmilk is increasing



Source: Multiple Indicators Cluster Survey (MICS). 2015-2016, National Statistical Office

Thai National Health Examination Survey (NHES) found that the prevalence of "overweight/obese children" increased steadily during 1995-2014.



Source: 5th Survey of Thai Health Using a Physical Exam, 2014 (child health), HSRI

Problem Nutritional Behavior of Early Childhood

Children age 2-5 years



Thai children are becoming more addicted to artificially-sweetened drinks, like soda pop and other sugary drinks. The % who have at least one sugary drink per day increased from 10-12% for children age 2 to 5 years and from 14-20% for children age 6 to 9 years during 2008-09 to 2014

Source: 5th Survey of Thai Health Using a Physical Exam, 2014 (child health), HSRI

The 2017 Global Nutrition Report compared 141 countries and found that Thailand still has a prevalence of child obesity that is higher than average. Part of the problem is attributable to feeding and nutritional habits. The 2014 National Health Examination Survey (NHES) found that only 6.5 percent of children age 2 to 5 ate enough vegetables and fruit according to the daily recommendations, while the proportion drinking soda or other artificially-sweetened drinks was on the rise.



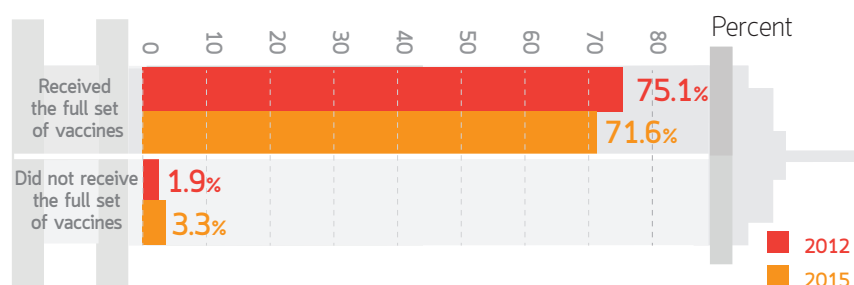
2 Illness and Abnormality

“Hand, foot, and mouth disease is the top five of illnesses of Thai children under five years. It is an infectious disease with no vaccine in Thailand. In 2017, over 60,000 Thai children was affected by the hand, foot, and mouth disease.”

Caring for and maintaining a child's physical and psycho-emotional health is an important responsibility of the parents and the whole family. Today, there are new disorders affecting children caused by the changing technological environment, e.g., attention deficit disorder and digital dementia. Parents need to be aware of these modern health threats to the children in their care.

Data on the proportion of young children age 12 to 23 months who received the full schedule of childhood vaccinations (DPT, tetanus, hepatitis B, mumps and German measles) show that there has actually been a decline in coverage from 75.1% in 2012, to 71.6% in 2016. The proportion with no vaccination also increased over the period.

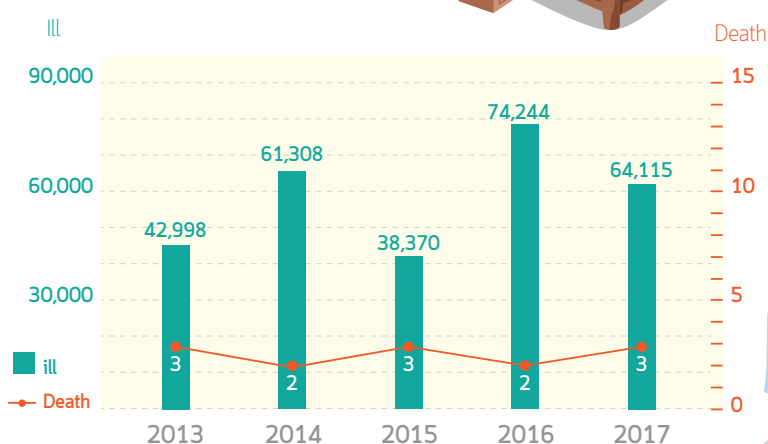
Received the recommended vaccinations during the first year of life for children age 12 - 23 months



Source: Multiple Indicators Cluster Survey (MICS). 2015-2016, National Statistical Office

For diseases with no vaccine for prevention such as the hand, foot, and mouth disease, the enterovirus is the virus that causes the disease. EV71 is the most severe form that is prevalent in Thailand that can cause life-threatening conditions of the brain and heart. In 2017, three Thai children died from this disease, which is most prevalent in the North Region, followed by the Central, South, and Northeast Regions, respectively. Children age one are the most vulnerable.

Children age 0-5 years ill/died from diseases of the hands, feet or mouth



Source: Status of diseases of the hand/foot/mouth 2013-2017, Bureau of Epidemiology

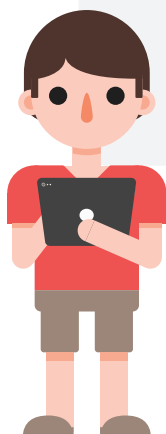
10 top diseases found in early childhood in 2017

Rank	Disease	Number of child deaths
1	Diarrhea	252,417
2	Pneumonia	92,108
3	Hands/feet/mouth	64,115
4	Influenza	43,286
5	Chicken Pox	17,147
6	Conjunctivitis	14,924
7	Dengue fever	2,744
8	Mumps	754
9	Dysentery	633
10	Spinal meningitis	196

Source: 2017 Disease Report, Bureau of Epidemiology

In 2017, the prevalence ADHD (all ages) in Thailand was 5.4% and, of these, only 11.2% had access to treatment

Source: Department of Mental Health



a child's familiarity with the smart phone is a form of technological intelligence when, in fact, it can undermine crucial cognitive development functions. 'Digital dementia' is another condition from overuse of digital devices, which is manifested as poor memory, isolation from social surroundings, and may lead to psychological disorders.

Short attention span is an increasingly common disorder of today's children, which usually can be properly diagnosed after seven years of age. Causes include method of upbringing and the environment, such as introducing smart phones to their young children. Some parents may misunderstand that

Number of cases of dyslexia and those in treatment



Year	Total Cases	Cases age 0-5 years
2015	29,763	2,358
2016	36,834	2,639
2017	36,466	1,593

Source: Report on Dyslexia, Department of Mental Health

Under-5 years mortality rate per 1,000 live births in 2016

Country	Male	Female
Thailand	14	11
Myanmar	55	46
Cambodia	17	14
Singapore	3	3
Indonesia	29	23
Malaysia	9	8
Brunei	11	9
Lao PDR	70	58
Philippines	30	24
Vietnam	25	18

Another condition of increased prevalence in the modern world is dyslexia which inhibits reading skill development. If it goes undiagnosed, dyslexia can have harmful effects on a child's education and learning. The dyslexic child may

become frustrated with formal education and develop delinquent behaviors (e.g., truancy). If it is diagnosed early and managed properly, dyslexia need not be an obstacle to a successful and productive life of the child as they grow older.



Source: Levels & Trends in Child Mortality Report 2017, UN Inter-agency Group for Child Mortality Estimation

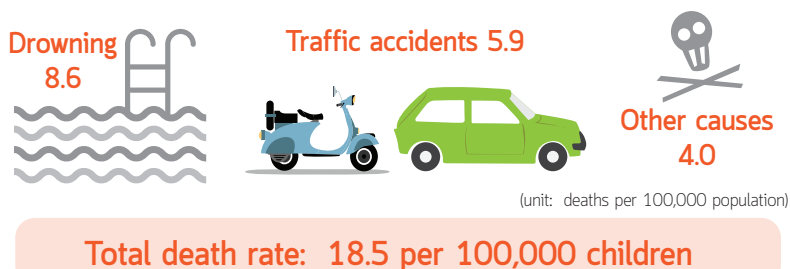


3 Injury

“ Children age one to four die of injuries more than from illness or disease ”

Drowning and traffic accidents are major causes of death in early childhood. Yet these are very preventable events with sufficient concern and awareness of parents and the community about the importance of safety for young children.

Mortality Death rate from accidents and poisoning in children age 1-4 years, 2014



Source: Excerpted from Adisak Plitponkarnpim, 2016

In 2014, the death rate of Thai children age 1 to 4 years from injuries and poisoning was 18.5 per 100,000 population. The top two causes of death were drowning and traffic accidents. Other causes include asphyxiation by i.e. choking (objects blocking the child's breathing), accidental strangulation, being crushed, and electrocution.

The drowning deaths are usually because a care provider leaves a child unattended when in or near water, even for a matter of a few minutes. Over the past decade, every two days a child age 1 to 2 years died of drowning. Teaching children to swim is not a complete solution, but can reduce mortality somewhat. Nevertheless, less than 5 percent of Thai children age 1 to 5 years can swim independently or with assistance.

During 2007-2016 Thai children age 1-2 years Died from drowning at an average of 170 persons per year, or one death every 2 days

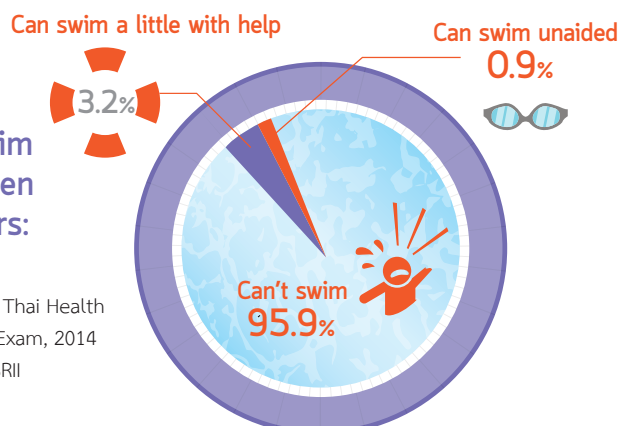


- 92.9% are to do a care provider leaving the child alone, even for a short time
- Standards for prevention of childhood drowning include draining containers of water after use, filling in unused holes or ditches that collect water, fencing off access to water, creating safe places for swimming for children who live remotely from sources of water, keeping covers on large water containers, keeping an eye on young children at all times -not leaving them unattended, even for a short time.
- 4-fold as many children who know how to swim survive a drowning risk compared to those who don't

Source: Bureau of Non Communicable Diseases, Department of Disease Control, Ministry of Public Health, 2016

Ability to swim among children age 1-5 years:

Source: The 5th Survey of Thai Health Using a Physical Exam, 2014 (child health), HSRII



Around 60-70 percent of child death in traffic accidents involve motorcycles. Campaigns to increase awareness and persuade parents and guardians to wear a safety helmet for children every time they ride on a motorcycle, especially in daily transportation e.g. to and from nursery or kindergarten, should be promoted. Also, with increasing urbanization, the risk of death and injuries on the roads and those by care accidents are increasing apace. International studies have found that car seats for infants can reduce death by 70 percent and by 54-80 percent for toddlers. However, these safety practices have not yet become the norm in Thai society. Partly, it is due to that fact that there is no law requiring use of car seats for young child passengers yet.



Data for parents of infants from birth to one year in Bangkok, Khon Kaen, Lampang and Trang:



80% have heard about car child safety seats, but only 55% have seen them; 13.3% ever used them

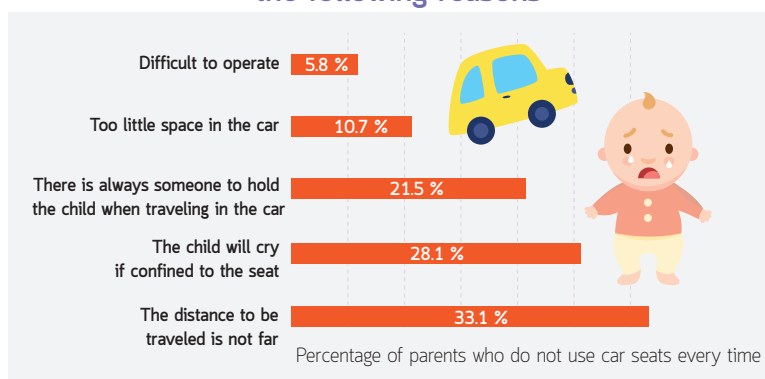


After training how to use a car child safety seat, 34.2% did not use it every time for



70% feel that the car seat for children is unaffordable

the following reasons



Source: Case study of the use of car seats for children in Thailand, 2015



Survey of safety helmet use when on a motorcycle among 4,500 early childhood youth in 9 provinces who commute to school or an early childhood development center:



72.0% of drivers know that there are child safety helmets for sale

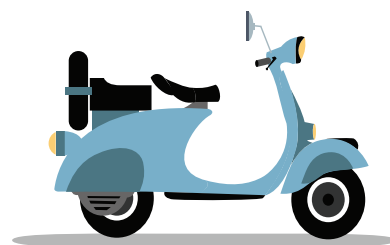


36.6% of drivers have bought or obtained a safety helmet for their child rider



6.8% of drivers require the child rider to wear the safety helmet

Source: Adisak Plitponkarnpim, 2016



8.7% of children age 1-5 years had ever been injured requiring a visit to a hospital or clinic in the past year due to: fall of/from a motorcycle (26.1%) traffic accident (22.9%)

Source: The 5th Survey of Thai Health Using a Physical Exam, 2014 (child health), HSRI

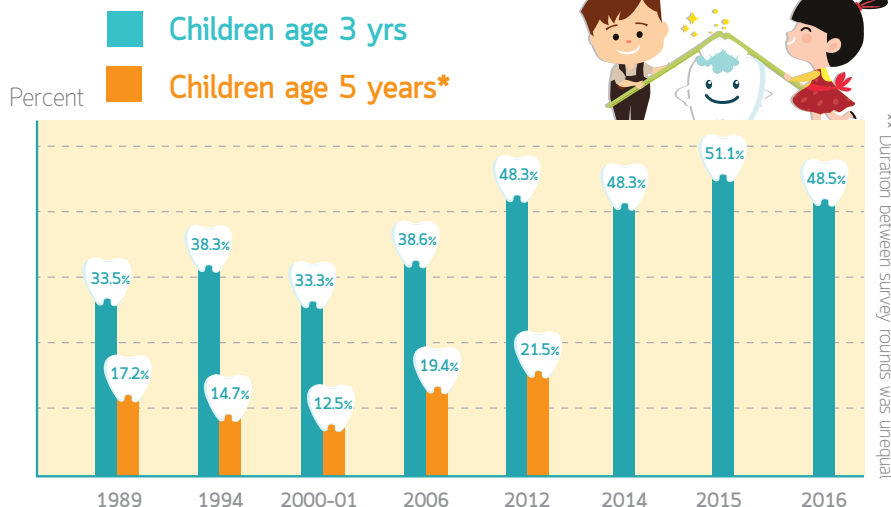
4 Oral and Eye Health

“ Over half of Thai children age 3 years have caries in their milk teeth, and that increases risk that their permanent teeth will also have caries.”

Caries in a child's milk teeth and vision impairment are not life-threatening, but unless they are treated they can have long-term adverse effects on nutrition, development and early childhood education.

Milk teeth usually appear at age 6 to 8 months, and usually total 20 teeth. These gradually fall out and are replaced by permanent teeth at age 6 to 7 years. Even though they are not permanent, the milk teeth need to be cared for properly. Caries in the milk teeth of Thai children must not be overlooked. Data show that about one in eight Thai children (12.3 percent) age 18 months had dental caries, and that increased to over half (51.5%) by age 3 years. By age 5 years, fully 80 percent of Thai children have had dental caries. Parents and guardians are the key people to train children to brush their teeth and monitor compliance. Also important is selecting the proper tooth brush, appropriate by age and mouth of the child.

Percentage of children age 3 years and 5 years without dental caries



Remarks: *In 1989 and 1994, the survey was of children age 6 years, while in 2000-2001 it was age 5-6 years

Source: 1989 – 2012: 7th Survey of Oral Health, 2012

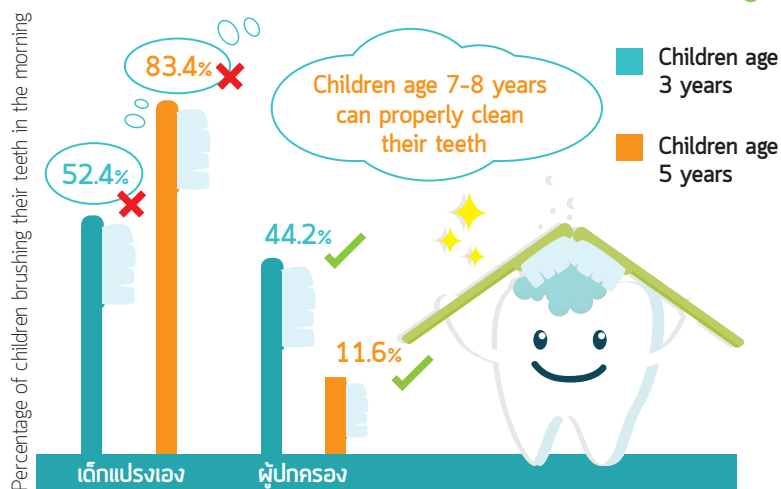
2014-2016: Survey of Dental Health of Children age 3 years and 12 years, and older persons, 2016

Children age 18 months without dental caries was 87.6% and 88.7% in 2014 and 2015. Percentage of children who had their teeth brushed every night before sleep by their parent was 68.4% in 2016.



Source: Dental Health Surveillance of Children age 0-3 years, Bureau of Dental Health, Department of Health

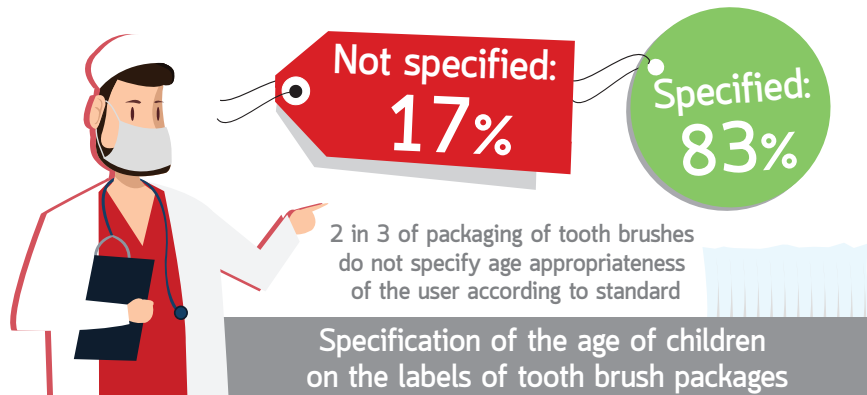
Who should brush a child's teeth in the morning?



Remarks: Percentage of children age 3 years and 5 years who brushed their teeth in the morning was 94.5% and 93.5%, respectively

Source: 7th Survey of Oral Health, 2012, Bureau of Dental Health, Department of Health

Quality of child tooth brushes in 2016

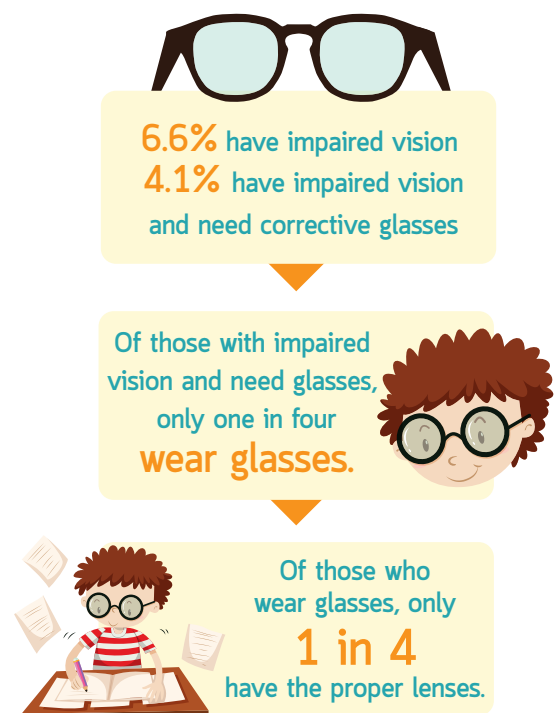


Remarks: Survey in Bangkok and suburbs of 33 brands of child tooth brushes
 Source: Survey of quality of child tooth brushes, 2016. Bureau of Dental Health,
 Department of Health

Impaired vision in childhood may also seem to be a minor issue but it can have lasting adverse impacts, i.e. in terms of reduced learning ability and delayed development, if not treated early and properly. A study in 2012 found that a large proportion of Thai children had vision impairment, and only one in four of the children's parents knew about the problem and had taken steps to correct it. In addition, a certain proportion of those that did have glasses had the wrong prescription for their eye problem. These findings point to the importance of screening children for vision impairment before they begin school. The Thai Children Good Vision Project is an example of attempt that set the goal of insuring that all children in primary school grade 1 are screened for vision health. The coverage of screening and access to treatment of children with vision impairments should be monitored and continuously improved.



Status of vision in Thai children



Source: Research study of the feasibility of having teachers screen students for impaired vision in pre-school and primary school grades, 2012.
 Health Intervention and Technology Assessment Program

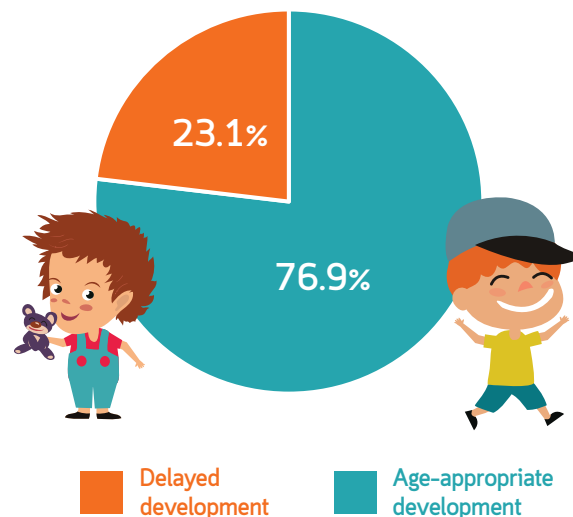
5 Development

“At present, nearly one in four Thai children are suspected with delayed development. Fine motor skills and cognitive development are areas particularly of concern, with over half with suspect delayed development.”

Suspect delay in development does not always indicate that a child has a problem, but it may be due to lack of appropriate stimulation. Once the proper motivation is acquired, many children are able to catch up to their age group in terms of development. This is why it is important for all suspected children to be screened for abnormal developmental delays.

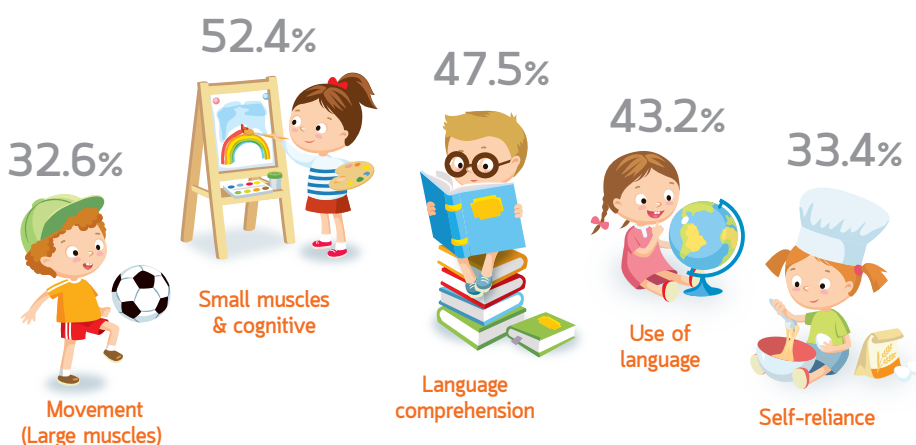
Early childhood is a critical period for development in all aspects of life. Proper development will establish a good foundation that will have positive benefits for the health and learning of the child throughout their developmental years. Fine motor skills and cognitive ability, which refer to manual dexterity, e.g. picking up objects, buttoning a shirt, using a spoon, etc., are necessary in daily life and are a foundation for writing in the future. While suspected developmental delays tend to decrease with age, the proportion of Thai children with suspected developmental delays in fine motor skills and cognitive ability is still quite high at all ages.

Young Thai children had age-appropriate and delayed development in 2017



Remarks: Data are based on Thai children age 9, 18, 30, and 42 months old
Source: 2017 Annual Report: National Child Development Institute, Department of Health

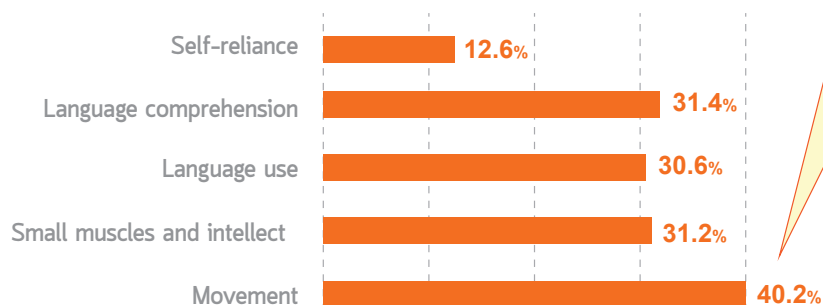
Young Thai children who have delayed development by type



Remarks: Data are based on Thai children age 9, 18, 30, and 42 months old
Source: 2017 Annual Report: National Child Development Institute, Department of Health

Thai students in primary grade 1 (age 6-7 years) have an average IQ of 98.2, which is still considered to be in the normal range, but on the lower side. However, about one in three first graders have IQs below the normal range, whereas the national target is that no more than one in four are below the normal range. Children in the Northeast and Southern Regions have higher risk of cognitive impairment than children in other regions of the country.

Children age 9 months with delayed development by type



Age-appropriate movement of children age 9 months

- o Can sit up from a lying position
- o Can stand and walk 4 or 5 steps with hand hold

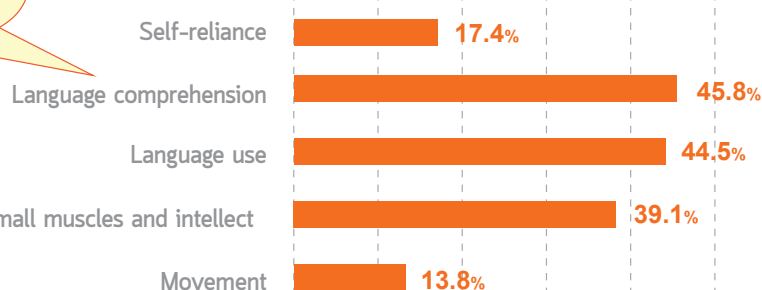


Age-appropriate Language comprehension

- o Can correctly pick out three types of objects
- o Can correctly point to at least one body part



Children age 18 months with delayed development by type



Children age 30 months with delayed development by type



Age-appropriate language comprehension of children age 30 months

- o Sustain interest is listening to a fable for 5 minutes
- o Can place an object "on top" or "under" as per request

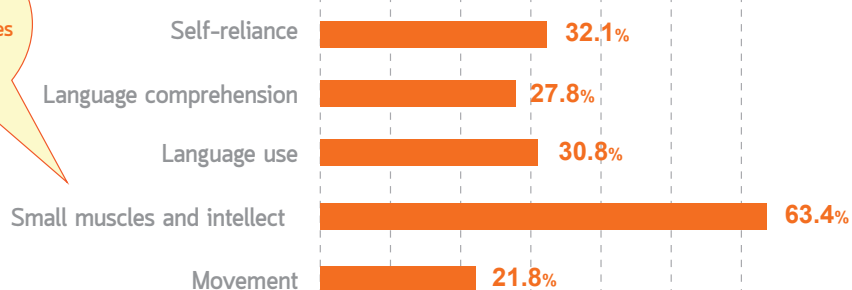


Age-appropriate small muscle and intellect

- o can separate three geometric shapes
- o can put together a 3-piece puzzle shape



Children age 42 months with delayed development by type

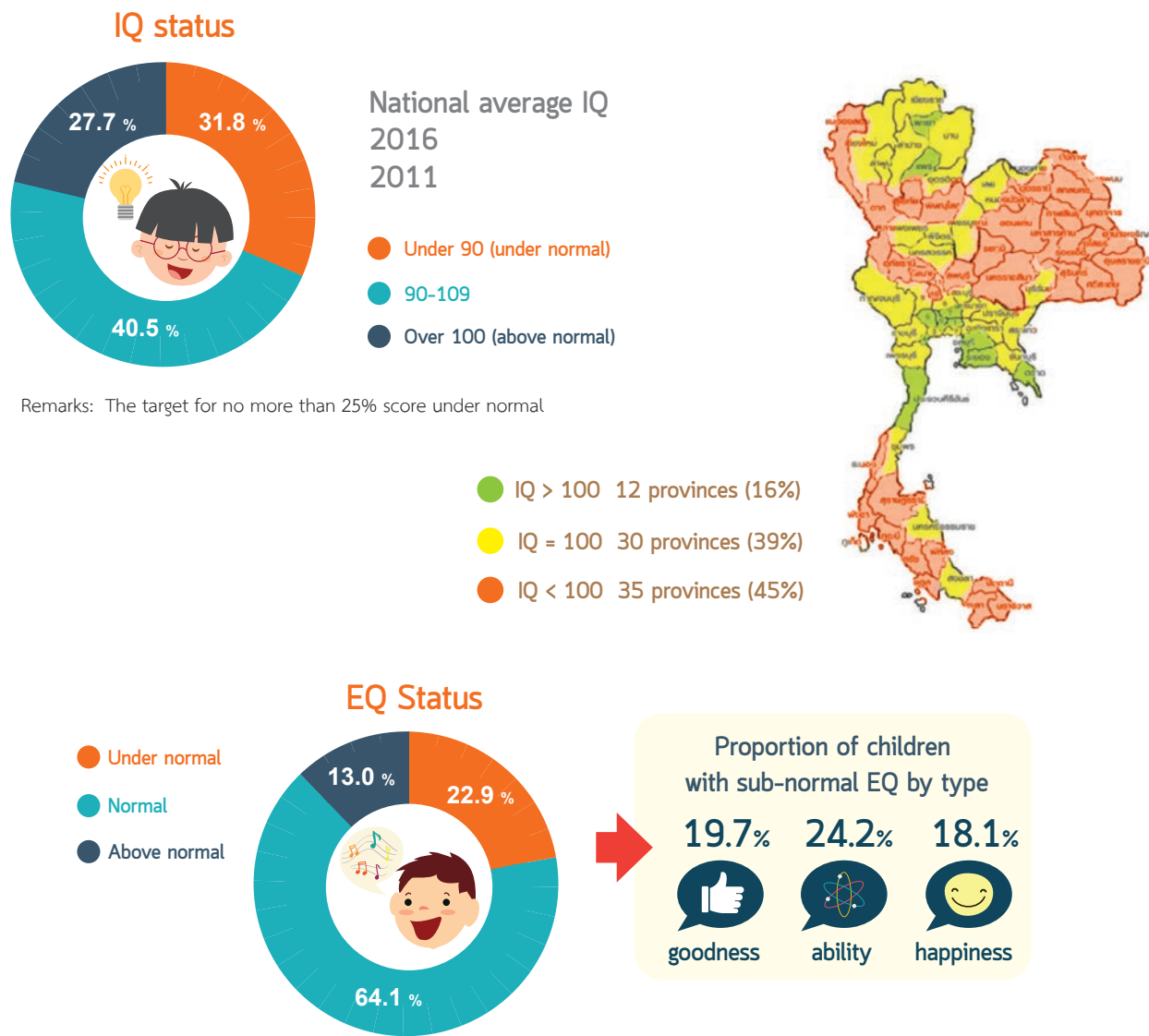


Remarks: Data are based on Thai children age 9, 18, 30, and 42 months old

Source: 2017 Annual Report: National Child Development Institute, Department of Health

Emotional intelligence is another foundation of development which is important for functioning effectively in the home and community. Nearly one-fourth of Thai first graders have EQs below the normal range, especially in terms of determination and problem solving skills.

Status of IQ and EQ of Thai children in the 1st primary school grade in 2016



Source: 2016 Survey of IQ and EQ in Students in Primary Grade 1, Department of Mental Health

A related problem is the ability to apply the higher cognitive functions to control one’s emotions, thought and action. Collectively, these mental abilities are referred to as ‘executive functions’ (EF). Good EF skills can reduce behavioral problems, such as managing patience, rash action, inability to concentrate, and irritability when immediate needs aren’t met. EF skills have implications for quality learning, working in the future, and life skills. Currently, Thailand has developed tools for assessing EF in children age 2-5 years. The study has found that 30% of children in this age have below-standard EF.

Executive Function or EF

This refers to capacity of the brain to function at a high level to control thoughts, emotions, and behavior to achieve a goal in ways that will enable the child to have happiness and quality of life in the 21st century.

For children in the first year of life, development of EF can be done by the following:

- Need to create strong parenting relationships; there must be a mother's love and enough warmth to penetrate the mind and subconscious of the child



For children age 2-6 years, development of EF can be done by the following:

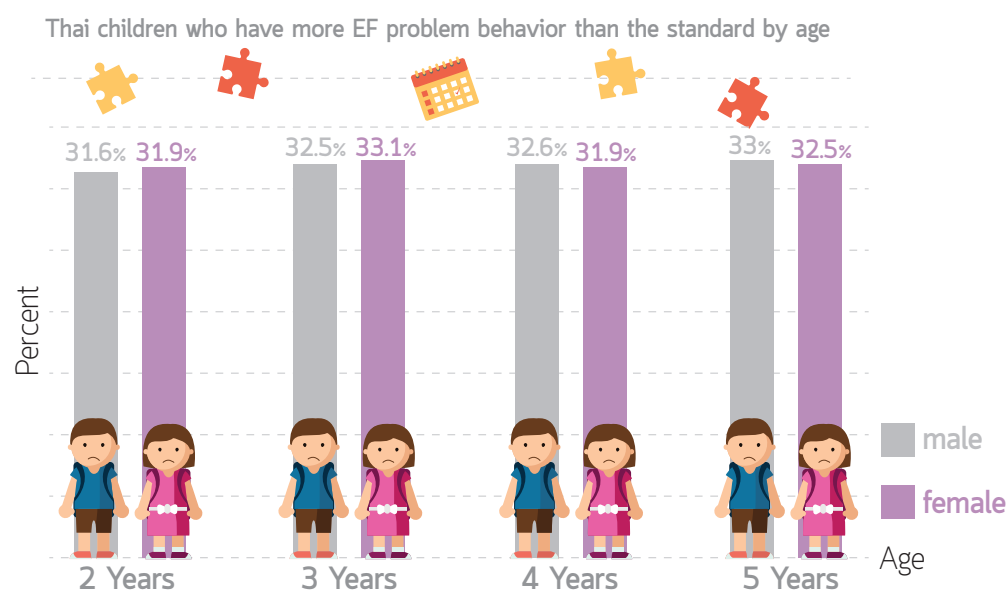
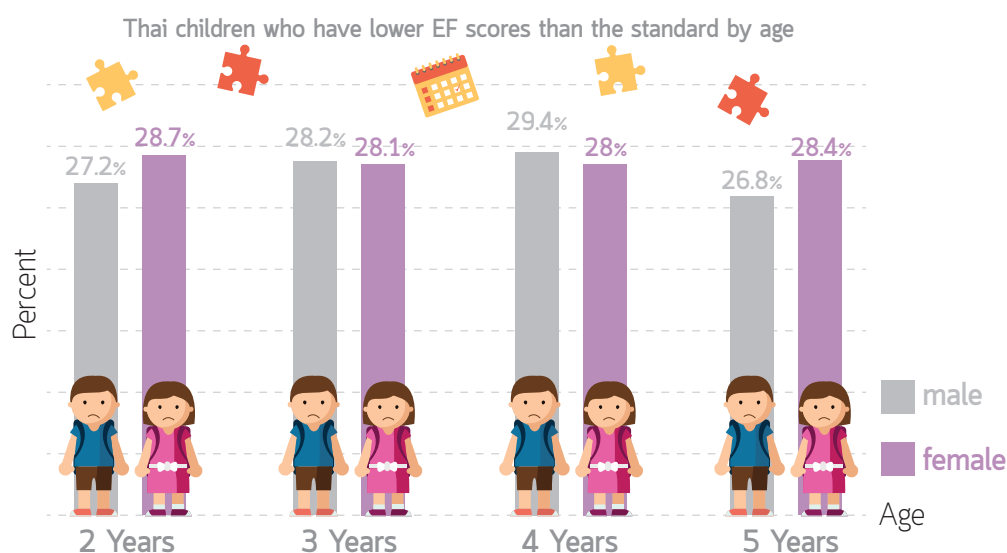
- Train for self-reliance, such as eating meals, bathing, and dressing by oneself
- Train to care for physical things, such as putting toys away, taking dishes to the sink after meals
- Playtime: climbing, molding clay or sand, playing in the water, painting, role play, or independent play Thus, early childhood is a golden opportunity to create the foundation to develop EF in the future

Proper development will establish a good foundation in the future. Promotion of early childhood development should be a critical policy for the country's population development.



Source: Extracted from the Facebook page of Dr. Prasert Palitpongpanim

Executive Function of Thai Children



Remarks: Evaluation of children age 2-5 years

Source: Nualchan Juthapakdeekul, Panada Tanasetakorn, Orapin Lertwatsadatrakul, 2017

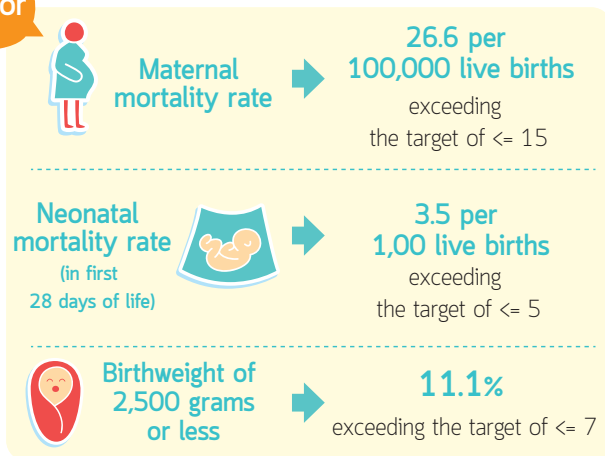
6 Maternal and Child Health

“ Nearly half of Thai pregnant women are at risk of iodine deficiency; iodine supplements are available but not all women receive them.”

Thailand's neonatal mortality rate has declined to very low levels and is currently at an acceptable level. However, the maternal mortality ratio is still above the national target. Also, the number of low birth weight newborns is higher than the national goal.

Status of health of mothers and newborns

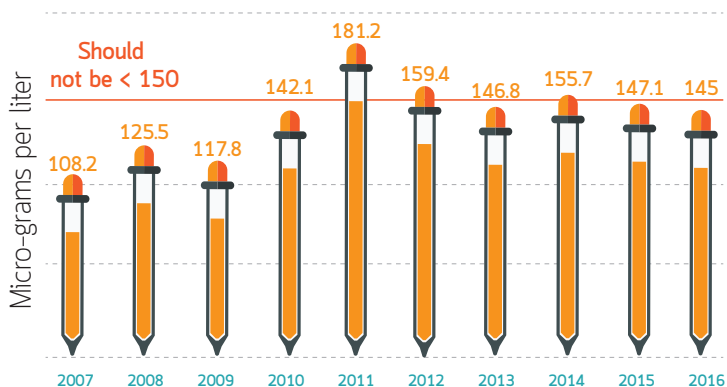
Indicator



Source: Public Health Statistics, 2016, Ministry of Public Health

Status of the level of iodine in pregnant women before consuming a supplement

Median level of iodine in the urine in pregnant women



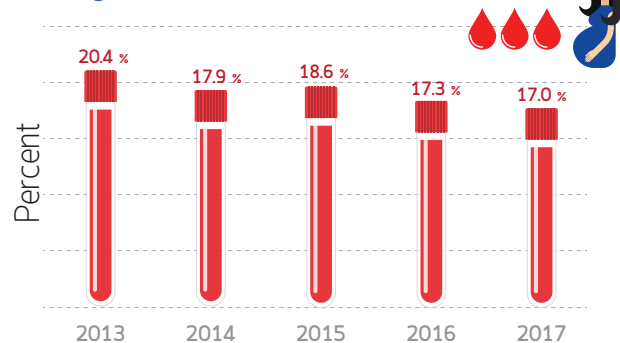
Remarks: A median level of iodine in the urine of pregnant women of < 150 micrograms per liter indicates iodine deficiency

Source: Bureau of Nutrition, Department of Health

are at declining risk of iodine deficiency but still need monitoring for this condition, especially in the Northeast Region.

A child's ability to enjoy good health and quality life begins with a healthy pregnant mother. A healthy pregnancy provides the best chance for a healthy birth and reduces perinatal complications, which are a leading cause of death of children under one year of age in Thailand.

Pregnant women with anemia



Remarks: Pregnant women with anemia is indicated by a hematocrit of between 1 – 32 (as a proportion of Thai women who attend ANC and had a hematocrit screening by fiscal year, excluding Bangkok)

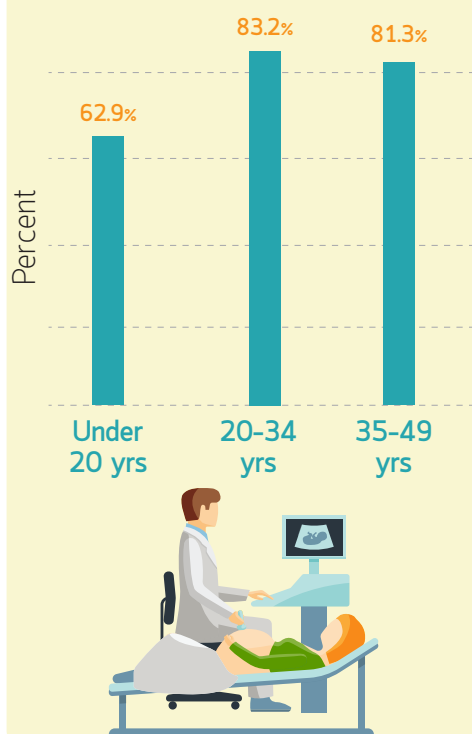
Source: Health Data Center for 2013-2017, Ministry of Public Health

For pregnant women, receiving sufficient iron and iodine supplements are crucial for the physical and mental growth of the fetus. Nearly one in five Thai pregnant women have iron deficiency, and this presents a risk of post-partum hemorrhaging, under-development of the infant, or premature delivery. Infants born to mothers with iron deficiency are also at risk of iron deficiency themselves, which can effects their physical and mental development. Thai women

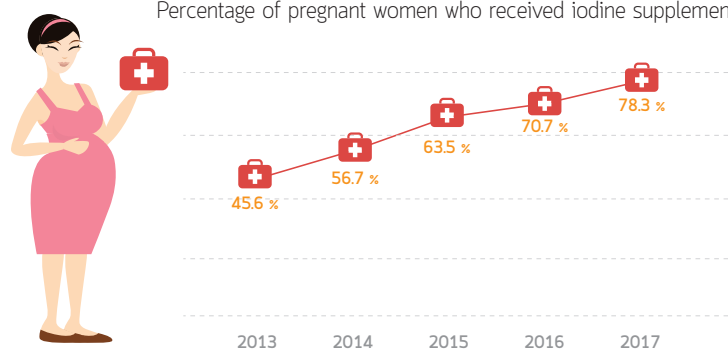
Ante-natal care (ANC) is very important for the pregnant woman and her fetus. Early and regular ANC check-ups reduce the risk of adverse events during pregnancy, delivery and the post-partum period – especially during the first three months of pregnancy where rapid and crucial fetus growth occurs. Over one in three mothers under age 20 years did not have ANC in the first three months of pregnancy. Also, regular post-partum check-ups are not adhered to as much as they should, with large inequalities between Bangkok and other regions.



Access to health services for pregnant women ANC in the first three months of pregnancy by age



Percentage of pregnant women who received iodine supplement pills



Remarks: Target level is 100%

Source: Health Data Center for 2013-2017, Ministry of Public Health

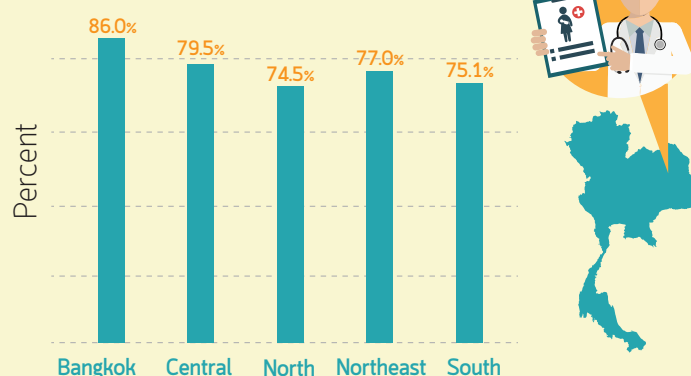


Top 5 causes of infant death

	Number	Deaths per 100,000 population under 1 year
Complications of delivery	2,185	328.0
Abnormality, congenital disability or chromosomal damage	992	148.9
Abnormal clinical symptoms and laboratory diagnostics	375	56.3
Respiratory (mostly pneumonia)	252	37.8
Infection or parasites (about half of which manifest as diarrhea, stomach or intestinal disease)	125	18.8

Source: Public Health Statistics Report, 2016, Ministry of Public Health

Post-partum exam at least once within 42 days by region



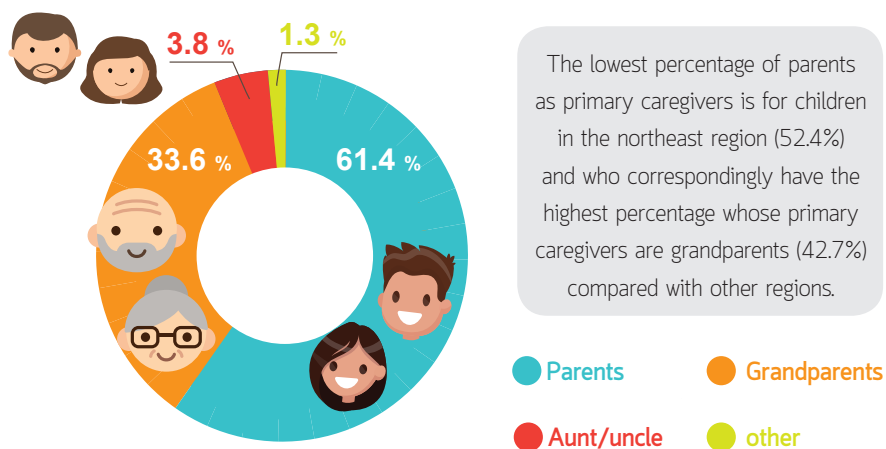
Source: Multiple Indicators Cluster Survey (MICS). 2015-2016, National Statistical Office

7 Child Care

“ A study of Thai households with young children found that three-fourths of children age 3 to 4 years experienced physical punishment in the month prior to the survey. ”

Modern technology is having an increased and pervasive influence on the way children are raised. While the time spent watching TV has not increased much over time, other electronic devices such as tablets have become another option that guardians can offer the child.

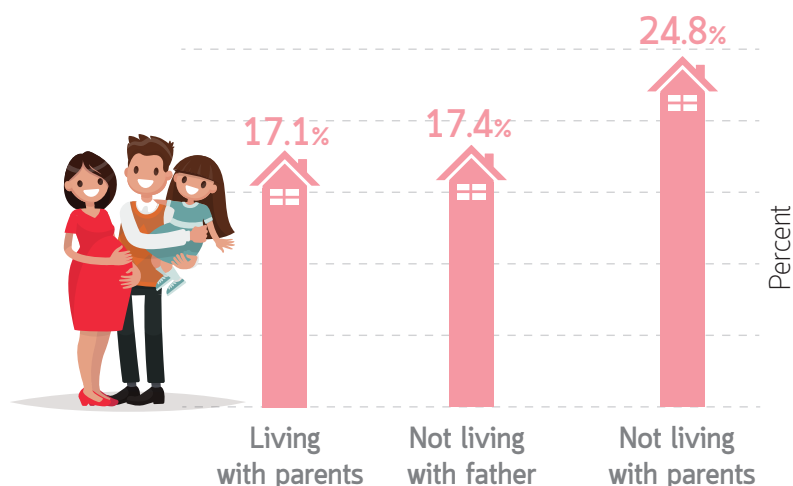
Children age 1-5 years by primary care provider



Source: 5th Survey of the Health of the Thai Population using Physical Exam, 2014 (child health), HSRI

In Thailand today, about two-thirds of young children are taken care by the father or mother, while one-third the primary caregiver is the grandparents. In Northeast region where there is a high rate of migration, the grandparents are the primary caregiver for almost half of the children. Children who live with their father and mother have better development. A study shows that children living with their parents have much lower proportion of suspected developmental delays at 17%, compared to children who do not live with their parents at 25%.

Proportion of children age 0-36 months who are suspected of having delayed development by living arrangement



Source: Aree Jampaklay et al, 2016

The quality of caregiving is another factor that contributes to inequality. Children in the richest quintile are almost twice as likely to have the opportunity to enjoy activities with their parents, which could further result in developmental differences. Moreover, almost half of caregivers view that physical punishment is necessary, and younger children are more likely to receive physical punishment than older children. However, there is currently more knowledge in child-raising, and methods such as positive parenting can result in better child outcome in the long-run.

Positive Parenting

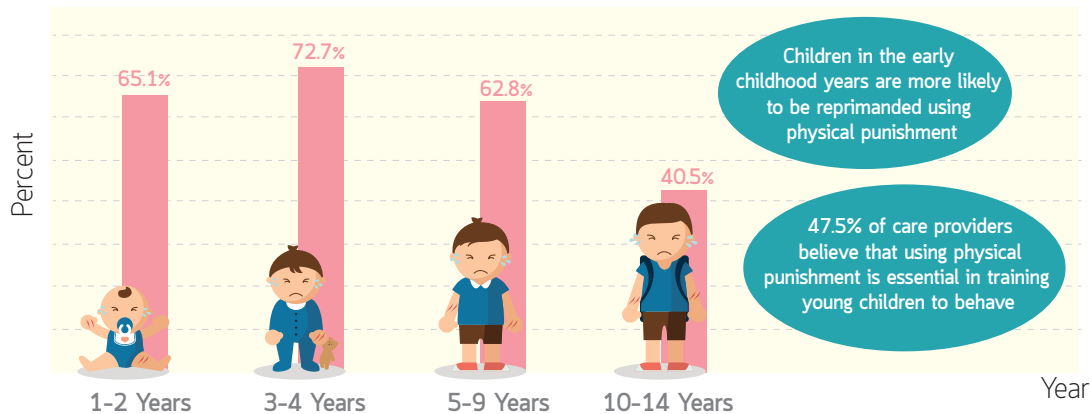
The human brain develops best in a positive environment; the child will develop feelings of love, self-respect and a sense of capacity. If they stumble, that's okay because they still have love and support at all times.

A challenge in positive parenting is being stuck in the traditional ways; parents need to be patient or count to ten before scolding or even hitting their child

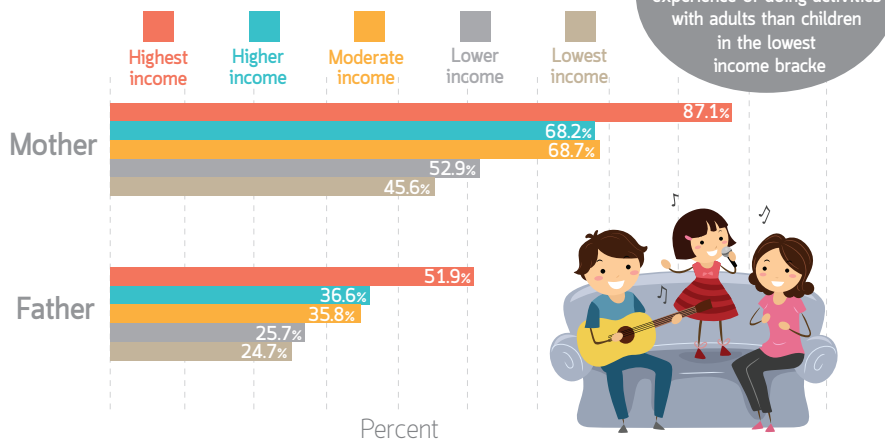
Negative parenting will stimulate the brain to have instinctive reactions to fight back or submit, and that inhibits learning

Source: Interview with Dr. Jiraporn Arunakun (Dr. Oh) page on parenting outside the home

Children age 1-14 years who were reprimanded using physical punishment in the past month



Children age 36-59 months who participated in at least 4 activities with adults in the house in the past 3 days.



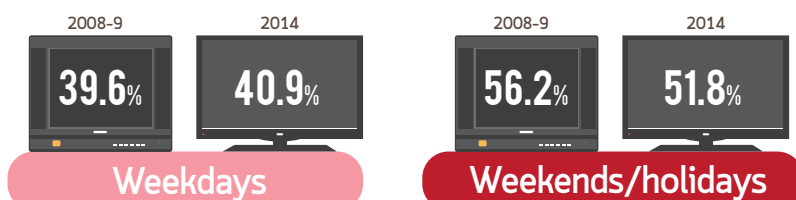
In the current digital age, electronic devices are playing a bigger role in child development. Currently, Thai children spend more than 2 hours per day watching television. Moreover, almost half of young children use smart phones or tablets that can reduce physical activity and interaction with other family members.



Remarks: The typical activities include reading together, telling a fable, singing, going for a walk outside the home, playing together, naming objects, practicing numbers, drawing pictures

Source: Multiple Indicators Cluster Survey (MICS), 2015-2016, National Statistical Office

Proportion of children age 1-5 who watch TV 2 or more hours per day



Children age 1-5 years
41.0% use smart phones which have games to play
44.8% use tablet computers

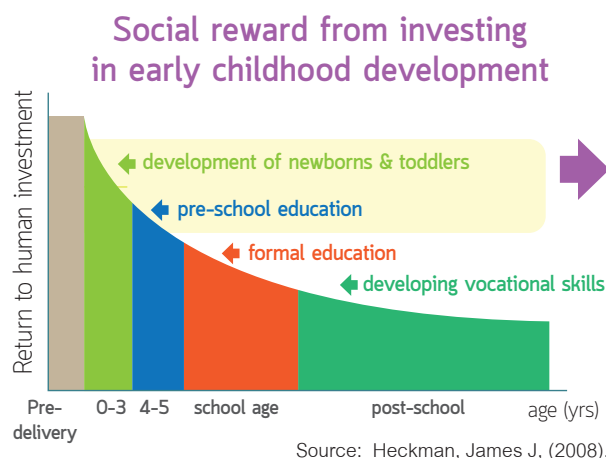


Source: 4th and 5th Survey of the Health of the Thai Population Using Physical Exam 2008-2009 and 2014 (child health), HSRI

8 Early Childhood Education

“ 3 in 4 Thai children age 3 to 5 years are enrolled in early childhood education (pre-school program) ”

Quality education in a child's formative years is essential to building a quality population. The social returns to investment in early childhood health and education is as high as 7.3 fold.



Invest Life cycle benefits receive

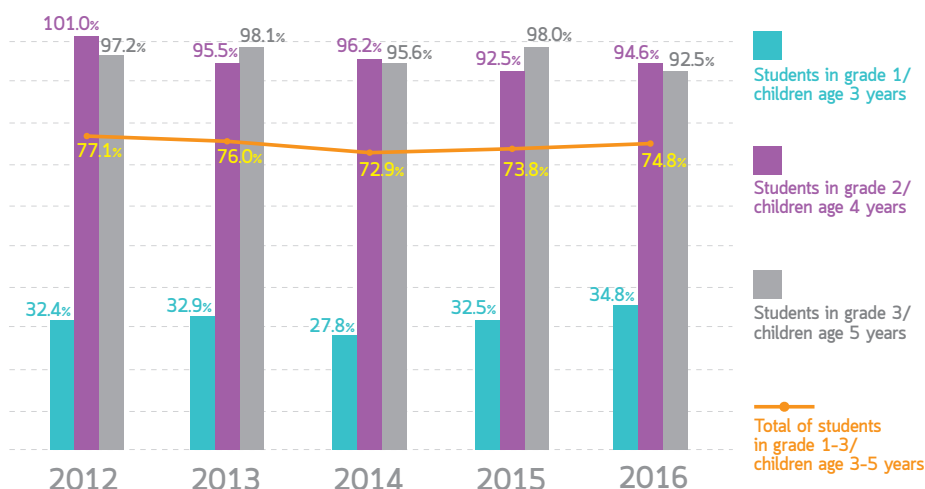
1 baht → 7.3 baht back (or 13.7% per year)

The latest study in 2016 found that investing in child development, from birth, has better returns than starting to invest at age 3-4 years, paying returns of 7-10% per year, which is already a high level. The highest returns are for disadvantaged children who receive early and proper parenting.

The Nobel Prize economist, James J. Heckman, proved that a society reaps far more benefit from a well brought-up child in their early childhood than the resources required to achieve that. This is especially dramatic for children born into poor or disadvantaged families. The investment in the child should begin during pregnancy and continue through formative education. A research in Thailand has also confirmed the long-term and multi-dimensional effects of investment in the child's health and education at a young age, especially in the development of the child's cognitive skills in reading and ability in mathematics and science. The effects are obviously significant among children from poor to middle-income families.^{1,2}



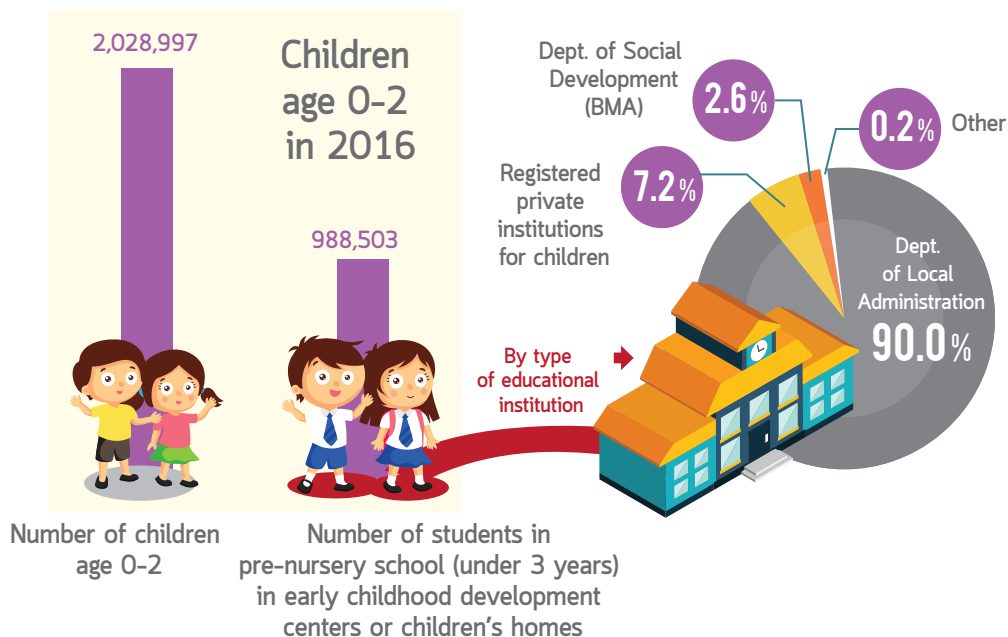
Percentage of children in pre-school of the population age 3-5 years in 2012-2016



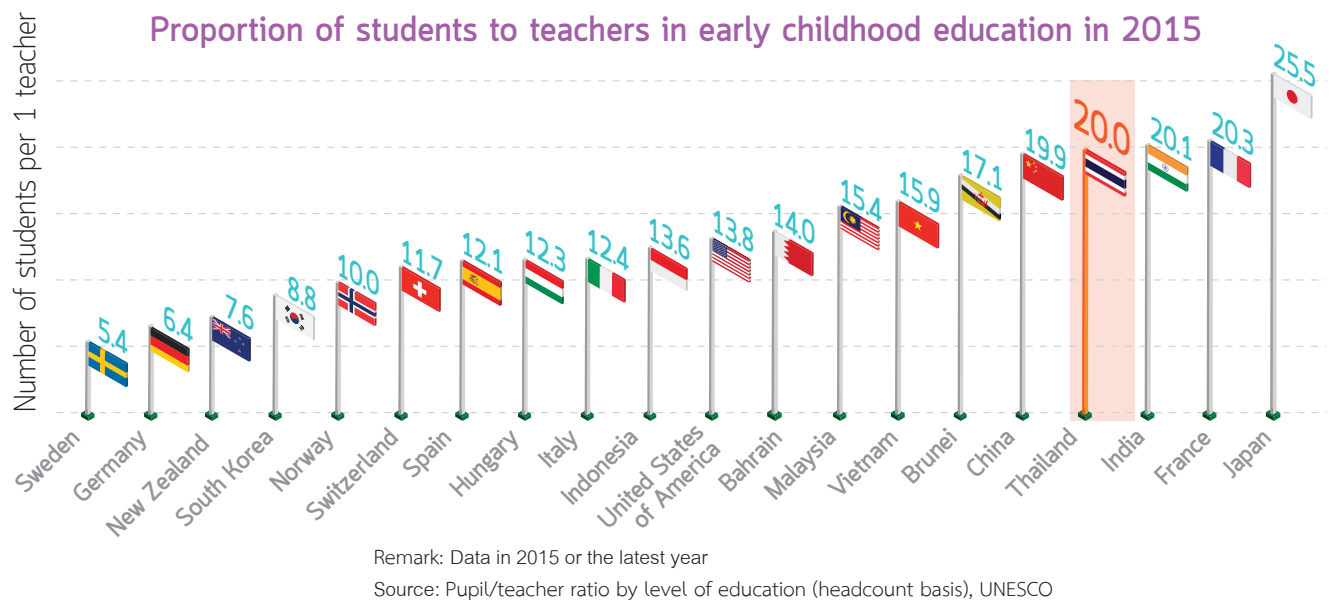
Data from 2016 show that approximately half of Thai children age 0-2 years (or about 1 million persons) were enrolled in an early childhood development center (including learning center and nursery), while about three-fourths of children age 3-5 years (or about 1.7 million persons) were in a pre-school kindergarten level 1-3. It is possible that some children might be enrolled

Source: Education Statistics for 2016, Ministry of Education

⁽¹⁾ Piriya Pholphirul and Siwat Teimrad, 2016, "Economics of Pre-Primary Education in Thailand", Applied Economics Journal, Vol 23, No. 1 (June 2016): 1-34, ⁽²⁾ Orphan Buain, 2017, "Pre-Primary Education and Child Development Outcomes in Developing Countries: Empirical Evidences from Thailand", Development Economic Review, Vol.11, No.1 (January 2017), 73-107



in education earlier or later than standard of their age and some might receive child development out of school. However, still a large number of children is expected not to access early childhood education and child development opportunity.



Enhancing the quality of early childhood education system and standard of child development centers and pre-school; with quality teachers and caregivers, sufficient resources and budget, and a safe and stimulating learning environment, that conform with the country's Philosophy of Early Childhood Education is an important challenge for Thailand.

Philosophy of Early Childhood Education in Thailand

This refers to education of children up to 6 years of age in a holistic way, based on a foundation of training and care provision and promoting a learning process which meets natural needs and development as appropriate to the age of the child so that they can achieve their potential. This includes a of socio-cultural context in a spirit of love for the child, and support and understanding of everyone to build a foundation for a quality life as the child develops into complete adulthood who is of value to themselves, their family, the society and the nation.

Source: Curriculum for early childhood education, 2017,
Office of the Basic Education Commission, Ministry of Education

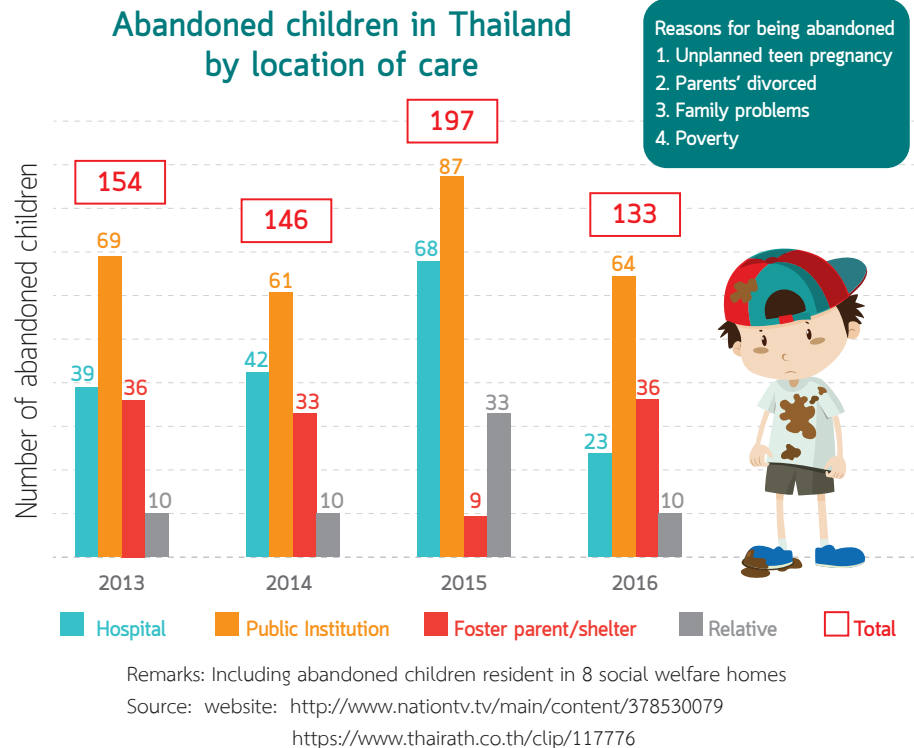


9 Vulnerable Children

“ Each year, 150 to 200 Thai newborns are abandoned. ”

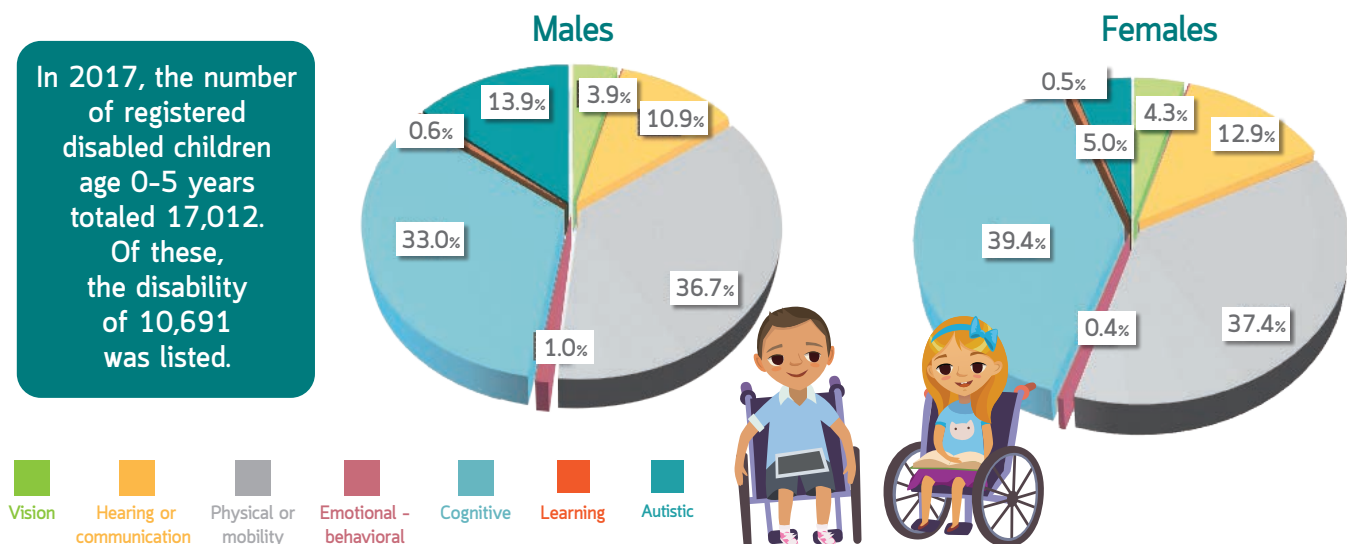
Vulnerable children is still a challenging issue, with many more types including infants abandoned at birth, disabled children, street children and, stateless children.

Abandoned infants reflect many issues in Thai society, such as lack of unplanned teen pregnancy, divorce, family conflict, and poverty. In addition, Thai statistics indicate that 20,000 Thai children are disabled, with a large proportion being children with autistic spectrum disorder. These children have the potential to grow up and be a part of the society, therefore, they should not be neglected. They should have access to necessary services in child development.



Proportion of children age 0-5 years who are disabled, by type of disability

In 2017, the number of registered disabled children age 0-5 years totaled 17,012. Of these, the disability of 10,691 was listed.



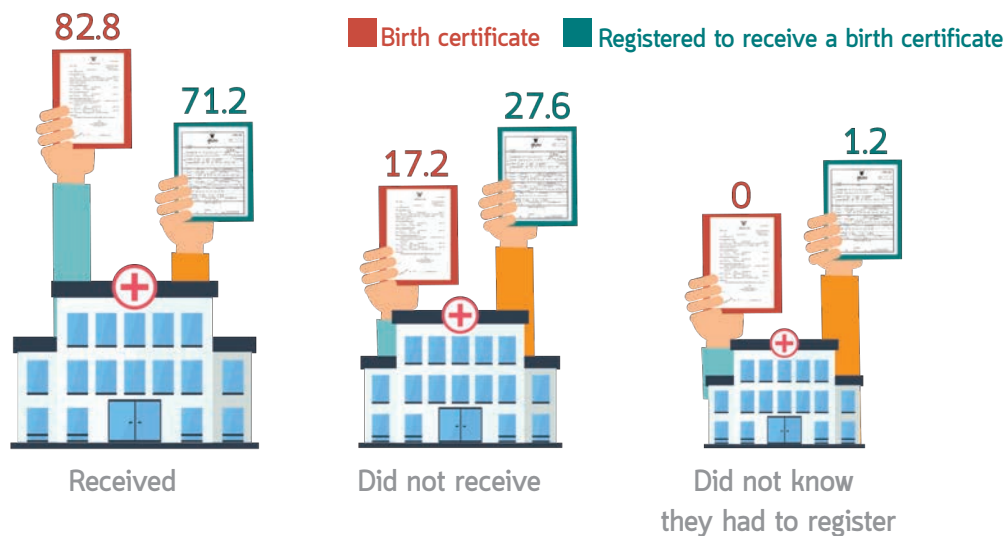
The problems of homeless and street children are complex and becoming more difficult to resolve. Often, these children are fleeing families in deep poverty. By definition, these children are out of school with no education. Some of the poorest parents take their children, often younger than five years, to help beg on the street or collect garbage. The family itself may be homeless, living under bridges or in another makeshift shelter. Clearly, these children have little access to health care, such as receiving vaccination, and appropriate child development.

The situation regarding homeless and street children in Thailand is still an important problem. It is estimated that there are about 30,000 homeless children nationwide. In Bangkok, it is possible to find street children living under expressways, and some are as young as three years. The situation is becoming more severe and more complicated to solve. Moreover, if the parents are homeless, then any children they have are homeless.



Source: Interview with Khru Thonpune Buasri (Khru Jiw), Foundation for the Better Life of Children

Children born to non-Thai migrant parents in Thai government hospitals (N=418)



Source: Chalernpol Chamchan, Kanya Apipornchaisakul, Kanchana Tienlai, 2017



The Bangkok Metropolitan Administration estimates that there will be 53,437 non-Thai children age 0-5 years born in Thailand. Of these, it is estimated that 14% will have birthweight under 2,500 grams. In addition, only one-third will have access to the essential childhood immunizations. Coverage of the polio vaccine among these children is very low.

Source: Estimates of the non-Thai cross-border population as a basis for improving MCH services in Bangkok. 2013, HSRI

The 2008 Civil Registration Act mandates that all children who are born to cross-border migrants while working in Thailand receive a birth certificate and other related documentation. However, in practice, coverage of birth certificates for these infants born to non-Thais is limited. Some migrant parents may not know how or where to register the birth or fear of language barriers. This places the young child at an immediate disadvantage by being stateless. The government needs to be more pro-active in ensuring that all infants born in Thailand have a legal birth certificate.



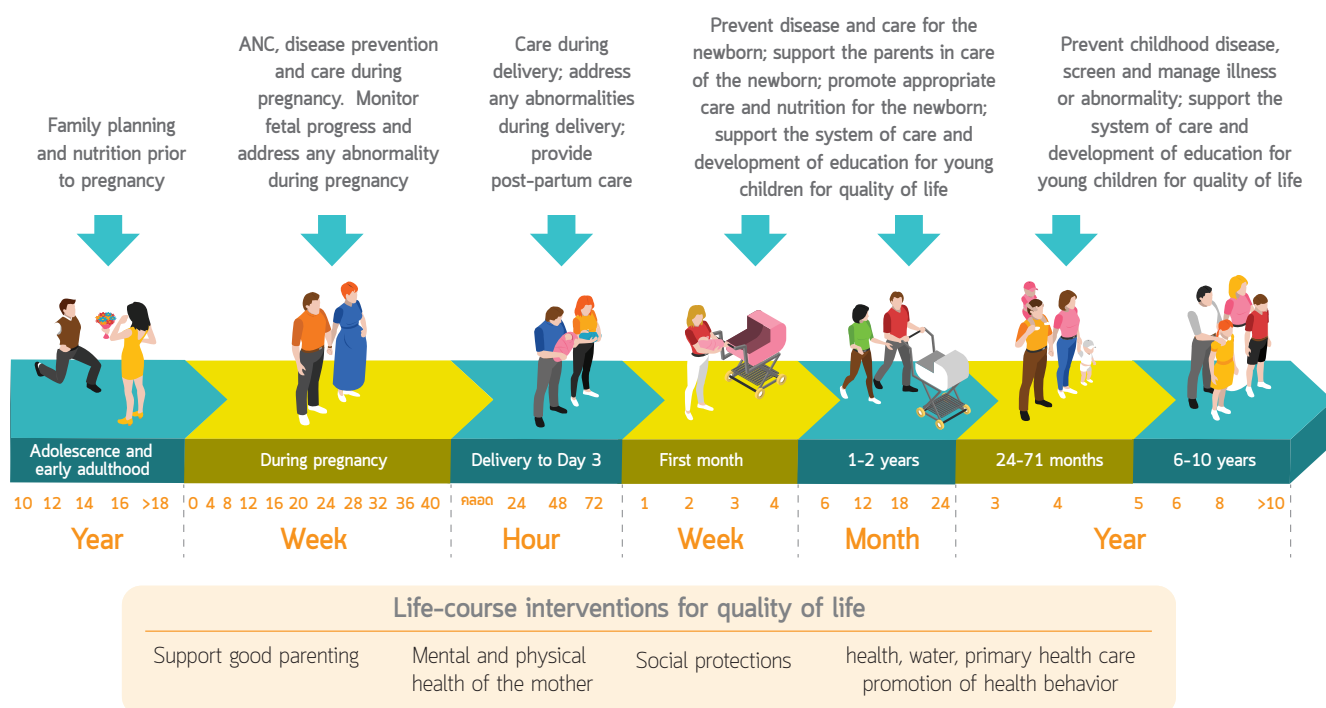
10 Policy Considerations

“The cost of inaction on early childhood health and education investment is long-term and enormous for the future, at the individual and societal levels.”

Promoting quality early childhood development is a multi-sectoral challenge. It begins with the parents who want to start a family, followed by a pregnancy, birth, and post-partum care. This continues throughout early childhood and enrollment in school.

The 2016 Lancet Early Childhood Development Series provided recommendations for early childhood care and development in the form of intervention packages for the various stages of growth and development of the child. The recommendations also advise about detecting risks and implementing prevention at each age of the children. This needs a joint effort from multi-sectors. The target for these interventions and supports for childcare are the parents, guardians, care providers and the family of the child. Neglects of early childhood health and education, in terms of equal access to necessary health services and child development opportunity especially for children from poorer families and those in vulnerable circumstances, can result in an immense social and economic losses so-called “cost of inaction” to the society.

Evidence-based interventions for early childhood care and development



Source: Britto, P. R. et al., 2016

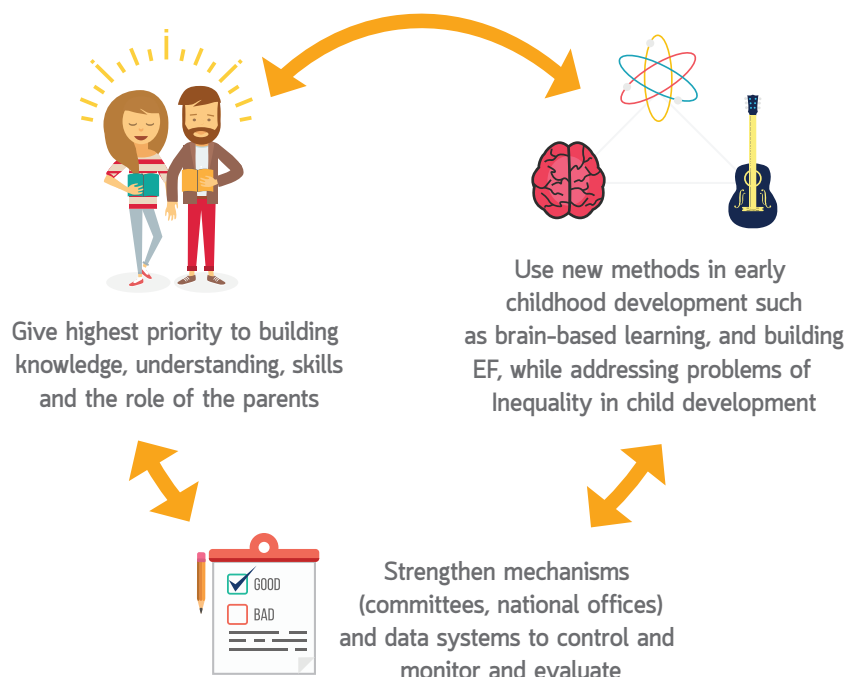


Source: Draft policy and strategic plan for early childhood development: 2017-2021, Office of the Education Council

Thailand's National Policy and Strategy for Early Child Development was first issued for the period 2007-16. The second phase of this policy and strategy covers the period from 2017-21. The emphasis of both phases in promoting early child development is on the family as the key actor. Yet all segments of society are called upon to reinforce the actions. The second phase, which is the current one, calls for closing gaps in accessing child development opportunity for vulnerable children; enhancing quality of child

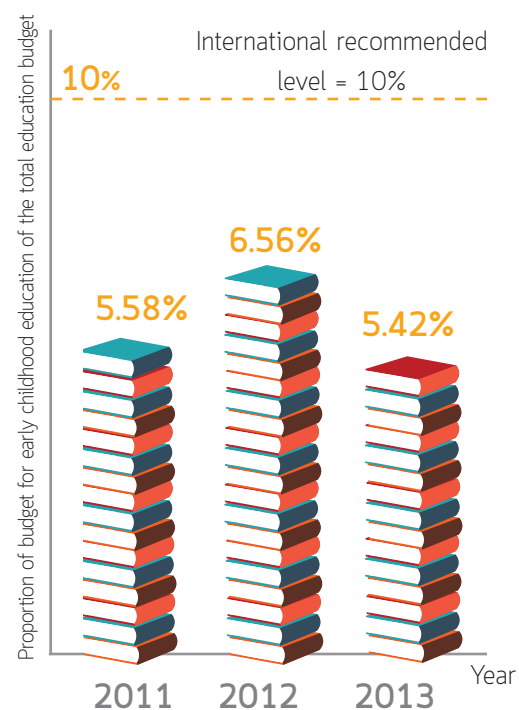
development and education system; promoting knowledge, understanding and appropriate roles of parents and family in childcare; revision of some relevant laws and regulations; advocating more research and dissemination of knowledge about early child development. In addition, networks and coordinating mechanism as well as information system to monitor and evaluate the implementation according to the policy and strategy should also be strengthened.

Key point in advocating policy and strategic plans for young children: 2017-2021



Source: Interview with Dr. Yongyuth Wongpiromsan, Chairman of the Sub-committee to Develop M&E Strategies, National Commission for Early Childhood Development

Investment in early childhood education is still below the recommended level



* Unicef (2017), "Early Moments Matter for Every Child", Pages 53
Source: UNESCO Institute for Statistics (2017)

Citation:

Thai Health Project. 2018. Title of book: *Thai Health 2018*. (page number).

Nakorn Pathom: Institute for Population and Social Research, Mahidol

Citation example:

Thai Health Project. 2018. The Chakri King Journeys to Heavenly Abode, Instills Forever in our Hearts.

Thai Health 2018. (pp.34-39). Nakorn Pathom: Institute for Population and Social Research, Mahidol

10

Outstanding

Situations





Warit Sophonpit, Sarakadee Magazine.

1

The Chakri King Journeys to Heavenly Abode, Instills Forever in our Hearts

The Royal Cremation Ceremony of His Majesty the late King Bhumibol Adulyadej, Rama the 9th of Chakri Dynasty, was held during 25–29 October 2017 at Sanam Luang Ceremonial Ground, Bangkok Thailand. One year prior to the ceremony, top-skilled artisans and craftsmen from all over the country congregated to devote their highest workmanship in order to produce various intricate traditional Thai fine-artisries needed for the Royal Cremation Ceremony. Some of the major works included the construction of the magnificent Golden Royal Crematorium and its surrounding supplementary structures, the production of the outstanding Royal Urn made from fragrant sandalwood, and the restoration of Royal Chariots and Royal Vehicles for transporting His Majesty's Royal Remain. There was also the epic rehearsal of the Royal Processions of Honor in the Royal Cremation Ceremony, or Rew Khabuan, which was stylized in accordance with the ancient royal traditions of commemorating the greatest kings. It engaged royal family members, military men, civil servants, students and others, all of whom participated under one harmonious spiritual unity to pay the highest honor to His Majesty the late King, and to accord their final loyal tribute. This article will be a chronicle to the major events that took place for the ceremony; another written account for one of Thailand's most memorable historical event.

Friday the 13th 2017 marked the one year anniversary for the death of Thailand's King Bhumibol Adulyadej Rama IX. In remembrance of His Majesty the late King, the government invited all Thais to participate in a nation-wide mass silence on that day at 15.52 pm, for a total of 89 seconds, which reflected the hour of his passing, and his age at the time of death.

During that year-long period of mourning, huge masses of people from everywhere within the country, and around the world, have made their pilgrimage to pay respect to His Majesty's Royal Remain which was placed at Dusit Maha Prasad Throne Hall in the Grand Palace. Thais of all ages, religions, and ethnicities, together with many foreigners, displayed their perseverance and patience to line up in the lengthy cue for the occasion every single day. It sometimes took up to 15 hours of waiting for that chance to be at closest-proximity to his Royal Remain. The Bureau of the Royal Household have counted 12,739,531 persons to have attended Dusit Mah Prasad Throne hall to pay respect to the late King, and ฿889,545,100.1 were donated by those people for the Royal Merit-making in preparation for the Royal Cremation Ceremony.

Construction of the Golden Royal Crematorium

The Royal Crematorium, or referred to as *Phra Merumas* in Thai, was modeled after Mount Sumeru, a mythical mountain which is considered to be the center of all the physical, metaphysical and spiritual universes in Brahmin and Buddhist cosmology. The physical geography of Mount Sumeru itself is idealized in to be a preeminent and massive center-peak with 7 surrounding cordilleras called *Satta Baribhand*, punctuated by the Great Rivers called *Maha Nadi Sri Tandorn* in between each of them. At the four cardinal corners lay the four Great Continents, *Dvipas*, and four Great Oceans that surround them. The foothill around Mount Sumeru is the Himvanta mythical forest that celestial animal dwells in. At the summit of



Mount Sumeru lies the second tier of heaven or the Tavatimsa Bhumi Celestial Realm, ruled and protected by the mighty god Indra.

King Maha Vajiralongkorn commanded his sister Princess Maha Chakri Sirindhorn to oversee the entire design project of the Golden Royal Crematorium, in which she had chosen a 9-pavilion layout with 7-tier roofed, throne-shaped or pavilion style Royal Crematorium. Designed by Mr. Korkiat Thongpud, the crown-roof of the main crematorium structure was the highest, and the others descended down in order and independently from each other. Thus, the Golden Royal Crematorium of His Majesty the late King Bhumibol Adulyadej was a 9-structure architecture sitting on a four-sided pyramidal base with staircases on each side of the base, leading up to the main Royal Crematorium pavilion, with four levels of landing platforms. A white nine-tiered umbrella, *Noppapadol Maha Savettra Chatra*, tipped the crest of the Thai-crown shaped roof, being a symbol of kingship. Sitting upon the funeral pyre, the Royal Urn was enshrined in the middle of the main Royal Crematorium pavilion. In the interior, four flame-screens were installed and painted with artworks such as the illustration of His Majesty's Royal Initiated Projects, while some others depicted the reincarnation of Vishnu. Sculptures and massive statues were decorated along the first three levels of platform, namely Garuda Pillars, *Chatu Lokapal* or the Four Ruling Devas, celestial beings like angels, lions, half-elephant half-lions, and the *Naga* serpent stair rails. The base platform had sacred animals positioned along all the four sides, residing in the Anodad pond and the Himvanta mountain-forest miniature replicas.

The plan design of the entire Royal Crematorium venue was shaped after the layout of the universe, where the centre-point of the crematorium was positioned at the epicentre of an imaginary universe, sitting right on the intersection of 2 eminent axis which were the north-south and the east-west. The north-south axis laid parallel to Sanam Luang Royal Ground's length, and aligned to the tip of Sri Rattana Chedi, a main pagoda of the Emerald Buddha temple. East-west axis aligned to the center of main chapel of Maha That Yuvarangsit temple. Other supplementary structures around the perimeter of the Golden Royal Crematorium were 67 *Phra Thinang Song Tham* (Royal Merit-making Pavilion for Thai and Foreign Royal Family Members), *Sala Luk Khun* (Government Official's Pavilion), *Thim* (Pavilions for Royal Doctors, Monks, and Court Officials), *Thap Kaset* (Pavilions marking the boundary of ceremonial site). Outside the enclosure of ceremonial grounds, there were artistic landscapes designed to depict more of His Majesty's Royal Initiated Projects and inventions.

Aside from these great structures, there were conceptual replicas of the Royal Crematorium built at the four cardinal corners of the old town, each about a kilometre away from the Sanam Luang Ceremonial Grounds. North side was at the old Lottery Office, South at the King Rama I monument, East at Larn Kon Muang Square, and West at Nakara Bhirom Park. Five Other replicas were also built at the four corners of Bangkok metropolitan, and one in each of the other 75 provinces in Thailand for the people to lay sandalwood-flower offerings to H.M. the late King. The backdrops of these replica Royal Crematoriums were given traditional Thai pattern symbolizing the Royal Rain Project with clouds and raindrops. Outside of Thailand, embassies and consulates around the world constructed elaborate altars with the image of H.M. the late King for receiving the sandalwood-flower offerings and other traditional objects of homage.

Royal Cremation Ceremony

The Royal Cremation of His Majesty King Bhumibol Adulyadej started out on Wednesday 25 October 2017 with Royal Merit-making Ceremony at Dusit Maha Prasad Throne Hall, in preparation for moving the Royal Urn to the Royal Crematorium at Sanam Luang ceremonial grounds. On the following morning of Thursday 26 October, the Royal Urn was moved out from Dusit Maha Prasad Throne hall to the ceremonial grounds in the most grandeur and artistic formation of processions. These Processions of Honor are called *Rew Khabuan* and they comprised of:

Rew Khabuan 1. The transfer of the Royal Urn upon the Golden Palanquin with Three Poles (*Phra Yannamas Sam Lam Khan*) from Dusit Maha Prasad Throne Hall to the Great Victory Chariot (*Phra Maha Phichai Rajarot*) in front of Wat Phra Chetuphon (Wat Pho). The procession was formed in front of Dheva Bhirom Gate, the Grand Palace at 7.00 am.

Rew Khabuan 2. The transfer of the Royal Urn upon the Great Victory Chariot from in front of Wat Phra Chetuphon to the Royal Crematorium at Sanam Luang.

Rew Khabuan 3. The transfer of the Royal Urn upon the Royal Gun-carriage (*Rajarot Puen Yai*), circumambulated three rounds counter-clockwise around the Royal Crematorium, before taking the Royal Urn up into the Royal Crematorium on the serpent-railed stairway.

Then at night, the actual Royal Cremation took place at 22.00 hr.

Festive public performances were organized for the Royal Cremation ceremony from 6.00 pm of the same night, and lasted until 6.00 of October 27th, a tradition that was practiced since Ayuthaya Period. Three grand stages were setup for these performances to manifest the greatness of the monarch. **Stage 1** featured *Nang Yai* or the big shadow play, and *Khon* the classical mask-drama dance performing *Ramakian* or the Thai version of the Indian epic Ramayana. **Stage 2** presented

Hoon Luang and *Hoon Krabok* the Thai Puppetry show. Other musical-drama performances on stage 2 also included the *Mahajanaka Jataka*, a tale of a Bodhisatta.

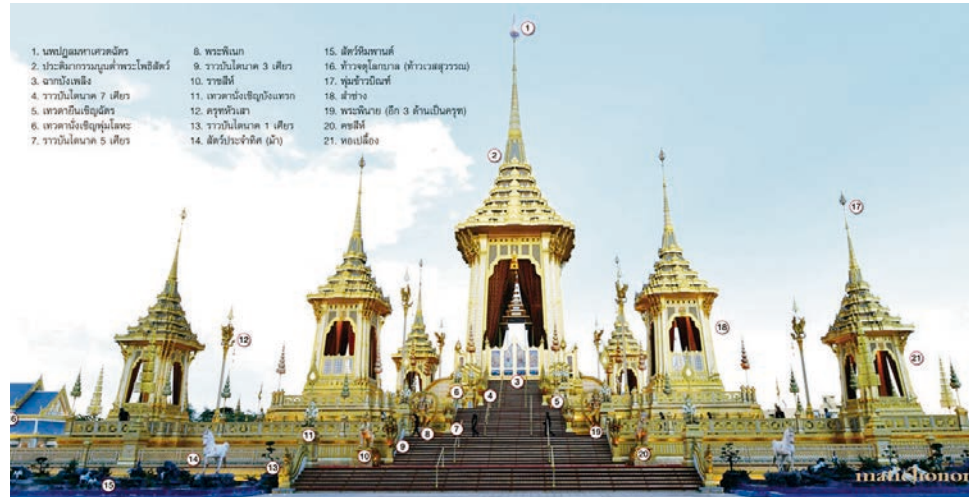
Stage 3 featured orchestras playing music composed by His Majesty King Bhumibol Adulyadej and other songs were played to pay a tribute to His Majesty the late King. There was also a rare historic ballet performance inspired by the story of Manora.

Rew Khabuan 4. (The morning of 27th October) The Transfer of the Royal Relics upon the Royal Palanquin with Four Poles (Rajendrayan Busabok Palanquin) and Royal Ashes upon Rajendrayan Noi, from the Royal Crematorium to the Grand Palace and the Temple of the Emerald Buddha.

Rew Khabuan 5. The Transfer of the Royal Relics upon the Royal Palanquin with Four Poles on the route from Dusit Maha Prasad Throne Hall to Chakri Maha Prasad Throne Hall.

Rew Khabuan 6. The last of all processions in the Royal Cremation Ceremony, transfer of the Royal Ashes from Phra Sri Rattana Chedi in the Temple of the Emerald Buddha, on a royal car, to be enshrined at Wat Rajabopidh and Wat Bovoranives. The procession was formed at Phra Sri Rattana Chedi in the Temple of the Emerald Buddha. Her Royal Highness Princess Sirivannavari Nariratana, the granddaughter of H.M. the late King who was a competition equestrienne, directed the Cavalry Battalion troops on horseback that led the entire Rew Khabuan 6.

The Royal Crematorium, the Royal Chariots and Vehicles, and all Processions of Honor in the Royal Cremation Ceremony of H.M. King Bhumibol Adulyadej represented centuries-old ancient Royal Traditions. It also reflected the traditional Siamese moral concept that Kings are divine beings that had reincarnated into the world as an Avatar, and thus had completely returned to heaven in a befitting and honourable fashion.



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Royal Family members and prominent officials of Foreign Countries joined the Royal Cremation Ceremony.

For the occasion, the government gave the opportunity for the people to offer sandalwood-flowers on the Royal Cremation Ceremonial Day, for their final tribute and farewell to H.M. the late King, by constructing replicas of the Royal Crematorium and arranging flower-niches in a total of 878 locations in all 76 provinces of Thailand. The offering practice started at 9.00 hr. until 16.30 hr., and once again at 18.30 hr. to 22.00 hr. or until the last person had laid the sandalwood flower. The government administrative had witnessed nineteen million persons participating in the event on that day.

During the Royal Ceremonies, royal family members from 16 foreign countries and senior officials from 26 other countries attended the ceremonies. Prince Akishino together with Princess Kiko of Japan, a country with the longest royal ties with Thailand, joined the ceremony, along with Queen Matilde of Belgium, King Jigme Khesar Namgyel Wangchuck and Queen Jetsun Pema Wangshuk of Bhutan, Queen Maxima of the Netherlands, and Queen Silvia of Sweden, to mention a few royal attendees. As for high ranking government officials, Prime Minister Barnabas Sibusiso Dlamini of Swaziland, Prime Minister Hun Sen of Cambodia, and Deputy Prime Minister Zhang Gaoli of China were also present.

The Volunteer Project and various activities from the general public.

Throughout the entire year-long mourning period in which the government allowed the public to pay tribute to H.M. the late Kings at the Grand Palace, many thousands of Thais (and some foreigners) assembled their own volunteer acts to accommodate the masses who travelled to the site. Some helped out by providing free public transport for the visitors, some handed-out meals, snacks, fruits, nasal inhalants, water and non-alcoholic beverages, while many were cleaning up by collecting the garbage. These efforts took place in a gigantic scale and revealed the generosity and sacrifice that Thais generate toward one another. Apart from the public sector, there was the establishment of Volunteer Project for Specific Purposes in which brought together the hearts of people for a good cause, as means of merit-making for H.M. late King Bhumibol Adulyadej. Eight choices for volunteer tasks were available to those interested, namely sandalwood-flower related jobs, public relations, civil works, transportation, general public services, medical services, security, and traffic control. Volunteers would have received either a blue Civil Volunteer identification card, or a Royal Cremation Ceremony Volunteer card, together with a blue cap, scout scarf, black polo-shirt, and an armband for uniformity. All over the nation, 4,006,825 persons registered for volunteer.

On the auspicious occasion of His Majesty King Vajiralongkorn's birthday on the 28th of July 2017, His Majesty officially endorsed the continuity of volunteerism and established an on-going volunteer project named "The Spirit of Volunteering: We Do Good From the Heart". People were invited to undertake volunteer acts to carry on the works of H.M. the late King Rama IX 's Royal Initiative Projects. Members of First regiment of the King's Own Bodyguard, King's Vassal, and other government officials joined in to carry out public services in several communities around.



In other parts of Thailand, the general public, public sectors, and government administrative all expressed their deep loyalty and remembrance to the late King Bhumibol by engaging in many acts of devotion: merit-making in their own religious rites, lighting of candles, mass human-formation into symbolic shapes of dedication, singing of the Royal Anthem and other songs of glorification to the late King Bhumibol Adulyadej's virtues. There were also countless exhibitions depicting the His Majesty's lifetime's work, along with exhibitions of painted portraits from artists, and many seminars were held to discuss the King's achievements. Thousands of videos, radio, prints, and internet media were also produced by every sector to pay tribute and bid farewell to H.M. the late King. Other acts of good deeds in order to fulfil the late King's aspiration included cleaning up public spaces, blood and organs donation, tree planting, freeing the lives of cattle and marine lives for merit making, and bicycling and running for charity.

Conveying the King's Philosophy into Sustainable Development

Throughout 70 years of his reign, King Bhumibol Adulyadej's ambition was not merely to solve immediate issues of his people, but his devout efforts were always aimed at sustainable social development, achieved through implementing 3 steps of developmental practices:

1. Kao Jai (Understanding - to feel and investigate the problem deeply until it is completely comprehensible,

and then develop a solution to be trialed, tested, and trusted),

2. Kao Teung (Connecting – Developing inside-out motivation for the targets. Reach out to understand their needs, and empower them with education.)

3. Pattana (Develop self-initiation and self-reliance for the targets. Help them to establish a prototype for others to model after)

His Majesty King Bhumibol Adulyadej was always down-to-earth and hands-on with the problems of his people. He always dedicated much time for the meetings held to discuss and follow up on issues with the officials and the people. This led to many thousands Royal Initiatives and Royal Projects all over the country, which benefited not only his immediate targets at hand, but for the rest of the Thais who would profit both directly and indirectly into the future. His actions became the highest inspiration for Thai people to absorb his thinking -concepts and follow his footsteps by giving birth to various development projects along the same line.

‘Fulfilling Our Fathers Legacy’ is the name of the project derived from the analytical study His Majesty’s late King’s work-philosophy through examples set-out in his Royal Initiated Projects and Sufficiency Economy model. The development values are grounded in the ‘middle-path’ approach, arriving at a sense of contentment for sufficiency (as opposed to maximization of profit) through building rational-thinking and developing self-immunity in the economy. For easy access to the public, this vast knowledge from the King have been compiled into many forms of media. As seen from one example, the book *The Visionary* decodes Self-sufficiency Economy into aspects related to living a life of moderation by, for instance, first separating what is ‘needed’ from what is ‘wanted’, then secondly, making sure what is ‘needed’ arrives first, and then finally weighing out what is ‘wanted’ with the resources available to get an equilibrium. From the philosophy, one can enter a new perspective in life

of seeking happiness from practicing simplicity and sufficiency instead.

‘*Pan Por Peang*’ or Seeds of Sufficiency was a project by the Forestry Department to cultivate consciousness for environmental enhancement and protection, as a mean of paying tribute to the late King Rama 9 who was an environmentalist, by advocating trees plantation around the country and mainly in the urban area. Up to 9 Million tree-seedlings were handed out for everyone to participate in planting in their own homes and properties, and exchange knowledge about trees and the ecology.

All these were a few to mention amongst many of ‘keeping-alive the late King’s legacy’ programs, all of which started-out with the kindness and generosity of the Thai people for their society and the nation at large.

Postscripts

The late King’s multifarious duties to his people had brought about over 4,600 royal projects across the country. Thai people have compared them to an equivocal stream of compassion that flowed into every inches of land, enriching the lives of Thai people without any discrimination over race or religion. For this reason, the passing of King Rama the IX was an extreme and tremendous loss to the entire nation with unsurpassed sadness. However gone is his body, His Majesty’s Royal Statements and Royal Guidance, given out at different occasions throughout his reign, lingered on in the hearts of Thais as spiritual anchors and guidance of wisdom. His words laid out the art and science of how to ‘lead life’ and enhance one’s own spiritual wellbeing in alignment with the morals and ethics. As long as Thais yearn and learn to practice his teachings for the benefit of one’s own development and for bettering the society, one will discover that “His Majesty King Bhumibol Adulyadej had never walked away from his people”, even now his physical body is no longer with us in the world.



2 Run to raise funds: Betong to Mae Sai



Phurit Netimongkolchai (Vin Buddy)

At the end of 2017, perhaps there was no other single event that reverberated more loudly throughout Thai society as the merit-making marathon run by **Toon ("Bodyslam")** to raise funds for 11 regional hospitals in every region of the country. **'Toon' (Athiwara Khongmalai)** is the front man for the Bodyslam rock band and was the face of the **"Run to raise fun for 11 Hospitals"** Project, and this effort was coined as "A step on the road that shook the heart of a nation," by the monk V. Vajiramedhi.¹

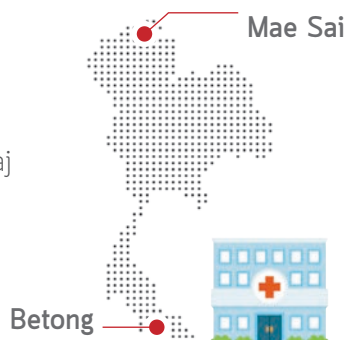
“
I wanted to run as long and as far as I could, with all those who came along, to show that only a small step for a person becomes a giant leap for the nation when everyone joins in.
”

These words of Toon concisely describe the objectives of the marathon which was hugely successful over the 55 days which it lasted. On November 1, 2017, Toon began his run at Betong District in the southernmost point of Thailand, ending at the Mae-Sai – Thaikilek border crossing at the northernmost point at 6:00 p.m., December 25, 2017. This marathon was able to raise 1.2 billion baht in donations from throughout the nation. Even though the official duration of the project is over, the donations continue to flow in.

The Conception of the Marathon Project

Back in 2016, Toon ran a shorter marathon to raise funds for a medium-size hospital in Prachuab Khiri Khan Province. Toon's main objective in that event was to motivate people to take better care of their own health so that they do not become a burden on local hospitals. Thus, the goal of the fundraiser was much broader than just helping the hospital pay down its debt and buy needed medical equipment. The starting point of the marathon run was the prestigious Suan Kulap Academy in Bangkok with the destination of the Bang Saphan District Hospital in Prachuab Khiri Khan Province (about 400 km distance). That marathon was able to raise 85 million baht.² In addition, that project helped motivate many Thais to go out and run as part of their healthy exercise. The success of that first marathon inspired Toon and his team to expand the marathon to raise funds for eleven hospitals in all regions of the country. The focus of this ultra-marathon was the larger hospitals which serve as referral hospitals for their sub-region. In that way, many more communities in the country could potentially benefit from stronger secondary and tertiary care. The following eleven public hospitals were the target for the 2017 marathon project:

1. Yala Hospital
2. Surat Thani Hospital
3. Ratchaburi Hospital
4. Chaophraya Yommaraj Hospital (Suphanburi Province)
5. Saraburi Hospital
6. Khon Kaen Hospital
7. Chao Phraya Aphaiphubet Hospital (Prachinburi Province)
8. Nakorn Ping Hospital (Chiang Mai Province)
9. Chiang Rai Prachanukroh Hospital
10. Nan Hospital
11. Phramongkutklao Hospital (Bangkok)



Phurit Netimongkolchai (Vin Buddy)

For this marathon, Toon was determined to run the longest distance he had ever run and, symbolically selected Betong City (Yala Province) and Mae Sai City (Chiang Rai) as the furthestmost points on the north-south axis of the country, or a distance of over 2,000 km. Initially, the goal of the fundraiser was set at 700 million baht. This was based on the simple calculation of 10 baht per person by the 70 million Thais, and that made the goal seem more attainable. In fact, the marathon was far more successful than anyone expected. Over the 55 days of the run, Toon was able to raise 1.2 billion baht (and still counting).

All news outlets from around the country followed the progress of the marathon as it gained increasing momentum through each province. Thais of all walks of life and age groups cheered Toon on his mission, and many people (including foreigners) joined in the marathon run at different segments. Music industry stars and other celebrities also became involved to provide motivation and moral support (e.g., Pancake, At Carabao, Boy Pakorn, Nong Wan Mai, A-gu Paibun, and other Grammy award-winning artists). In addition, famous sports figures and A-listers also joined the marathon (e.g., Buakhao Banchamake, Tak Bongkotenote, Udom Taeapanich, etc.). Spin-off activities were

spearheaded by TV celebrities (e.g., Jaturong Mokjoke & Team) along routes that Toon was not able to run on, raising an additional 4 million baht for the project. Chet of the Smile Buffalo Band was able to mobilize 13 million baht of donations to the cause.

Senior officials also joined in, such as commanders of many military units who authorized their soldiers to join parts of the marathon run and act as security officers. Doctors and nurses from clinics and hospitals along the route came out to welcome and thank Toon and the other runners. The public itself lined the streets and highways along the route to cheer the runners and hold up signs of appreciation and support.

Toon and his team had no shortage of food and drinks since these were supplied in abundance by the communities they passed through. Even a Facebook page was created specifically about the 2017 marathon which described day-to-day progress and events along the way. The Facebook page featured a section on what gifts were bestowed on the marathoners from the local community, including delicacies, fruits and specialties of the locality. A most special gift to the team came in the form of Royal sweets from HM King Rama X, the highest recognition possible.³

Donations came pouring in, mostly from domestic donors but also from international sources. The donations came from the public, private and Civil Society sectors. Jimmy Chawala donated 16 million baht on behalf of the people of Nakorn Si Thammarat Province. The King Power Group donated 100 million baht. The Charoen Pokapan Group donated 60 million baht. Notably, there were a significant number of

donations from sources who preferred to remain anonymous, as the purest form of giving. Despite injuries along the way, Toon and his team continued the run toward the destination without ever thinking of giving up. Their endurance and dedication gave rise to a “Toon Power” movement who followed every step of the marathoners. There was also a group of key supporters who ran along with Toon and the team throughout the route including ‘Bell’ Chaichan Baimongkol, and Creative Khon Geng. Dr. May (Samitdsankha Pho) ran along to monitor the health of Toon. Pawk (Ithipon Samuthong) helped coordinate run during each day and helped control the crowd.⁴

Clearly, it would be impossible to list the names of everyone behind the scenes who provided clinical support, physiotherapy, preparation of meals and liquids, route advance teams, timekeepers, photo-documentarians, the media, and many others. It can be asserted, however, that the organization of this marathon was top-notch and very professional throughout. Toon is an example of how one ordinary person can motivate millions for a good cause.

Toon and the social movement

The marathon concluded successfully on Christmas Day, 2017. Prime Minister Prayuth Chan-ocha praised Toon and his team for being a model for the younger generation to act selflessly for the benefit of all Thais. As noted, the revered monk Pramaha Vuttichai Wachiramatee, also praised the marathon and wrote the following blessing to Toon: “You have not just run from Betong to Mae Sai. You have run in unison with the hearts of all 70 million Thais in a beautiful way. This marathon will not be



Phurit Netimongkolchai (Vin Buddy)

forgotten. You are commended for your effort, performed throughout with humility, selflessness, and honour. In this way, the marathon belongs to all of us.” While there were a few criticisms from some analysts (e.g., ‘this does not solve the root of the problem’) Toon did not argue back. His philosophy is that action speaks louder than words.

In Closing

This marathon to assist eleven hospitals not only succeeded in raising over a billion baht in donations. It also inspired the hope that Thais can join together for a socially-beneficial cause. Toon was worried that people might suspect his motives by being so visible in this project. However, Toon felt he had to ignore that fear and ‘just do it’ and focus on the beneficial outcomes.⁵ Another goal of the marathon was to inspire all Thais to be more physically active for

good health, as that is an important way to help hospitals and clinicians around the country. Toon hoped to inspire all Thais to provide motivation for the doctors and nurses who work hard every day to heal and protect. It is true that the funds raised from this marathon will not erase the cause of the problem of overburdened hospitals and the public health system. However, it is one approach to improve some part of the medical system and society at-large. Toon believes that any improvement, no matter for what duration, is beneficial in the end.



Toon “Body Slam” inspired a nation, from young children to the elderly, who followed his progress as he ran from one end of Thailand to the other. Everyone chipped in to make donations to Toon’s charitable cause, calling him a “super-hero.”

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Reform of the National Health Security Act and the Thai Health Promotion Fund Act:

Assessment of the Constitutional Impact



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During 2017, news of particular interest to healthcare personnel was the impending revision of the 2001 Act which formed the Thai Health Promotion Fund (THPF), and the 2002 National Health Security (NHSO) Act. The proposed revisions cause impassioned debate on both sides. This section presents the findings of a Regulatory Impact Assessment, referenced in Article 77 of the Thai Constitution (2017) to describe the process and guidelines for implementation, important areas for change, and recommendations for accommodating any changes.

Regulatory Impact Assessment (RIA)

This assessment entails an inspection and projection of the effects of issuing a new law, with the following two components: (1) Government inspection and monitoring; and (2) Improvement in the quality of regulations. The RIA gives importance to expanding opportunity for stakeholders to express their opinions and exchange information with the government about laws and legal reform. The government needs to explain the rationale and necessity for promulgating a given law and projecting the potential impact in order to make the legal process more transparent and comprehensive.^{1,2}

Reform of the NHSO Act and the THPF Act

The RIA looks at the impact of the Constitutional provisions of certain laws, first in terms of benefits.^{3,4}

The RIA is part of the reform process of national administration and good governance.⁵ Thailand did not consider the RIA an important mechanism until the 2017 Constitution included the RIA as part of Article 77 which mandates a more systematic and circumspect process of formulation of laws.^{6,7,8,9}

The following are the three key provisions of Article 77: (1) The government shall only issue

the minimum essential laws to achieve an objective; (2) The government shall revoke or revise laws that are obsolete or inconsistent with the status of society, are a nuisance in the daily life of the population, or obstruct the ability of the population to pursue certain vocations; and (3) The government shall provide convenient access of the public to the details of any law in ways that are easy to understand. Another important feature of Article 77 is the requirement for public forums before issuing or changing a given law in order to comprehensively consider the potential outcomes and impact of a law. In addition, after a law has become effective, the government must assess the effectiveness of the law in achieving its objectives and explore the consequences of the law, both positive and negative. The government should use the permit system or committees only as necessary and only specify the penalties in cases of serious violations.

The process of reforming the THPF and NHSO Acts

The first glimpse of reform of the THPF Act was the sidelining of the seven THPF Board members¹⁰ and the launch of an audit committee to inspect the use of the THPF budget to see if it conformed to or deviated from the original mandate. That audit report listed 16 discrepancies in the use of budget by the THPF¹¹ and prompted the government to consider revisions to the Act. The Ministry of Public Health (MOPH), the Ministry of Finance (MOF), and the Ministry of Justice were instructed to draft the reforms. The MOPH appointed a committee to consider reforms by convening two forums to solicit opinions. Soon thereafter, the THPF and network of Civil Society partners filed an appeal with the Prime Minister

(PM) and the Minister of Health, arguing that any reform of the THPF Act violated Article 77 of the Constitution. They also complained that the THPF was shut out of the reform process. Further, the complaint specified that the THPF was never allowed to challenge the 16 discrepancies which the audit committee cited as the basis for the needed reform. As a result, the MOPH appointed a representative of the THPF to serve on the legal reform committee. By the end of 2017 (December 8), the THPF Act reform process had not yet been completed, and it was unclear how they would proceed. The reform movement was hotly debated in the public square, and it was also pointed out that WHO representatives were not allowed to express their opinion about the law and any proposed changes. That oversight prompted a public apology.¹² In addition, Civil Society filed a formal protest¹³ and staged a walk-out from the meeting to show their objection to the legal reform process.^{14,15}

The proposed reform of the NHSO Act followed a similar process as the THPF Act reform effort in that the NHSO secretariat was sidelined by the Office of the Auditor General (OAG)¹⁶ in preparation for the external inspection of the use of budget by the NHSO. At that point, the government assigned the MOPH to apply the findings of the OAG as guidelines for drafting a reform of the law. The MOPH appointed a legal reform task force with 27 members, including one chairperson, 12 representatives from service providers, 12 representatives from government agencies, and two representatives from CS. Increasingly, outsiders gained the suspicion that the intent of the proposed reform of the NHSO Act was directing benefits more to the clinical service providers and government officials, rather



<https://prachatai.com/journal/2017/06/71795>

than the population. Thus, Civil Society protested more loudly against the legal reform committee composition and procedures and submitted a sequence of written complaints to the Minister of Health. The MOPH had assigned the National Health Commission (NHC) to consider 14 revisions to the Act and solicit opinions through three channels: (1) Internet web pages; (2) Regional public forums (Songkhla in the South, Chiang Mai in the North, Khon Kaen in the Northeast, and Bangkok in the Central Region); and (3) Public consultation. The NHC forwarded the results of these forums to the MOPH to incorporate into the draft reforms before submitting the result to the Secretariat of the Thai Cabinet, and then the Cabinet. The draft was circulated to relevant government agencies. The options seemed to boil down to two: (1) Approve the draft in principle and submit it to the Council of State for consideration; or (2) If the reaction from the relevant government agencies was extensive and varied, then return the draft to the MOPH for renewed consideration.

Article 77 and revision of the THPF and NHSO Acts

The 2017 Thai Constitution became effective on April 6, 2017, and that was before the push

for the reform of the NHSO and THPF Acts. Thus, any reform effort had to abide by Article 77 of the Constitution, whose second provision required public hearings and examination of potential impacts before any law was changed significantly. In sum, there had to be a systematic and comprehensive process before changing a law to detect potential adverse effects on the beneficiary population.

The THPF Act has the objective to manage a budget to support agencies and organizations which are working to promote the health of the Thai population. A wide variety of entities sought funding from the THPF. The NHSO Act has the objective to manage its funds to cover expenses related to health services for eligible persons in the Thai population (approximately 48 million). Thus, the beneficiaries of the NHSO act comprise the majority of Thailand's 70 million population (served through public health and clinical outlets). The OAG audit of these two funding mechanisms determined that some of the funds were being programmed outside the original mandate of the Acts. However, it seemed that the authorities were prepared to act on the findings of the OAG without going through the public review process required by Article 7. The proposed reforms became a public issue of wide debate since it affected so many lives throughout the nation. The most vocal included service providers, health professional organizations, Civil Society and networks of patients.^{17,18,19,20} This included some dramatic acts such as the walk-out cited earlier.^{21,22} Some parts of the mass media started to portray the "Gold Card" health for all insurance scheme as a burden on the government budget,²³ or that the NHSO and THPF had conflicts of interest.²⁴ This put the government on the defensive, and

their spokespeople had to repeatedly assure the media that the Gold Card program was not being revoked, nor would the NHSO or THPF be dissolved.^{25,26,27} It was important for the government to see that the RIA was not just a step in the process mandated by the Constitution, but a way to ensure that legal reform was truly beneficial for the country.^{28,29} While the government went through the motions of soliciting public opinion about reform of the two laws, it did not seriously consider the potential ramifications of modifying the laws in the direction which the OAG findings prescribed. Instead, the government mostly stated what the proposed reforms were and how they were intended to prevent corruption of the use of the funds, or how citizens' rights would not be affected, how to sustain the funds, and how to provide better care.^{30,31,32,33,34} What is more, the government never fully informed the public about the results of the various forums and solicitations of opinions from various stakeholders.

Key aspects of the proposed legal reforms

While the Constitution (via Article 77) mandates a more circumspect process for legal reform, it does not prescribe a framework for how that should be done. However, there are other parts of the Constitution which do provide guidance, namely, Articles 47 and 55. Article 47 speaks to the right of the population to public health services³⁵ while Article 55 refers to the responsibility of the government to develop the health system.³⁶ However, if the government won't disclose to the public all the comments on the draft reforms, then other media sources need to be mined to assess the content and implications of the reform.

1) The THPF Act

Change in the definition of health promotion: One of the common suggestions in the review of the draft law was a need for a more precise definition of 'health promotion' in order to reduce duplication among organizations, especially in relation to the work of the THPF. A representative from the Thai Medical Council proposed that 'health promotion' be limited to knowledge/education. It was also proposed that there should be a reduction in the number of small organizations involved in this sector to economize on the budget. The recipients of THPF funds should only fill gaps which government agencies do not cover.³⁷ However, dissenting opinion came from some specialists and Civil Society who argued that 'health promotion' covers a wide sphere of activity, and extends well beyond clinical care. 'Health' encompasses food security, agriculture, the environment and education. That concept of health is consistent with the WHO definition which addresses the physical, mental, environmental and spiritual health of the individual and society.³⁸ That definition is also consistent with the definition of health in the National Health Act of 2007³⁹ and the Ottawa Accord. The feeling was that the definition of 'health promotion' from the Medical Council was antiquated and out of sync with modern society.

Limiting the budget of the THPF: At one of the opinion-exchange forums, there was a suggestion to place a ceiling on the amount of budget the THPF receives each year. The original law calls for the THPF to be funded from a portion of the sales tax on alcohol and tobacco ("sin tax") in the amount of 4 billion baht per year. Others felt that the THPF should receive its budget from the MOF. The budget need not be the same each

year since health priorities shift from year to year and some programs are more cost-effective than others. While a ceiling budget of 4 billion baht per year might be adequate, there should be adjustments for inflation. Overall, the consensus was that it is appropriate for the THPF to receive the majority of its budget from the “sin taxes” but in the proportion of 2%, which currently approximates 4 billion baht per year. Also, others suggested that the THPF should have more flexibility than regular government agencies in the allocation of its budget and financial procedures. Otherwise, that would inhibit innovation and progress. Currently, government funding is invariably delayed and overly restrictive; with more flexibility, the THPF could provide more benefit to the people.⁴⁰ If there are concerns about lack of transparency in use of funds, then ad hoc audits could be performed as part of the law. However, if the revised law requires the THPF to adhere to government procedures on financing, then that could significantly reduce the efficiency of its grants (and also would conflict with Article 55 cited above).

Corruption and THPF: At one point, there was some news in the media that the THPF was vulnerable to corrupt practices. However, audits by the OAG and other inspectors found no evidence of corruption or violation of standard procedures.⁴¹ Nevertheless, the revisions to the law proposed by the MOPH include the proviso that the THPF expenditures need to conform to the original aims and objectives of the fund, that government accounting procedures need to be applied to financial documentation, and measures need to be in place to prevent conflict of interest. These provisions were strongly criticized by Civil Society and academics since it seemed excessive in view of the past 15 revisions of the THPF regulations,

which already covered these concerns. This raised further doubts about the true intentions of the legal reform effort.

2) The NHSO Act

Increasing the proportion of service providers on the NHSO Board

In the past, it had been repeatedly signalled to the media by the representatives from health professional associations and the MOPH that there was a need to increase the representation of health service providers on the NHSO committees and reduce representatives from Civil Society and local government. That notion was widely criticized by academics and Civil Society since they felt it would cause a bias in decision making and skew the authority of the committee. The principle of the NHSO Act is that the NHSO would act as an honest broker on behalf of the population in procuring health services from the MOPH. Thus, management of the NHSO funds must have Civil Society representation to counterbalance the health service providers (e.g., hospitals and health professionals). Further, if the representation of Civil Society is reduced, that would conflict with Article 55 of the Constitution. In addition, the MOPH and health professional associations have long maintained that the NHSO system should include a co-pay.⁴² However, opponents of that position argued that such a co-pay requirement would be in conflict with Article 55 in that, what were formally free services, would now involve a cost to the client, which would be a burden for the poorer segments of the population.

Procurement of medicine, equipment and medical supplies

The representatives from the professional associations and the MOPH lobbied the media

to make the case that the MOPH should be the primary procurer of medical supplies instead of the NHSO. This is the case for the 2018 FY budget which directs the MOPH's Ratchawithi Hospital to procure medicines instead of the NHSO.^{43,44} That provision was criticized by academia and Civil Society which argued that a return to government hospital procurement was retrograde in that it centralized procurement control in the MOPH. They contended that concentration of authority over budget carries an excessive risk of corrupt practices and that the method of having the NHSO procure medicines and medical equipment/supplies through a transparent committee process is much safer since the committees have representation from Civil Society as well as the health/medical establishment. Such a return to centralized procurement would also conflict with Article 55 of the Constitution since it threatens the efficiency of budget management.

Separation of monthly wages of hospitals from the per capita budgeting process

The representatives from the health professional associations and the MOPH have consistently indicated through the media that there should be a separation of the budget for monthly wages of hospital staff from the per capita budgeting of health services.^{45,46} Findings from research show that separation of the monthly wages from the per capita budget steers more resources to the large health/medical institutions of the MOPH (e.g., regional and provincial hospitals). This is also true for hospitals outside the authority of the MOPH (e.g., those under the Ministry of Education and the Bangkok Metropolitan Administration).^{47,48} If this provision is part of the revised law, then this could reduce the efficiency of hospital services, and that is in conflict with Article 55 of the Constitution.

In Closing

When citing the Constitution as a framework for reviewing the process and content of the proposed revisions to the THPF and NHSO Acts, it can be seen that key provisions of the draft laws are not consistent with the guidance of the Constitution, especially Article 77. The most serious omission is the failure of the government to comprehensively review the potential adverse impacts of the revision to these two Acts. In addition, the government has not been forthcoming in sharing the results of the various opinion gathering exercises in the review of the draft revisions. A number of the proposed revisions are in conflict with Article 55 of the Constitution, principally because they threaten to reduce the efficiency of budgeting and services. At the time of this writing, it is not yet possible to see where the process of the revision of the THPF and NHSO Acts is heading. In any case, the MOPH and service provider community must be mindful of the impact of any revision on society. Article 55 of the Constitution clearly states that "The government will develop health services that are of higher quality and standard on a continuous basis." There also needs to be consideration of the stability and image of the government. Finally, there has to be consideration of the direction of any revisions to existing law vis a vis the prevailing and over-riding Constitutional provisions. Any action that is taken must be informed by and in full view of the public and all the relevant stakeholders, to ensure a comprehensive analysis and that all voices are heard. Only in this way can the country achieve sustainable cost-effective health services for all in need.



The 2017 Infant and Young Child Food Marketing Control Act

A Preliminary victory for Thai mothers and children.



What does the 'Infant Formula Act' require? What has changed? Many people may wonder whether, from now on, there won't be any infant formula ads anymore. Will there be promotions, coupons, sales and rewards, or samples of infant formula in department stores? Or is that no longer allowed?

World Health Organization recommends that every child receive total breastfeeding (no supplements, just breast milk as the only food) for the first six months of life. Breastfeeding can continue with food supplements between the age of six months and two years or longer.¹ Numerous research studies and scientific data from around the world affirm that breastfeeding is tremendously healthy for mother and child, both physically and mentally. Breastmilk has special ingredients not available elsewhere which are essential for optimal development and immunity

from disease. Breastfed children are more likely to grow and develop normally in accordance with age. Breastfeeding also prevents diarrhoea and pneumonia which are significant causes of death in infants. Over the longer term, breastfed children are less prone to such non-communicable diseases (NCD) as obesity and diabetes than children who did not breastfeed. Some studies have found that breastfed children have a higher average cognitive function than non-breastfed children. Women who breastfeed burn 500 kCal per day and that helps them burn off the excess weight from pregnancy,

and reduces the risk of obesity, diabetes, and cancers of the ovary and breast. In addition, breastfeeding helps mothers recover the store of energy after the exertion of pregnancy, labour and delivery, and also combats post-partum depression. Most obviously, breastfeeding helps mothers and families save on the cost of infant formula and associated supplies since breastfeeding is free of charge.²

Given all the advantages of breastfeeding, it is hard to believe that Thailand once had the lowest rate of full breastfeeding in the first six months post-partum of countries in Asia: only 5%. The 2005 Survey of the Status of Children and Women in Thailand³ found that the MOPH and its partners were diligently trying to promote new mothers to breastfeed through various projects such as the Baby-Friendly Hospital Project, the Birth-a-Baby Project and other activities which tried to persuade mothers of the importance initiating full breastfeeding while still at the hospital. These efforts helped to increase the proportion of children under age six months who consumed only breastmilk from 12% in 2012⁴ to nearly double to 23% in 2015.⁵ Despite the improvement, this level is still very low when compared to Thailand's neighbours. There are a number of factors which discourage Thai mothers from breastfeeding. Many mothers cannot take six months leave from work, nor can they breastfeed at the workplace. Many women lack adequate knowledge or confidence that they have enough breastmilk to satisfy their infant's hunger. Others have the misunderstanding that breastmilk is not that nutritious or that it is equal to infant formula. Research has shown that marketing efforts by companies which sell breastmilk substitutes can influence a mother and her family how to feed their infant, and may lead them to believe that infant formula is as good as or better than breastmilk.⁶

This problem is not exclusive to Thailand; many countries face the same problem of aggressive marketing by the infant formula companies. Thus, Thailand felt it had to introduce measures and strategies to protect infants and young children from the adverse effects of breastmilk-substitute promotions. In the past, the government had requested cooperation from industry in this matter. However, there were no penalties for non-compliance, and the marketing of infant formula only increased over time, and through more devious methods. Accordingly, the Thai government finally introduced legislation to control advertising and promotion of infant formula.

It took 36 years to get the infant formula law

Advocacy for the 2017 Infant and Young Child Food Marketing Control Act

The serious push to get a law passed to control the marketing of breastmilk substitutes began in 1981 when Thailand ratified the WHO resolution on the International Code of Marketing of Breast-Milk Substitutes, on May 21 of that year. Thailand then announcement implementation of the Code in 1984, but only in terms of requesting the



cooperation of industry to comply. Yet companies continued their marketing of breastmilk substitutes in Thailand, often by indirect means. They targeted pregnant women and families to such an extent that inaccurate information became ingrained in the thoughts and beliefs of young couples (i.e., that infant formula was as good as or better than breastmilk). Those marketing campaigns are largely responsible for the low full-breastfeeding rate of Thai mothers cited above.

Recognizing the seriousness of the problem, in 2008, the MOPH issued a ministerial regulation on “Criteria for Acceptable Marketing of Food for Infants and Young Children and Related Products.” Still, however, the ministerial regulation had no teeth since there was no criminal penalty to enforce it. So, the marketing of infant formula continued uninterrupted. Then, in 2010, the WHO general assembly issued a resolution to pressure member countries to pass laws to control the marketing of food for infants and young children in accordance with the Code. The Department of Health (DOH) of the MOPH, the Thai Breastfeeding Centre Foundation, and other advocacy partners were able to get this issue on the Thai National Health Assembly agenda. A resolution of the Assembly to enact such a law was proposed to the Cabinet. At a meeting of the Cabinet in April 2011, the resolution was approved and the MOPH was charged with drafting the law. Staff of the DOH, the Breastfeeding Centre Foundation, NHC, UNICEF (Thailand), WHO (Thailand) and other partners worked to draft the law. By 2014, the Minister of Health at the time (Dr. Rachata Rachatanawin) proclaimed the draft law as Ministry policy and moved the draft onto the Cabinet agenda. The draft was approved on December 1, 2015, under the government of PM Prayuth Chan-ocha (when the Minister



of Health was Dr. Piasakon Sataythorn). This process of legislation took so many years because of the aggressive opposition lobbying by industry. The biggest issue of contention was who could the marketing target as a potential consumer and what foods were being controlled. For example, did the law cover newborns up to age three years, or did the law apply to food supplements for infants under age one year? The National Legislative Assembly was able to find a compromise solution to satisfy both sides, and the draft legislation became law on April 4, 2017, and effectively in force as of July 19, 2017.⁷

The Contents of the Infant Formula Law

The law is intended to promote a situation in which practices in Thailand conform to the WHO Code as part of the right to health for infants and young children. The goal is to promote that Thai newborns, infants and young children receive the most nutritious food possible. If the use of breastmilk substitutes is unavoidable, then mothers and families are to receive accurate and factual information about those products in relation to breastmilk. There are three classes of food controlled by this Act:

- (1) Food for infants in the first 12 months (i.e., breastmilk substitutes);
- (2) Food supplements for infants age six months to one year; and



<https://news.thaipbs.or.th/infographic/102#&gid=1&pid=1>

(3) Food for children age one to three years. The law controls advertising and promotion of food for infants and young children through free samples, special sales, or other direct or indirect methods of marketing the product. All information provided by industry must be factual.

Questions about the Infant Formula Law

If the advertising of infant formula and food supplements is restricted, where can mothers and families get factual information about these products? Is the law too restrictive in providing

factual information about a consumer product that is valued by many consumers? How should a mother/family select the most appropriate breastmilk substitute? What is the proper method of storage and preparation of the infant formula or food supplement? How is the formula mixed, at what water temperature, and what are the guidelines for re-use of a mixed batch? What are the proper feeding bottles and other utensils used in feeding the infant or young child? What is the proper method to clean the bottles and utensils?

The intent of the law is to ensure that mothers/families receive answers to these questions and other concerns which industry does not necessarily provide on its product packages or inserts. Usually, the infant formula and supplement companies emphasize product packaging and appearance to promote impulse buying and do not want to



<http://chefspantry.com.au/product/skim-milk-powder-tatura-25kg>

burden the consumer with too much technical information. While the law cannot force industry what to say in promoting its products (as long as it is factually correct) it encourages the dissemination of information which portrays breastfeeding as attractive, beneficial and superior to breastmilk substitutes. Mothers and families are encouraged to seek information on breastfeeding and infant formula from clinicians and public health professionals instead of the infant food product companies. The law does not prohibit sales or marketing of infant formula or stipulate which outlets may or may not carry products. Those who do not have any viable alternative can always procure infant formula and food supplements at the normal market outlets. Mothers and families are not forced to breastfeed up to three years, but they should be educated to see the tremendous advantages of doing so. Infants and young children should have unfettered access to the healthiest nutrition in the first three years of life, and that certainly includes breastmilk. The most reliable information for mothers and the family are from clinicians and health professionals since they have no conflict of interest in helping families decide on the right course of action in feeding their infant or young child.

“

This (Infant Formula) Law is a victory for parents, health personnel and society who have joined forces over many decades to protect breastfeeding as one of the most important methods to help newborns get a strong and healthy start to life.”

- Thomas Darin
Representative of UNICEF (Thailand)

In Closing

Thailand has lagged behind other countries in enacting laws to protect its youngest children from the forces of aggressive marketing of breastmilk substitutes and food supplements. However, now that the Infant Formula Act is the law of the land, the MOPH has the responsibility to provide guidelines to advocate efficient compliance with the law. Civil Society and all citizens need to support this law by keeping alert for companies and practices that violate the letter or the spirit of the law. It is a child's right to receive proper nutrition in its most vulnerable years. Full breastfeeding should become the norm for mothers and society-at-large so that it is seen as modern, fashionable and not something to be shy or ashamed about. There is an oversight committee to monitor implementation of the law, and the Permanent Secretary of Health is the chairperson, with the Director-General of the DOH as the secretary. This committee provides guidance for strategic planning on enforcement and monitoring of the law.

Inevitably, there will be gaps in implementation, and some unscrupulous companies will find ways to evade the law. Thus, it is vitally important that mothers and families are the main source of demand for breastmilk and reject the persuasive messaging of an industry that would have them switch to substitutes when not necessary. When breastfeeding truly becomes the national norm, then no Thai child will be denied this most nutritious and natural food.



5

2017 Tobacco Products Control Act

Another step forward
for Thai health



Tobacco products are addictive and directly harmful to a user's health. Half of tobacco smoking addicts who cannot quit will become ill and die prematurely due to tobacco-related illnesses. At present, around the world, six million persons die from smoking each year, including 600,000 non-smokers who are affected by second-hand smoke from someone else's smoking behaviour. In Thailand, approximately 50,000 people die from tobacco use in one year, including 6,500 exposed to second-hand smoke. This disease and mortality cost the economy nearly 75 million baht in 2009.¹

Thailand first started to control the sales of cigarettes about 30 years ago through various legal provisions. The two key laws are the Tobacco Products Control Act and the Protection of Health of Non-smokers Act, both enacted in 1992. However, since then, there are new delivery systems for tobacco/nicotine such as electronic cigarettes and vaping devices. There are also loopholes in the law such that cigarette companies can advertise their products through electronic media. Thailand is a signatory to the WHO commitment to control consumption of cigarettes and, thus, the country must continue to improve the two laws to keep

up with changing trends. The National Legislative Assembly has approved the latest version of the law on March 3, 2017, which became effective on July 4, 2017. The following is a summary of the process and content of the law and reactions from the tobacco industry.

2017 Tobacco Products Control Act

This act combines the content of the first two laws enacted in 1992 into a single law. In addition, new provisions were added to make the law consistent with the current situation. The law applies the recommendations of the Department of Cigarette

Regulations Conventions of WHO to increase the efficiency of the control of cigarettes. The following are highlights of these improvements in the 2017 Act:

1. Change of the definition of 'cigarettes; to include new forms of nicotine delivery systems such as electronic cigarettes, vaping equipment, and other addictive practices.
2. Appoint a provincial committee for control of cigarettes to implement activities in each province of the country.
3. Limit access to cigarettes for under-age consumers by increasing the age for legal purchase from 18 to 20 years. In addition, the law prohibits selling cigarettes by an individual cigarette (i.e., less than one pack).
4. Prohibit promotion of sales of cigarettes or sales pitches through special price reductions, sales through electronic media, and sales in restricted locations (e.g., schools, religious institutions, etc.).
5. Prohibit the display of cigarettes in retail shops since that is a form of advertising and discourages abstinence.
6. Prohibit cigarette companies and related entities from conducting activities or CSR events in an attempt to minimize the damage to their image as marketing an addictive substance which harms health, or as a way to curry favour with policymakers.
7. Cigarette companies must annually report their marketing activities and financial balance sheet to ensure transparency in compliance with the law
8. Cigarette manufacturers must inform the public of the contents of their products
9. Cigarette packaging must be plain, without attractive colours or designs. Only the name of the product may be presented. This is



to reduce the attraction of the product for youth. The packaging must include warnings about the danger of smoking and messages to encourage quitting smoking.

10. The owners of establishments which prohibit smoking must enforce that prohibition and post clear and visible signs and warnings not to smoke. These owners will be held in violation of the law if they do not enforce the no-smoking restrictions in their establishments.

Enforcement of the law

The 2017 Tobacco Products Control Act covers products, marketing, prevention of industry undermining national policy, increasing efficiency of protection of non-smokers, and prescribes strategies for filling gaps and eliminating loopholes at national and provincial levels. Provincial level



control committees are chaired by the respective governor and have representatives from 16 relevant government agencies and six specialists; the chief of the provincial health office is the secretary of the provincial committee. The role of the provincial committee is to oversee implementation of the national strategy for control of cigarettes as approved by the Cabinet. The first priority is to ensure strict enforcement of the 2017 Act, both in the letter and spirit of the law. The central authority for implementation of the Act is the Bureau of Cigarette Consumption Control, which oversees control and disclosure of the contents of the tobacco product, setting standards for cigarette packaging, and ensuring that cigarette companies submit the required reports on an annual basis, etc. The authorities need to be on a constant look-out for efforts by industry to get around the provisions of the Act, by direct or indirect means.

Historically, the tobacco industry fought hard against any legislation that would restrict marketing or sales of cigarettes. However, the increasing toll that smoking was taking on the health of Thais outweighed the resistance of industry. These health effects of smoking are well-known and include cancer, heart disease, stroke, emphysema, etc., which, as a group, entail enormous expenditure for medical treatment – which is all preventable. In order for the provinces to adequately monitor compliance with the law, they need to be well-informed of the provisions of the 2017 Act and introduce measures to conduct inspections of compliance and other control efforts. A major challenge is to enforce the restriction of sales of cigarettes to those age 20 or older, the prohibition of selling cigarettes by individual units, and the prohibition to display cigarettes in retail outlets. There need to be systems to detect evasion of paying cigarette taxes or conducting CSR activities to reduce/combat the negative image of cigarette companies. A new provision of the 2017 Act is the holding responsible owners of establishments and entities where smoking is prohibited. That is, if the authorities detect smoking in non-smoking establishments or areas, the owners/managers/custodians are also held responsible, as is the smoker. Thus, these establishments must be diligent in posting no smoking signs and warnings of consequences of violations.

National strategic plan for control of cigarettes

The 2017 Act is truly a great leap forward for Thailand for the control of smoking. However, the country still faces the challenge of reducing the number of smokers and preventing people from starting smoking – especially youth. This largely

เปิดกฎหมาย
พระราชบัญญัติควบคุมผลิตภัณฑ์ยาสูบ พ.ศ.2560

20+ ห้ามขาย ผลิตภัณฑ์ยาสูบ ให้กับผู้ที่มีอายุต่ำกว่า 20 ปี

ห้ามแบ่งขาย บุหรี่ซอง (ต้องขายทั้งซอง)

ห้ามโฆษณา/สื่อสารการตลาด ผลิตภัณฑ์ยาสูบ ทุกรูปแบบ

ห้ามอุปถัมภ์ สนับสนุน กิจกรรม CSR บุคคล/องค์กร เพื่อสร้างภาพลักษณ์ โฆษณาผลิตภัณฑ์ยาสูบ

ห้ามผู้ขายปลีก ขายผลิตภัณฑ์ยาสูบ โดยวิธีการดังนี้

1. ขายโดยใช้เครื่องขาย
2. ขายผ่านสื่ออิเล็กทรอนิกส์
3. ขายนอกสถานที่ ที่ระบุในใบอนุญาต
4. ลด/แลก/แจก/แถม/ให้
5. เปรียบเทียบ
6. ให้สิทธิประโยชน์ ชิงโชค ชิงรางวัล
7. แสดงราคา ณ จุดขาย ที่จูงใจให้บริโภค

18+ ห้าม ใช้ จ้าง วาน หรือยินยอม ให้ผู้ที่มีอายุต่ำกว่า 18 ปี ขาย ผลิตภัณฑ์ยาสูบ

ห้ามตั้งโชว์ หรือ แสดง ผลิตภัณฑ์ยาสูบ ณ สถานที่ขาย (ให้ผู้ซื้อหรือประชาชนมองเห็น)

สถานที่ห้ามขาย ผลิตภัณฑ์ยาสูบ

- วัด/สถานที่ปฏิบัติพิธีกรรมทางศาสนา
- สถานพยาบาล/ร้านขายยา
- สถานศึกษา
- สวนสาธารณะ/สวนสัตว์/สวนสนุก

ห้ามสูบบุหรี่ ในเขตปลอดบุหรี่

เจ้าพนักงาน ผู้จัดการ ผู้รับผิดชอบ สถานที่สาธารณะปลอดบุหรี่ มีหน้าที่ประชาสัมพันธ์ แจ้งเตือน ห้ามสูบบุหรี่ ควบคุมไม่ให้มีการสูบบุหรี่

สำนักงานคณะกรรมการอาหารและยา กรมควบคุมโรค กระทรวงสาธารณสุข
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Reaction from the cigarette industry

Ever since the appointment of the sub-committee to revise the existing tobacco control laws in 2011, the cigarette industry vigorously opposed any action to restrict the sales and marketing of its products. They also made every effort to slow the process of legal reform, and demanded to be included on the committee to draft the new law (which is not allowed by the WHO convention on tobacco control). In addition, foreign companies which market cigarettes in Thailand also joined the lobbying effort, and formed a Tobacco Commerce Association in 2012 whose principal function was to oppose the new law and mobilize tobacco farmers to protest the draft law.³ Protests continued even as the draft law had made it to the NLA for review.

The tobacco industry targeted many degrees of opposition, from appealing for no reform at all, to stalling tactics, to arguing that the interim government of the NCPO should wait for an elected government to act.⁴ That latter proposal would have meant a further delay of six to seven years in enacting reform. Industry's next strategy was to slow the process of final review as much as possible.⁵ If that failed, they would try to have the new law revised or diluted.⁶ The new regulations which the Tobacco Commerce Association fought most vigorously were the provision to outlaw the sale of piecemeal numbers of cigarettes (i.e., less than one full pack), the provision to outlaw display

<http://btc.ddc.moph.go.th/th/download2.php?type=3>

depends on how strictly and comprehensively the law is enforced. The MOPH has established its own strategic plan (for 2016-20²¹) to control cigarettes and smoking which was submitted to the Cabinet for approval. That five-year strategy has six components: (1) Building capacity of relevant government agencies to control cigarettes; (2) Prevention of new smokers; (3) Monitoring of industry compliance; (4) Helping smokers to quit; (5) Controlling and publicizing the contents of cigarettes; and (6) Creating an environment free of cigarettes.

of cigarettes in retail shops, the provision against CSR, and the plain design of the packages. These provisions were specifically intended to reduce access of youth and aspiring smokers to cigarettes. A survey found that 88% of Thais age 15-17 years who smoke cigarettes buy cigarettes by the piece since they did not usually have enough cash for a whole pack.⁷ Also, openly displaying cigarettes in colourful packaging at retail shops is a form of marketing in and of itself. Studies have found that the earlier a person starts smoking the more likely it is that they will become addicted. Thus, it is imperative that Thailand and tobacco laws target youth at risk of starting smoking.

How was the draft law eventually approved?

The Ministry of Children and Youth of Ireland reported that, after the country passed a law required plain packaging for cigarettes, the response from industry was the strongest reaction for any law ever passed in Ireland's history. Thailand's law actually had at least ten new provisions to further restrict cigarette sales, so it is no wonder that the reaction of the tobacco industry was so strong here. However, the determination of the legislators and officials was bold enough to withstand the protest, and none of the provisions in the draft was dropped or watered down. As a result, the final law contained virtually every provision which the MOPH draft had called for. This action to restrict cigarettes was backed up by a growing movement against smoking by society-at-large and Civil Society. Indeed, they were able to obtain signatures of support for the draft law from ten million signatories by May 2015 (eventually increasing to 15 million by the time the law passed).⁸ This massive social support provided further momentum for a speedy

review and approval by the Cabinet. The social movement comprised many networks of doctors, village health volunteers, teachers against smoking, the network of women from four regions, the youth vision network, the National Alliance for a Tobacco Free Thailand, the Health Professionals' Network, ASH Thailand and the THPF.

Remaining challenges to reduce smoking

Cigarettes are as addictive as heroin, and the tobacco industry is very wealthy and influential. Cigarettes are the only consumer product, when taken as intended by the manufacturer, cause illness and death. However, the tobacco industry has avoided facing the reality that they are complicit in killing so many people. Instead, they fight any effort to reduce smoking or the number of smokers, especially new, young smokers who are the most attractive tobacco consumers from a marketing standpoint. While an increasing proportion of society would like an end to smoking, strong laws and strict enforcement will be needed

to counteract the tobacco industry's attempts to find loopholes and ways around the 2017 Tobacco Products Control Act. Companies which violate the law must be vigorously prosecuted. At the same time, government and all related agencies and organizations need to help anyone and everyone who wants to quit smoking. Most importantly, the new generation of would-be smokers must be intercepted before they become addicted. Only then can Thailand look forward to a smoking-free society in the not-so-distant future.



"The Thai Welfare Card: Is it Really Inclusive Growth?"



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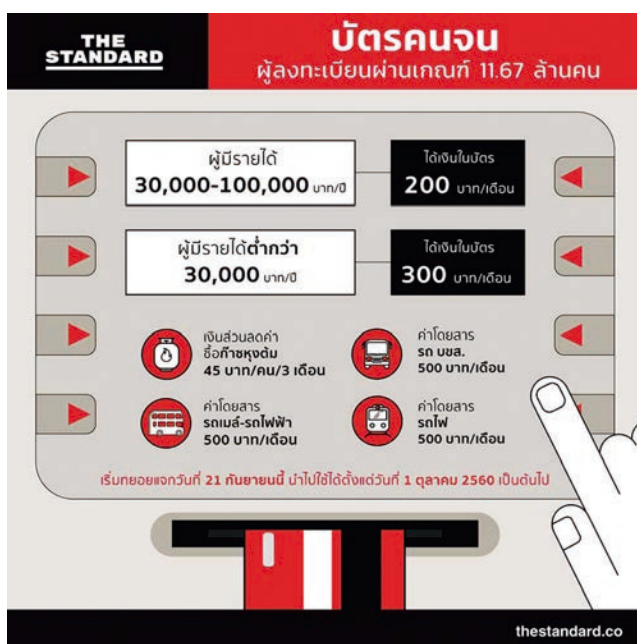
One of the core policies of the current government is to reduce the burden on the lower-income segment of the population. In 2017, the "Government Welfare Card" was issued as part of this policy, despite criticism of the process and criteria for awarding the card. Regardless, this card does attempt to directly address the plight of the disadvantaged and the impact can be clearly observed in its first year of use.

The government of Gen. Prayut Chan-ocha has set the strategic target for Thailand as "Secure – Prosperous – Sustainable." To operationalize this strategy, the government appointed a National Economic Reform Committee with Dr. Prasarn Trairatworakul (former governor of the Bank of Thailand) as Chairperson. A guiding principle of the strategy is to make Thailand more competitive for the benefit of all Thais, with the following three targets: (1) Speed of growth; (2) Quality of growth; and (3) Sustainability of growth.¹

Welfare card in the era of the NCPO

The current government is implementing a 'negative income tax' to benefit the lower-income segment of the population and is exploring how to ensure a Universal Basic Income to all. Some countries have tried the latter but with mixed results. If not managed well, then such a program could impose a burden on the treasury of the country.² Still, governments argue that "lifting all boats" will improve tax revenue and disproportionately help the poor.

The Thai government first opened registration for the welfare card program in 2016, and the program became active in 2017. Persons with less than 100,000 baht annual income who did not hold lucrative resources were eligible for the card, which could be used to get discounts on daily expenditures. On August 29, 2017, the Cabinet issued a resolution authorizing 42 billion baht for the cost of the welfare card for nearly 12 million lower-income Thais.³ In the first phase of the



<https://thestandard.co/poorcard>

program, Dr. Kobsak Phutrakul, Minister attached to the Prime Minister's Office, proclaimed that the card is to help discount the cost of essential consumer supplies and utilities, such as cooking gas, clothes, transportation, etc. The Cabinet issued a follow-up resolution on January 9, 2018, to improve the quality of life of the lower-income population across four dimensions: (1) Having gainful employment; (2) Having training and education; (3) Having access to official loan funds; and (4) Having access to basic necessities.⁴

Review of past government welfare efforts from birth to old age

The NCPO policy to issue a welfare card has the principal objective to more efficiently allocate assistance to those most in need. This is different from previous welfare benefits which were accessible to anyone, regardless of income status. Welfare programs from previous administrations that are still in force include the following: Subsidy for the elderly, disabled, and persons living with HIV/AIDS (PLHIV), free city bus services, free train services, and free household electricity. These subsidies have cost the government over 600 billion baht so far, or 24 billion baht per year. The elderly subsidy began in 1993 (during the Chuan Leekpai government) and was intended to assist the lower-income elderly. Initially, 32 million baht was allocated to provide a monthly subsidy to 20,000 needy elderly. By 2016, the funding had increased to 65 billion baht for over 8 million recipients. The subsidy for the disabled was initiated in 2004 with a budget of 144 million baht to assist 24,000 persons. By 2017, that funding increased to over 14 billion baht to assist nearly 1.5 million disabled. The subsidy for PLHIV was initiated in 2004 with a budget of 36 million baht to assist 6,000 persons. By 2017, that funding increased to about 509 million baht, assisting about 85,000 PLHIV.

Following the global financial crisis in 2008, the Thai government tried a number of strategies to stimulate the economy and help the lower-income make ends meet. One strategy was to provide free city bus and train service to those in need. In fact, anyone could ride free on these special services. Initially, the free transport was seen as a temporary welfare program to help people get by until the economy recovered. However, the popularity of the service was such that successive administrations

continued to subsidize the free bus and train service. This subsidy was replaced by the Welfare Card of the current government (Gen. Prayuth Chan-ocha). During its years of operation (2008-17) the transportation subsidy cost the government 26.5 billion baht for the free bus service and 8.8 billion baht for the free train rides, or about 4 billion baht per year.

The Thai Development Research Institute (TDRI) reported that, in 2008, the government covered the cost of household or rented-room electricity for consumers using less than 80 units per month. Those who consumed 80 – 150 units would only have to pay half the utility bill. During 2009-11, the electricity subsidy was limited to households (i.e., excluded rented domiciles) and applied to those using 90 units or less per month. Later, the criteria for receiving the subsidy was reduced to household consuming 50 units of electricity or less. The Provincial Electricity Authority reported that, during 2013-15, there were from 3 to 5 million households which met the criteria for free electricity (or 20-30% of all households).

In 2015, the government of Gen. Prayuth Chan-ocha introduced a subsidy for newborns of 400 baht per person per month for the first year of life. In 2016, 115,535 mothers received this subsidy, costing the government over 500 million baht. For 2017-18, the government has increased the subsidy to 600 baht per month and extended the age limit to the first three years of life. In 2017, there were 142,154 recipients of the subsidy, with a projected cost of 3 billion baht after three years.

Problems of implementation and recommendations

Dr. Somchai Jitsuchon, Director of Development Research at TDRI, reported that the welfare card

needs to be assessed from two perspectives: policy design and implementation. In terms of policy, the government wanted to more precisely steer financial assistance to those in genuine need to ensure the most cost-effective use of the welfare budget. However, a question was whether those who registered for the card were truly lower-income. There are probably enough data in various public and private agencies to answer this question, but it would require a massive pooling of data from unlinked databases. It would also require new legislation to allow access to credit/debit card information to examine what kind of purchases the welfare card recipients are making. While that might identify welfare card recipients who were not really eligible, it would not identify the genuinely poor who did not obtain the card.⁵

Voice of the people: Are the Blue Flag stores the answer?

Another important issue concerning the welfare card is how effective the Blue Flag stores are in helping the poor make ends meet. The Blue Flag stores are outlets which accept the welfare card for transactions. However, one problem of these stores is lack of installation of the welfare card reader machines in enough outlets. Also, becoming a Blue Flag store requires a registration process and some upfront costs in installing equipment. Thus, so far there are not enough outlets to meet demand. Data from the Ministry of Commerce show that there was a total of 18,277 Blue Flag stores as of January 2018 or an average of 228 stores per province. The top five provinces by the number of stores are Bangkok (930), Srisaket (719), Ubon Ratchathani (684), Khon Kaen (654), and Nakorn Ratchasima (536). The bottom five provinces are Trad (67), Phuket (61), Nakorn Nayok (56), Phang

Nga (49), and Ranong (41). To serve all 11.67 million welfare cardholders, the Blue Flag stores would need to serve an average of 639 customers each month (assuming cardholders shopped there once a month).⁶ Also, some localities have experienced corruption of the welfare card system in which cardholders obtained cash for the card instead of essential household goods. Violating stores would have their registration revoked and card reader machine removed. Violating cardholders would have their welfare card cancelled. However, it is unclear how the Ministry of Commerce can identify violators of the card system. BBC (Thailand) conducted a field survey of cardholders and heard many complaints. These include problems in registering for the welfare card. For example, Ms. Nugain Injun, age 57 years, earns a meagre income by selling sticky rice and grilled pork in a slum area of Bangkok. However, the Comptroller-General's Office determined that Ms. Injun has five rai of land and a bank account with 100,000 baht and, thus, did not qualify for welfare. In fact, Ms. Injun pays 800 baht a month for a shabby rented room and makes only 100 to 300 baht a day. She supplements this income by working as a cleaning lady at a local NGO for 2,500 baht a month. She is trying to support a family of seven on this income and is clearly below the poverty line. Her five rai of land is back in her home province of Khon Kaen which she received as an inheritance, but there is no one to profitably farm the land. Regarding the 100,000 baht bank account, that is a community savings fund with many members – the account is in her name only as a proxy.

Another case is that of Mr. Suchin lam-in who was denied the welfare card. He is 63 years old and lives in a shelter for the homeless in Bangkok. Currently, he makes income from selling discarded

solid waste, and that is just enough for him to buy food. He is also a leader of the group of homeless persons and is the holder of a bank account to save funds for a permanent shelter upcountry. Even though the funds in the account are not his alone, the fact that the account is registered in his name disqualifies him for a welfare card, despite the fact that he, too, is living below the poverty line.⁷

Next steps for the government welfare card

Government social welfare in the era of Gen. Prayuth Chan-ocha has taken the form of a “welfare card” for the truly needy citizens of the country. Persons need to register and meet the criteria to receive a card, which is intended to help meet essential expenses. In addition, the government is also implementing numerous programs to lift the indigent out of poverty so that they can be self-reliant with sustainable income security. However, there needs to be an improvement in the database of cardholders and adjustments to the criteria to ensure that the genuinely poor can obtain the card. The program needs continuing monitoring to see if it is reducing gaps and extending welfare to the truly needy until they are able to provide adequately for themselves and their families.



Development of Traditional Thai Medicine and Natural Healing Methods



<https://www.innovalaboem.com/assets/uploads/2017/12/cover.jpg>

The Network of Traditional Health Practitioners first became operational with the 1st National Health Assembly in 2001, and before the National Health Act. The Assembly gave formal recognition to Thai traditional healing and health practitioners. The Network was formed for advocacy and development of the practices, leading to the formulation of a national strategy.

Development of Thai traditional wisdom about healing practices was first formalized in a strategic plan for 2007-11. The 2nd version of this plan was issued for the period 2012-16. The evidence of the success of the advocacy and plans are the traditional healing hospitals, the 2013 law authorizing Thai traditional healers as a profession, the creation of a Thai Traditional Healers Fund as part of the NHSO, and the increased number of traditional medicines included in the national registry of essential medicines. All this has increased the value to the economy of domestic traditional medicines seven-fold over the value of comparable imports.¹ The 3rd five-year plan (2017-21) highlights the leadership of Dr. Prem Chinawantananon as president of the

Association of Thai Traditional Healing and the consistency of the plan with the 20-year vision for sufficiency economy (2017-36) and the National Health System Statute (Doc # 2, 2016) regarding the support, promotion and use of Thai traditional healing and medicine. Thai healing is seen as an integral part of alternative medicine and Thai traditional wisdom in other sectors. The government of Gen. Prayuth Chan-ocha has instructed the MOPH to work with related agencies to develop medicinal herbs used in Thai traditional healing so that they can be more widely used and respected, and to generate more revenue for producers of these medicines to help make the sector economically sustainable. A master plan for this initiative has been produced

for the period of 2017-21 and the vision is for Thailand to be a leader in this field for ASEAN, and become a significant producer and exporter of Thai traditional medicines to other countries in the region.²

The national strategy to develop Thai traditional healing

The national strategy and plan to promote Thai traditional healing is an advocacy tool for policy and provides direction in the way forward for this important sector. The strategy aims to raise the status of Thai traditional healing, medicines and practitioners, and to link them with lifestyles, customs and culture of modern Thai society, which have their roots in Thai antiquity. There are now national, provincial and local committees on the development of Thai traditional healing which are the central force for advocacy of this sector. The field of traditional healing is continually developing in order to document, discover and improve traditional medicines and methods so that quality standards of traditional healing can be uniform throughout the country. The public, private and Civil Society sectors are involved in developing the five-year strategic plans for traditional healing, and there are public forums to tap opinions and reflections from a wide variety of stakeholder groups. On September 1, 2016, there was the 13th National Conference on Thai Traditional Medicine and Healing, and the Cabinet approved the 3rd 5-year Plan for Traditional Medicine on September 12, 2017. A key feature of the plan is to increase access for those in need of Thai traditional medicines and practitioners, and to ensure that practices conform to national standards, are safe, and used rationally. The goal is for national self-reliance in the area of health. The plan calls for all related partners and sectors to promote education on the relevant policy and law, enforcement of these,



and empowerment of practice. Three key features of the plan include the following three sub-strategies: (1) Wisdom: Codify the wisdom of traditional Thai healing and health so that there is a solid knowledge base and basis for research and evaluation; (2) Integrate Thai traditional healing with other parts of the health and medical system; and (3) Build capacity of the population, personnel and networks.

The national strategy has measures to support the technical aspects of policy and law, to build the capacity of financing, systems, and support mechanisms. There are indicators of achievement and oversight bodies to ensure compliance. The strategy and plan provide a framework and direction for advocacy.

The 1st 5-year plan focused on management of the existing knowledge base in order to organize the wisdom on Thai traditional healing. That plan articulated what it meant to be a traditional healer and the concept of alternative medicine. That way, the practices and medicines could become a more formal part of the national health security system, in parallel with modern medicine and practices. The NHSO currently gives importance to the development of Thai traditional healing in government health and medical outlets and has increased funding to support this from 0.5 baht per capita population in 2008 to 6 baht per capita in 2011. There are more systematic packaging and marketing of Thai traditional medicines, accounting for 71

items in the national registry of essential medicines, and that is also evidence of the success of the 1st strategy and advocacy. The 2nd national plan continued the strategies in the 1st plan but expanded the focus increase the role of Civil Society and local communities so that they could become self-sufficient in uncomplicated health care and healing. That would be consistent with the principles of sufficiency economy. The 3rd 5-year plan continues the work of the previous two plans and adds the goal of maximizing access to quality traditional healing and medicines as needed.

National master plan for the development of Thai traditional healing

This master plan was created and integrated with the related development plans of the MOPH, eight other ministries, and the private sector. The vision is to make Thailand self-sufficient for³ Thai traditional healing and an exporter of high-quality traditional medicines and methods to countries in the ASEAN region. This would include the export of raw materials for traditional medicines and the finished products themselves. Another goal is to make Thai traditional healing more competitive, both domestically and internationally.⁴ The herbs and plants that are used in Thai traditional health need to become new economic crops for the country as part of the Thailand 4.0 model and policy. This will involve adding value to the traditional healing products and identifying new channels for marketing these products to member countries of ASEAN.⁵ The 2017 Thai Constitution calls for a 20-year focus on excellence in Thai traditional health through 16 sub-plans and 48 projects in the areas of long-term care, senior citizens' groups to promote excellence in prevention, promotion of service excellence in traditional healing,

ensuring an adequate number of traditional health practitioners in service outlets, development of related digital technology as part of Thailand 4.0, and improvement of the laws which promote and protect Thai traditional healing.⁶

There is a project to create an “Herbal City” in four pilot provinces (Chiang Rai, Prachinburi, Sakon Nakorn, and Surat Thani). The aim is to ensure health security and sustainability of the economy in this sector with the goal of promoting traditional herbs and methods of healing at the provincial level. The Herbal Cities will explore ways to increase the quality of raw material for traditional herbs and medicines, and expand uses and benefits for herbal healing. The vision is that these forms of healing become part of the mainstream health and medical system.⁷

From herbs to traditional wisdom

Even though modern medicine dominates the Thai health sector, alternative medicine is gaining in importance as people look toward more organic products and methods which are local and less processed with artificial additives and chemicals. This means that there is a bigger role for Civil Society to play in healing. Thai traditional healing medicines and methods are gaining renewed respect, not just from the host communities from where they were developed, but also nationally and internationally.⁸

At present, many communities are promoting traditional Thai medicine through the Tambon (sub-district) health charter.⁹ Another tangible evidence of progress is the increased attention to the protection of community forests, in large part because of the healing and nutrition that can be derived from the natural forest resources. The forest itself keeps the community cooler and provides a sense of comfort and continuity in a world of constant change and technology.¹⁰ Networks of

traditional healing are becoming bigger and stronger each year. These are then expanding into provincial and regional networks with greater learning exchange and advocacy power.

However, the local wisdom that is the foundation of traditional Thai healing is at risk of being eroded if the new generation does not respect, protect and preserve the learning and methods. Thai traditional medicines and methods have not been well-documented in writing. Most of the knowledge is passed down through generations by demonstration, hands-on training, and verbal instruction, which the new practitioner must commit to memory. If that person dies or moves away, the wisdom is lost to the community. It is unknown how much of the Thai traditional wisdom in this field has already been lost permanently this way. Urbanization and disdain for traditional ways by the new generation threaten the foundations and sustainability of all forms of Thai traditional wisdom, including traditional Thai healing. Further, economic pressure to survive in an increasingly expensive society means that traditional healers cannot make enough money to support their families, and turn to other occupations which pay more. Thus, there is a movement to elevate the status of the traditional healer to a licensed practitioner so that they could open formal clinics and charge appropriate fees. Ultimately, the survival of Thai traditional healing depends on demand from the population and the surrounding community. Thus, the formal Thai medical and health system needs to continue to explore ways to incorporate traditional healing into the mainstream, or at least as a viable alternative so that the consumer has a choice.¹¹

There should be a centre to study Thai herbs which may or may not have medicinal properties. There needs to be a seed bank to preserve the herbs



with healing properties and propagate them. This will require government and private sector investment and support. The diversity of the ecosystem also needs to be protected and preserved since so many medicinal herbs depend on the larger biome for survival.

In Closing

In recent decades, there has been a more concerted national effort to promote and preserve Thai traditional healing, medicines and methods. Thai traditional healing is available locally and fits in naturally with the community and culture of origin. Traditional healing also tends to draw upon the local environment for raw materials to produce medicines and treatments. Thus, the practice is in total conformance with the philosophy of sufficiency economy.¹² However, urbanization and globalization threaten all forms of traditional methods and wisdom, including local healing practices. Thus, the public, private and Civil Society sectors need to collaborate in protecting, promoting, and preserving Thai traditional healing. Only in that way can a country and community be truly self-sufficient for health maintenance and healing, in a safe and natural way.



8 EEC: Don't Neglect the Grassroots Economy



The Eastern Economic Corridor Development (EEC) Project was initiated under the government of the NCPO with the goal of raising the level of that sub-region so that it is a world-class economic zone. The vision is that it will be a ‘supercluster’ which can attract a large volume of industrial investment which will boost the Thai economy over the coming 20 years.

The EEC supersedes the Eastern Seaboard project and, in the words of Dr. Satetaput Suthiwatanaput (Managing partner of The Advisor Co.): **“There is so much focus on growing the economy because the planners see that as the only way to raise the standard of living of the Thai people. At the end of the day, that strategy becomes the number one priority.”**¹

The current government believes that the EEC will spur economic growth over the long-term under the slogan: “Secure – Prosperous – Sustainable.” A law was enacted in 2018 to formalize the EEC Project (approved by the NLA on February 8, 2018)² and specifies three provinces as the focus for Phase 1: Chachoengsao, Chonburi and Rayong. The EEC Act specifies the plans and conditions for land use that is appropriate for the environment, infrastructure and utilities. The plan calls for a seamless

integration of these facilitating factors, with linkages within the zone and to outside resources. The EEC Act calls for the appointment of a policy oversight committee to provide guidance and direction for the development, and to define the rights of businesses that are part of the Project.

The EEC gives priorities to ten sectors: (1) Next-generation automotive; (2) Smart electronics; (3) Affluent medical and wellness tourism; (4) Agriculture and biotechnology; (5) Food processing innovation; (6) Aerospace; (7) Logistics and aviation; (8) Biofuel; (9) Biochemicals; and (10) Comprehensive medicine. The EEC will use leading technology and innovation in eco-friendly ways.

The target area for the EEC is not far from Bangkok, borders the Gulf of Thailand, has strong potential for transportation development, and already has strong tourism magnets. Building on the foundation laid by



the Eastern Seaboard development, the EEC should be able to attract large-scale investment and have a significant impact on economic growth, even in the first five years of implementation. It is estimated that the EEC will attract 1.5 trillion baht initially, and expand to at least 2 trillion baht. Investment solely by the government will not exceed 300 billion baht, while the private sector contributes 500 billion baht. The balance will be funded through a 700 billion baht public-private partnership. Some of the projects cited include the following:

- Expanding Utapao Airport into a commercial airport (215 billion baht);
- Phase 3 expansion of Mapthaput Port (115 billion baht);
- Phase 3 expansion of Laem Chabang Port (88 billion baht);
- Construction of a high-speed rail link (Bangkok-Pattaya-Rayong) (158 billion baht);
- Construction of a two-track rail system (Chachoengsao-Khlong 19-Kaeng Koi) (64 billion baht);
- Expansion of the Motorway along three trunks (Bangkok-Chonburi/Chonburi-Pattaya/Pattaya/

Mapthaput) (35 billion baht);

- Investment in priority industry (500 billion baht);
- Tourism development (200 billion baht);
- New City Development for Chachoengsao, Pattaya, Utapao, and Rayong (400 billion baht)

An analysis of the EEC concept by the Bank of Ayuthaya found that, after the major construction is complete by 2021, services can be phased in during 2022-25. Key innovations will be integrated into the businesses during 2026-36. Urban expansion, health industry and the Go Green initiatives will achieve fruition by 2037. At that point, the contribution of the EEC to the economy will be sustained over time through the synergism of the supply chain of the ten target industries of the Project.

EEC Development Fund

Despite its attractiveness to the investor class, the lives of ordinary citizens are being disrupted by the EEC Project. Many have to move to new homes or change their occupation. How much disruption the Project will cause is a question which the government needs to investigate. Civil Society has

raised the question whether the Project will increase incomes of the local communities by virtue of the expanding job opportunities and potentially higher salaries. There need to be studies of the gains of local farmers and fishermen from the EEC or deleterious effects on these and other occupations. The 25-year experience of the Maptaphut Industrial Estate provides some examples of potential problems that could arise from a mega-project of this magnitude.

The EEC Project Fund is one part of the answer to these concerns, as its objective is to distribute the benefits of the Project to help increase the prosperity of all the surrounding communities. The Fund will collect a fee from the businesses in the EEC and EEC enterprises need to ensure that there will be sustainable development of the zone. On November 28, 2017, Mr. Uttama Saowanayon, Minister of Industry, signed the collaborative framework strategy document between Thailand and UNIDO as a commitment to sustainable and comprehensive development. Thailand hopes that the EEC can become a model project of the Industry 4.0 policy.

Phase 3 of Laem Chabang Port and the reclamation of 1,600 rai of ocean

One of the proposed EEC activities that are of particular concern to local residents and environmentalists is the planned landfill to expand the Laem Chabang Deep-Sea Port. The EECO website has information on this part of the Project which involves the creation of 1,600 rai of reclaimed land from the Gulf of Thailand at a cost of over 88 million baht. Police Lt. Col. Montri Reukjamnian, Director of the Laem Chabang Port, reported to the media that none of the land reclamations would encroach on local land holdings. He also defended the necessity of the Phase 3 expansion due to the anticipated increase in cargo moving through the

port, which is currently increasing at about 5% per year and will soon reach the maximum capacity of the port if there is no expansion. Reclaiming this much land from the ocean is no small matter since it will certainly impact on the marine ecosystem and livelihoods of local fishermen in unforeseeable ways. Data from the Ecological Alert and Recovery – Thailand (EARTH) Foundation analysed the impact of Phase 1 and 2 expansion of Laem Chabang Port and found that traditional waters of local fisherman were made unviable for fishing by the construction of a three-km long breakwater. The breakwater also altered the sea current direction and this caused coastal erosion. A significant portion of the natural mangrove forest in the area was destroyed, and many of the aquatic lifeforms died out as a result. The industrial activity also introduced oils and other chemical waste products into the marine ecosystem, including waste from the constant flow of tankers and cargo ships to and from the port. Ever since the Phase 1 and 2 activities (starting in 1978), to this day, the residents who were adversely affected by the port have not received compensation.

At least with the Phase 3 expansion under the EEC, the Project managers have conducted public hearings with local residents and stakeholders to tap opinion and identify priority concerns. Initially, there was opposition to the expansion plan. However, the series of public hearings culminated in an agreement with the potentially-affected communities in May 2017. Still, the local fishermen are concerned about the unforeseen changes to the marine environment and their occupations. The Pattaya tourist industry and businesses expressed concern about the negative impact on the coastal environment and landscape.

Given these concerns, Lt. Col. Montri released details of a plan to ameliorate the adverse impact



of the Phase 3 expansion. In July 2017, the Ports Authority and Laem Chabang announced that they would preserve 500-600 rai of a marine area for cultivating mussels and shrimps for local fishermen to harvest. The Project would also set aside 7-8 million baht to compensate traditional fishermen for loss of territorial waters. The money would be channelled through a cooperative mechanism so that all fishermen could benefit. An impact study would show how the movement of ships to/from the port could be done in a way not to cause erosion to the coast.³

From the Eastern Seaboard to the EEC: Remaining challenges

The NCPO introduced Article 44 to the interim constitution, and that provision helps to accelerate the implementation of projects such as the EEC. The purpose of this action is to reassure investors that the Project will proceed on schedule. However, others are concerned that more time is needed for the environmental impact assessment, including a health impact component. There is also a need for an RIA. Nevertheless, the NCPO issued a directive (# 47/2017) on October 25, 2017, to allow the

Project to begin use of the land and water in the EEC zone to launch implementation, starting with infrastructure and utility construction. This directive by-passed the usual procedure to go through the City Planning Authority. Civil Society was alarmed by these directives and issued complaints, such as those from Dr. Somneuk Jongmewasin (environmental activist), Mr. Prasitichai Nunuan (environmental activist) and Mr. Wira Somkwamkit (President of the People's Anti-Corruption Network). These complaints gave more voice to the persons potentially impacted by the EEC.⁴ Assurances that the EEC would not harm the environment were provided by Dr. Kanit Saengsupan, Secretary of the EEC Policy Committee. Indeed, he argued, the EEC Project would improve the economy for all Thais and help the country achieve a sustainable future. However, past performance of the industry in controlling and resolving environmental pollution has not given the population confidence that this will be the case with the EEC.^{5,6} Thus, Mr. Chalermpon Klawmkeo, Leader of the Eastern Region People's Network, opposed the plan and doubts the assurances given by the EEC for environmental

protection and lack of polluting effects. Environmental studies since 2007 have shown that Chonburi and Rayong Provinces have high levels of industrial pollution, especially in the area around Maptaphut. Surveys of the Department of Pollution Control found volatile organic compounds (VOCs) in the atmosphere such as benzene buta-iodine that exceeded safety standards. In 2013, surveys found vinyl chloride in excess of safety standards during a 24-hour period.

Urban expansion and impacts

Modern urban industry in such areas as Rayong is expanding rapidly, and increasingly taking over what was once agricultural or marine territory. This expansion also causes major movements of the population to take advantage of the new and more lucrative jobs offered by industry. In 2009, it was estimated that 455,000 persons in Rayong (or three-fourths of the registered population) were economic migrants from elsewhere, and that total is projected to have increased to nearly 800,000 by 2017.⁷ In July, 2017, Ms. Pimanpat Sammajirakul, Director of the Laem Chabang Industrial Estate told the media that it is imperative that the structure of the Laem Chabang Municipal area be redefined to accommodate the anticipated industrial expansion and the need for housing of the labour force. At present, the area is becoming dangerously densely populated. Thus, Laem Chabang Municipality needs to expand to incorporate neighbouring towns of Chao Phraya Surasak Municipality, the Bowin area, and Khao Kan Song.⁸ The unregistered migrant

population in the area does not include the tourists who are a constant presence in the locality. There is an urgent need to improve the inter-city transportation links. All of this affects the ability to provide basic services and amenities to the de facto population (e.g., health, education, water, and sanitation). This strain on the local resources and services has raised the question of what will happen when, for example, the EEC is at full strength, and consuming over 1 billion cubic meters of water? The other utilities and amenities will be equally strained. The government is trying to quell all of these concerns by developing integrated planning which takes a comprehensive vision of the entire special economic zone.⁹ In any case, the planning will not be able to address all of the concerns that are being raised as the EEC Project begins to take shape. One nagging issue is how the economic benefit from the EEC will be distributed to the local residents. In 2011, agricultural and fishing occupations were the most common trades of residents. However, the contribution of these trades to the local GDP was declining over time.¹⁰ Thus, this points to the issue of how the government will maintain or boost the economic activity of those workers who are displaced by the EEC. Indeed, how will these individuals and their families survive at all? There is scepticism that the EEC Fund described above will actually distribute the economic benefit to local residents.

View of technical experts

Dr. Ampai Horakunrak, Director of the Thai Environmental Institute, proposed that the




government should apply the lessons from the Eastern Seaboard project to anticipate and address social and environmental threats by the EEC. The Project needs to designate a zone to control or absorb the pollution from industry, and constantly reassess the environmental impact. The EEC needs to carefully consider the water resource requirements of the Project and whether Thailand will need assistance from its neighbours in this area.¹¹ At the same time, Mr. Sonthi Kochawat, Secretary of the Thai Environmental Health Association, expressed the view that the many problems suffered by the local population in and around Laem Chabang have reduced confidence that the EEC will be any different or better. To address the mounting concerns and complaints, the government set up a tripartite committee with representation from the government, Civil Society in the locality, and technical experts to study the dynamics of Laem Chabang Port and to tap local opinions and concerns. This has helped ease some of the anxiety about the Project. Dr. Juthatip Manipong, Project Advisor of Sukhothai Thammathirat Open University, agrees that the government needs to reassure the local population and stakeholders that they will be protected. There has to be more than simply meeting the minimum standards of acceptability by the EEC on protecting the environment from harm due to the Project. There have to be clear specifications and criteria for conformance, and definition of the penalties for violations of these. All the EEC business owners and managers must be aware of these criteria and understand the consequences of non-compliance.

Summary

The EEC is a mega-project initiated by the NCPO to create a world-class economic zone and attract investment from the best sources and industry leaders. The EEC is seen as a way to boost the entire Thai economy in the decades ahead. The EEC is a continuation and expansion of the activities under the Eastern Seaboard and is expected to help the Thai economy expand at the rate of 5% per year over an extended period. Project planners have forecast that the EEC will significantly increase jobs in the industrial and related services sectors by 100,000 positions per year. The economic activity of the Project is expected to generate new tax revenue of 100 billion baht per year, and attract ten million tourists per year. Planners project that the EEC will boost income by 450 billion baht per year. Nevertheless, the EEC Project has produced anxiety and concern among the local population and Civil Society regarding potential adverse impacts across a range of dimensions. For example, there will be landfill, sea reclamation, urban expansion, strains on the water supply, environmental pollution, and fear of unequal distribution of benefits and unfair compensation for those affected. Thus, the government needs to carefully manage this mega-project while taking into consideration the local concerns. It is important to involve Civil Society in this process because they are a trusted broker for the grassroots population. Only when everyone is on board with the EEC Project will implementation have the opportunity to proceed smoothly. This can also be assured by introducing and enforcing laws to require compliance of the EEC businesses with measures to protect the local environment and quality of life of the population.





The Poisonous Case of the Rice-pledging Scheme: Revisiting Government Corruption

Thai politicians learned an expensive lesson when they undertook the rice-pledging scheme that went terribly awry, along with the government-to-government rice sales. Ms. Yingluck Shinawat was found guilty by the criminal court for presiding over the government when these two projects were implemented. In addition to the conviction of Ms. Yingluck, a total of 21 government ministers, civil servants and rice merchants were also found guilty. Part of the violation was the selling of the pledged rice to private sector entities which did not represent the Chinese government. To avoid imprisonment, some of the convicted fled the country. This case is noteworthy for the high level of the government officials involved and the extent of the corrupt practices. This chapter reviews the history of this case and provides lessons learned for future control of corrupt practices.



Development of the process of inspections of corruption in government

Corruption in Thailand has had an adverse impact on the political system and economy of the country. Transparency International rates countries for vulnerability for government corruption and, during 1995-2017, no country had scored higher than 40 on the Corruption Perceptions Index. (This index has a range of 0, or most corrupt, to 100 or least corrupt). In 2017, Thailand scored only 35 (when the global average was 43).¹ Despite Thailand's relatively poor score for transparency, the inspections system to detect corruption has tightened over recent years. The first case of corruption in which a politician was convicted was the Medicine and Medical Supplies case of 1998. "The inspections committee, headed by Dr. Wichai Chokewiwat, found that the discontinuation of the central pricing system opened up avenues to buy medicines at a higher-than-market price. The most expensive drug procured during that time was 600% over the

central price. This corrupt procurement practice cost the government 181 million baht." Dr. Supat Hasuwannakit, Vice-president of the Rural Doctor Society, observed that the drug price scandal led to a lawsuit against Mr. Rakkiat Suktana, Minister of Public Health at the time.² The criminal court verdict in 2003 sentenced Mr. Rakkiat to a 15-year prison term. The National Commission for the Prevention and Suppression of Corruption (NCPSC) pursued other cases of corruption by elected officials, usually related to expensive government procurement projects. These include the Khlong Dan Waste Water Treatment Project in Samut Prakan Province, in which the government spent nearly 24 billion baht for construction of a facility that could not be used. The criminal court found that Mr. Wattana Asawahame, Deputy Minister of Interior at the time, was guilty and sentenced him to ten years in prison.³ There was also the case against then-PM Taksin Shinawat regarding the Ratchada Land scheme in 2003. PM Taksin signed off on a document to



authorize his wife, Potchaman Shinawat, to submit a bid to buy land along the Thiam Ruam Mit Road in the Ratchadapisake area, using money from a fund to rehabilitate and develop financial institutions under the authority of the Bank of Thailand. PM Taksin had a direct conflict of interest, given his authority over the Ministry of Finance. The criminal court found Taksin guilty, and sentenced him to two years in prison.

Various versions of the Thai Constitution (2007, 2017) have tried to tighten up enforcement of the existing laws and increase the authority of the NCPSC, for example, by allowing the NCPSC to prosecute cases of suspected corruption even in the absence of a plaintiff, and to file suit if the Attorney-General does not. The pattern of

government corruption changed over time, from senior officials collecting kick-backs to the corruption of policies, such as the rice-pledging scheme. That scheme was first proposed during the 2011 national election campaign by one of the political parties. When that party won the election, they proposed to Parliament that a price guarantee for farmers be issued at the rate of 15,000 baht per ton -- which was a higher-than-market price at the time. After the project began, it became clear that corrupt practices could infiltrate the transactions. Thus, the NCPSC and OAG issued warnings to the government to be alert for this and take preventive/corrective action. Some of the corrupt practices were merchants appropriating the right of rice farmers, buying rice from neighbouring

countries to sell to the Thai government at the guaranteed price, issuing fake licenses, and theft of rice from storage containers. The warning was a preliminary step by inspectors before a formal complaint or suit was filed. Currently, the OAG can pre-emptively focus on a project that seems especially prone to corruption.

August 25, 2017: A historic day for Thailand

Despite the warnings, the government of Yingluck continued to implement the rice-pledging project without adjustment. The government said that the Ministry of Défense should guard the borders to prevent smuggling of rice into Thailand. A committee was appointed with Police Lt. Col. Chalerm Yubamrung as Chair, to inspect the project to see if there were corrupt practices. A major problem with the project was the arduous procedures in processing the rice from the farmers. The Minister of Commerce at the time (Mr. Bunsong Teriyapirom) and his deputy (Mr. Phum Sarapon) also had parallel positions on the sub-committee to review processing of the rice stocks and made the decision to employ G-to-G sales of rice to China. In fact, the rice was sold to private entities and not representatives of the Chinese government. That action prompted a direct inspection by the NCPSC and expanded the investigation into Yingluck Shinawat with the charge that she allowed corrupt practices to develop under the program while she was PM. Finally, a lawsuit was filed against her and others on August 25, 2017. However, on the day she was to appear in court to hear the verdict, Yingluck was nowhere to be found. An extension of the deadline to appear in court was granted to Yingluck, but she still did not appear, and a

warrant for her arrest was issued by the police. The former Minister of Commerce and his deputy did appear in court and were convicted of multiple actions which did not comply with proper G-to-G transactions. The court determined that these practices cost the government 16 billion baht in losses. Mr. Bunsong was sentenced to 42 years in prison and Mr. Phum was sentenced to 36 years. Mr. Manat Soiploy, former Director-General of the Department of Foreign Trade, was sentenced to 40 years, Mr. Tikamporn Nataworat, former Director of the Bureau of Rice Trade Management, was sentenced to 32 years, and Mr. Aphichat Chansakunporn, a rice merchant, was sentenced to 48 years. The Siam Indika Co., Mr. Apichat and Mr. Nimon Rakdee were ordered to repay the MOF in the amount of 17 billion baht. The convicted persons were taken immediately to jail after the verdict was read.⁴

Later, it was discovered that Yingluck had fled the country before the court issued its verdict. While Yingluck did not direct the corrupt practices herself, the court determined that she turned a blind eye to what she knew was happening or would happen. Thus, she was given a modified sentence of five years in jail. Even though the case against Yingluck has concluded (for the time being since she did not file an appeal), the case regarding the corrupt G-to-G rice dealings continues to be litigated because the legal team of Khun Bunsong filed an appeal. Thus, the investigation continues and the NCPSC has uncovered additional evidence which allowed it to file charges against Dr. Wirawut Watjanapukka (former Secretary to Khun Bunsong). Dr. Wirawut was suspected to be involved because of the acquisition of sudden wealth, in the amount of nearly 900 million baht.



Traces of the rice-pledging corruption case

During her period as PM, Yingluck insisted on continuing the implementation of the rice-pledging scheme since it was a promise her political party (Pheu Thai) made to the electorate. The promise of a guaranteed price of 15,000 baht per ton of rice was very attractive to rural Thais, who comprised the majority of the electorate. The Yingluck government pledged to reimburse farmers for up to 54 million tons of rice at a cost of 90 billion baht.⁵ Problems arose when the government was not able to find enough buyers for the rice as planned, and this led to suspicion of corruption.

During 2012-13, Dr. Warong Dechakitwikrom, a Democrat Party representative from Pitsanuloke Province, introduced a motion for a vote of no confidence in the Yingluck government and requested that the NCPSC investigate the rice-pledging project and the G-to-G transactions. The OAG was also petitioned to file a criminal case against any and all politicians involved. In the meantime, Parliament voted 190-18 to remove Yingluck from the Office of PM. That is the first time in Thai history in which an elected PM was impeached and convicted by Parliament.

Despite the removal from her government and political position, Yingluck was still being prosecuted on the corruption charges. Gen. Prayuth Chan-ocha issued a directive on September 21, 2016, to claim damages from Yingluck Shinawat in the amount of 35.7 billion baht as a result of her responsibility for the rice-pledging scheme.

Inspection of corruption by Civil Society

“Be mindful of the fact that the NCPSC is not a superman or magician who can succeed alone in the fight against corruption.”⁶ Mr. Prasath Pongsuwapai, a former member of the NCPSC, made that comment to mean that no one person can be responsible for prevailing against corruption in Thailand. Instead, combatting corruption is the responsibility of everyone in society – and it is a never-ending battle. Ideally, corruption should be fought at the root cause. In the rice-pledging case, there were warnings from multiple segments of society. The NCPSC and OAG issued direct warnings to the government of the risk of corruption and the need to take preventive action. For its part, Parliament

introduced impeachment proceedings when it became clear that the rice-pledging scheme was out of control. The mass media kept the pressure on the government as part of the media's role to hold power accountable. Academia, such as the TDRI conducted research into the rice-pledging scheme and, as early as April 2014, determined that the scheme had cost the Thai treasury over 50 billion baht. In addition, inspections of the rice in the government stocks were found to be inferior or going bad.⁷

The 2017 Constitution and addressing the problem of corruption

The latest (interim) version of the Thai Constitution gives priority to combatting corruption and this is reflected in many articles of the document. Article 9⁸ addresses conflicts of interest. Article 50 instructs all Thais to join the battle against corruption, which is a first for any Thai Constitution. Article 63 insists that the government have effective measures to prevent and suppress corruption. Persons previously convicted of corruption cannot run for political office (Article 98). If any member of the Cabinet is corrupt and is not removed by the Cabinet, then the entire Cabinet is dismissed. The practices under review of corruption include the spouse, children or another close relative of the PM and ministers. They may not receive concessions or be co-signatories on any contracts with the government, either direct or indirect. The Constitution increases the authority of the relevant agencies such as the OAG so that it can investigate the potential for corruption at the earliest signs. There are eight new committees to oversee government reform which should improve transparency and reduce opportunity

for corruption. Mr. Panthep Kla-narongran, former Director of the NCPSC, is Chair of the Committee to oversee the reform efforts. Public hearings have been conducted to give the people a voice and encourage them to play a role in identifying and rooting out corrupt officials.⁹ Anti-corruption networks are being formed with local citizens at the core – not government officials. The people are gaining more access to information on inspections of government projects in their locality.

In closing

The rice-pledging scheme and the G-to-G activities provide good examples for people who would aspire to leadership positions in future governments. Any government, elected or otherwise, which conceives of populist projects are creating a form of government welfare. Even though these schemes might start out with good intentions to help the lower-income, all the funds for these programs come from the people themselves and, thus, must be protected at all cost. “Any person who cheats – whether on a big or small scale – must be scorned by society. There is no honour for those people and they must not be respected. Let's all band together in rooting out the corrupt forces and actors in society. Keep the corrupt far away since, if they are too close, they may infect you too.” These are the words of Gen. Prem Tinasulanon, President of the Privy Council.¹⁰ As stated in the 2017 Constitution, the battle against corruption requires all of us to be on the front lines.



NCPO Reform of the Country: Will this Overlook the Dream?

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The National Council for Peace and Order (NCPO) came into power in 2014 and promised to reform the country to “return happiness to the people.” Up to the time of the coup, the Thai political parties were at each other’s throats and could not compromise on any significant legislation. Other problems were festering, e.g., in the area of sub-standard education, a stalled economy, and outdated laws and lax enforcement. Corruption in many parts of the government significantly reduced the efficiency of public programs. All of these factors meant that, as of mid-2014, Thailand was lagging behind the rest of the region and the world. Previous governments had tried to reform the system to address these obstacles, but opposing factions always seemed to thwart each other. Thus, the military-backed NCPO took this opportunity to implement reform mechanisms that would stick. The NCPO called for a draft interim Constitution with guidelines for implementation of reform at all levels of government.

Reform in the initial stages

The NCPO started its reform efforts by appointing a National Reform Council (NRC) which had the influential role of setting out guidelines for reform in 11 areas, such as political activities, education, law, mass media, energy, etc. Having completed its mandate, the NRC was replaced

by the National Reform Steering Assembly (NRSA) to continue the work of the NRC during the period of 2015-17. Capt. Tinapan Nakata was appointed President of the NRSA. A key function of the NRSA was to advocate for the adoption and implementation of the reform guidelines, first set up by the NRC. The NRSA issued 188

reform proposals before it too was dissolved on August 3, 2017. At that time, PM Prayuth Chan-ocha approved 87 of the reforms.¹ The NCPO also issued 27 directives which became, in effect, law. Some of these include, for example, the following:

- Creation of a Criminal Court for Corruption and Misconduct to speed up the indictment and conviction of corrupt persons in the public and private sector;
- An increased penalty for computer crime (i.e., hacking);
- A law against posting false information (i.e., on the Internet or social media);
- Regularizing non-Thai migrant workers (from Myanmar, Lao PDR and Cambodia);
- Standardizing national education both in terms of the curricula and teaching personnel;
- Creation of a land bank to reduce the landlessness of farmers and lower-income groups;
- A law to exempt taxes for companies which hire workers age 60 years or older.

The 2017 Constitution and national reform

The interim Constitution promulgated by the NCPO contained five articles which directly addressed reform. The authorities identified seven areas for immediate reform:²

- (1) Political system: Improve understanding of the population so that they can participate more independently and deliberately in the democratic process. This was intended to reduce political conflict and promote the election of honest persons as democratic representatives of the people;



- (2) Administrative management in the public sector: This area called for better use of modern technology to improve convenience for the population, build capacity of government civil servants, and increase the quality and knowledge of the population so that they can perform better in their jobs and responsibilities;
- (3) Legal affairs: This concerned the need to remove obsolete laws, and to do this in a participatory way so that public opinion is taken into account. This also includes a call to improve the teaching of the law and promoting ethical practitioners of the law. It includes a call to increase public access to legal information;
- (4) Criminal justice system: This calls for the improved performance of law enforcement, greater transparency, and effectiveness in enforcing existing law. This provision promotes the public to exercise their right to address personal injury through the criminal justice system;
- (5) Education: This component seeks to give all Thai youth access to a free formal education which best suits their natural talents. This provision includes building the capacity of teachers and professors,

and improved efficiency of instruction;

- (6) The economy: This area aims to make Thailand more competitive in the marketplace, an attractive site for investment, improving the tax system, reduction of the dispossessed in society, and increased government revenue. This provision calls for mechanisms to produce efficient annual budgets;
- (7) Other: This includes developing the natural resource base, improving waste management, developing the medical care system with a focus on primary care, and ensuring equal access to national health security.

The process of national reform

Overall, the Constitution is the highest law which prescribes the reform process over the long-term as follows:

(1) National Strategy Act:³ This law provides guidance on the long-term process of development of the country, including a policy for the administration which all subsequent governments will have to follow. There is the National Strategy Committee (Super Board) which the PM is chair of. Members include the President of Parliament and the Senate, the Deputy PM (as deputy chair), members of the armed forces, and heads of key organizations such as the President of the Thai Chamber of Commerce, the President of Thai Council of Industry, etc. The National Strategy Committee formulates national strategy and direction for the coming 20 years and approves reform plans issued by the national reform body. Any reform strategy approved by the Committee must be implemented by all government organizations – otherwise, they will be held in contempt.

Laws, plans and steps for implementing reform in 2017:⁴ The government has set the goal of security and peace for the country through harmonization, happiness, and quality of life for all. These reforms must cover the following 11 areas: (1) Politics; (2) Public administration; (3) Law; (4) Justice system; (5) Education; (6) The economy; (7) Natural resources and the environment; (8) Public health; (9) Mass media and information technology; (10) Society; and (11) Other areas, specified by the Cabinet. Each of these areas has a reform committee appointed by the Cabinet (on August 15, 2017).⁵ The committees draft plans and steps in the reform process and implementation must begin no later than one year after the Constitution authorizes such reform. There have to be demonstrable results of the reforms within 5 years of implementation. The Cabinet issues progress reports to the Parliament every 3 months. Others areas of urgent reform will have their separate committees as appointed by the Cabinet, such as police reform.⁶ That committee can introduce legal reforms, changes to the transfer of officers, defining compensation, and modifying the structure of the Royal Thai Police to reduce duplication. Reform plans must be produced within 120 days after a committee is appointed, and implementation is up for review after five years or as necessary if the situation of the country changes. Draft strategic plans are submitted to the Cabinet for review and forwarding to the Parliament for approval or rejection within 60 days. If Parliament does not issue approval, then the Senate has 60 days to review and approve/reject the plan. If both houses of government reject the plan, then the committee has 180 days to revise and resubmit the plan.



<http://moziru.com/explore/Audience%20clipart%20community%20participation>

Deliberation of the draft plan must have input from the population. Once approved, there has to be a system of monitoring implementation of the plan at all levels, with regular progress reporting to the committee, the Cabinet, heads of government and parliament. If the parliament deems that implementation is not in accordance with the plan, then the matter is referred to the Counter-corruption Commission. The government may take punitive action against the responsible authorities for misconduct in administering the plans.

Reform plans and the National Planning Act

Key content in this area is the specification of 11 Reform Plans.⁷ The respective reform committees define criteria and conditions for reform measures. Next, a plan is drafted for review by the National Reform Committee. Then the draft is forwarded to the Cabinet, after which it becomes law. During this process, the relevant

agencies must have an opportunity to express their opinion about the draft reform. The voice of the people must also be heard. There is to be regular monitoring of plan implementation and annual progress reports. Any irregularities or deviations from the plan must be corrected by the host ministry in a timely fashion.

A variety of viewpoints of the NCPO reforms

During the reform development process, there were two predominant opinions. One school of thought felt that this was a good time to clean the slate and start a new process with new goals and uniform implementation. This would avoid in-fighting and duplication of effort and budget (as in the past). However, another school of thought objected to the 20-year time frame for the national strategy. The feeling was that the today's pace of change was so rapid that a 20-year plan would soon become outdated. There was also the objection that the



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“ เป็นประเทศพัฒนาแล้วด้วยการพัฒนา ตามปรัชญาของเศรษฐกิจพอเพียง ”

วิสัยทัศน์ประเทศ



ยุทธศาสตร์ชาติ 20 ปี ครอบคลุมไปถึง



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full voice of the people was not being heard in this process. They called for a shorter-term for strategic planning, with annual public hearings and reconsideration of the plans vis a vis global trends. Even though the NCPO tried to ensure a range of viewpoints during the drafting of the reforms and strategies, observers felt that those viewpoints mostly came from technical resource persons, not the grassroots population that would be most affected by the reforms. However, once the process of reform began, and the strategies of the 11 committees were better publicized and understood, a roadmap for reform became clearer and more concrete.

A good feature of the reform process was the comprehensive consideration of the impact of the reforms. The careful screening, review and revision of the reform strategies meant that they had a better chance of producing sustainable

development of the country. The systems in place also prevent a future government from reversing the reforms that are already in motion. This would ensure continuity of implementation. Some will always be dissatisfied that not enough voices of the population have been heard during a centrally-driven reform process such as this. People's access to the relevant information differs from place to place and group to group. So, there is always the possibility of misunderstanding. Some of the reforms that may have been misunderstood include the merging of small local administrative organizations with the local municipality, the plan for a mass media oversight board, or measures to declare an amnesty for some politicians in order to restore harmony in society.

Mr. Somchai Ratanadilok Na Phuket (a professor at NIDA) reflected the view of academia that,

even though the content of the 20-year strategy might look attractive, but when looking at the details it is apparent that Civil Society was not consulted in the drafting. For example, there was no analysis of the weaknesses and strengths of the country in the security strategy; instead, the emphasis seemed to be on the strength of the military as a proxy for the country's strength. It is also not clear from the strategy how Thai society will heal from the fierce divisions of the past.

Another view came from Prof. Kroekkiat Phiphatseritham, former rector of Thammasat University and former member of the National Counter-Corruption Commission. He had the view that the initial problem to be addressed concerned the economy since that affects all Thais alike but to different degrees.⁸ He felt that the 20-year strategy by Gen. Prayuth Chan-ocha was developed with good intentions. However, the National 5-year Social and Economic Development Plan for 2017-21 should be the starting point for that planning process. That is because there is a concern in some circles that using this long-term super-strategy is, in effect, to preserve the authority of the central powers-that-be.

Some politicians are concerned that the effort to harmonize the population is not a realistic goal. Mr. Nipit Intarasombat, deputy head of the Democrat Party, was concerned about the neutrality of the National Reform Committee since they were appointed and did not come from a popular election. It is possible that there are conflicts of interest among some members.⁹ Similarly, Mr. Phumitham Wechachai, secretary of the Peua Thai Party, observed that the various committees and process of reform may appear to show that the government is actively pursuing

positive change, however, it may be an illusion.¹⁰ The Civil Society network, on behalf of the Network of NGO Developers, issued a statement on November 27, 2017 with 72 signatories (including Mr. Ekachai Isarata, Mr. Sombun Khamhaeng, Mr. Prasitichai Nunuan, Mr. Suwitha kulapwong, and Mr. Lertsak Khamkongsak) to assert their position that they would not participate in the strategy and plan approval process with a military-led government.

Summary

The reform of the country is one of the central promises of the NCPO, and it is trying to accelerate that process before returning the country to national elections. The NCPO wants to demonstrate that these are not reforms in name only. The NCPO announced that before general elections can be restored, there needs to be reform of the political system, the laws, and the police, as well as achieving harmony in the population. Thus, the activities in 2017-18 have been particularly intense. But whether the final reforms will receive enough acceptance from society remains to be seen. Going forward, the government needs to carefully consider the dissenting or doubtful voices regarding the reform process and 20-year time frame.



4 Outstanding Accomplishments for Health

UNESCO Honours His Majesty King Rama IX

On September 26, 2017, UNESCO and other representatives from the United Nations honoured His Majesty King Bhumibol Adulyadej Boromnat Bophit - King Rama IX – at the International Peace Conference in Paris. Ms. Irina Bokova, Director-General of UNESCO, praised HM King Rama IX as a monarch who was a model advocate for the development of all people so that they could enjoy a satisfactory quality of life. UNESCO is determined to carry on the mission of HM King Rama IX, especially in terms of promoting comprehensive learning which is an essential ingredient for a quality life.

The World Fellowship of Buddhists collaborated with the Thai Embassy in Paris and the Office of the Thai Permanent Representative to UNESCO to convene the 2017 Conference on International World Peace with the theme: “Creating a Sustainable and Peaceful Society: The Legacy of His Majesty King Bhumibol Adulyadej” on September 26-28, 2017 at the UNESCO global headquarters in Paris. The Director-General of UNESCO and Mr. Michael Worbs, Chairman of the UNESCO Executive Board, along with permanent representatives from numerous countries, Buddhist leaders from many countries, and the President of the World Fellowship of Buddhists, mourned the passing of His Majesty King Bhumibol Adulyadej and eulogized His Majesty for his sacrifices on behalf of his people.

At the conference, Ms. Irina Bokova provided highlights of the HM’s Royal Projects and conceptual thinking of His Majesty King Bhumibol Adulyadej Boromnat

Bophit that represent a people-centred approach to development. That concept is absolutely consistent with the essence of the Sustainable Development Goals for 2030 of UNESCO. Ms. Bokova also referenced the HM’s philosophy of sufficiency economy as an important contribution to positive socio-economic evolution in the context of a rapidly-changing world.

It is not only Thailand that is applying this concept. Sufficiency economy is appropriate for any society at any time. It is especially appropriate for development in the 21st century. In particular, a sufficiency economy is an approach to human development that builds the capacity of the disadvantaged so that they can achieve parity in mainstream society in a sustainable way. Thus, the guidelines of that philosophy are absolutely consistent with the sustainable development vision of UNESCO. That approach preserves human dignity and protects the world.

In addition, Ms. Bokova praised His Majesty as a revered teacher of the people since he demonstrated how learning promotes the development of thought that is manifest in people achieving their full potential. It is not just learning to read, write and calculate numbers. Instead, it is a comprehensive learning of the culture, and diversity of education as applied to building the capacity of the learner to become a productive global citizen who participates actively in society with an open mind to the world beyond. That is the role of education in the 21st century.



WHO Praises the National Health Security System of Thailand for Covering Home-based Kidney Dialysis

On February 2, 2018, Mr. Tedros Adhanom, Director General of the World Health Organization (WHO) and colleagues met with the Prime Minister as part of their visit to Thailand to participate in the 2018 Prince Mahidol Award Conference. At that time, the WHO delegation praised Thailand for their advances in global health, especially the effort to end maternal-to-child transmission of HIV and sexually transmitted infections, the Universal Health scheme, control of filariasis, and the state policy to support Civil Society to play an important role in promoting access of marginalized populations to essential health care. These efforts have helped reduce inequality in society.

In addition, as part of the WHO delegation visit, Mr. Tedros Adhanom visited Soi Phra Jane, Bon Kai Community, Lumpini Sub-district, Pathumwan District of Bangkok to visit the home of a person receiving peritoneal dialysis to treat kidney failure. Mr. Adhanom observed that he was most inspired by how these patients in Thailand are so well cared for. These patients did not face any financial barrier to treatment due to the government subsidy. Mr. Adhanom asked the dialysis patient what the patient would have done without the government support. The patient responded that they would just be waiting for the day they died.

This incident demonstrates how the Universal Health scheme of the National Health Security System has removed financial obstacles to essential care. Lack of money is no longer a barrier to medical care for the people in need. The doctors and nurses help train the patients, their family and surrounding community how to practice self-care so that patients can have kidney dialysis in the home setting, surrounded by relatives and neighbours to

assist, as if they were health volunteers. This is a way of extending services to the home.

This helps to make the Thai Health Security System sustainable because it reduces dependence on the doctor, clinicians, or health staff as the sole providers. However, to work effectively, the family and neighbours must participate in patient care. This approach is an interesting model whereby Thailand can serve as a case study for other countries to learn from.

Thailand first began peritoneal dialysis for patients with chronic renal failure in 2012. At that time, the procedure was to perform kidney dialysis using a bottled cleaning solution; i.e., it wasn't the standard kidney dialysis pouch that is used at present. Thus, the results were not optimal, and there was a rather high infections rate. However, after using the international standard dialysis pouch and an upgrade of equipment and techniques for continuous peritoneal kidney dialysis, the results were much better.

The National Health Security Office adopted a policy to cover peritoneal kidney dialysis as a first choice (CAPD First Policy). This helped expand universal access to dialysis for chronic kidney failure cases, especially those who live in remote areas in rural provinces where transportation links are inconvenient. At present, Thailand is treating 20,000 patients with peritoneal kidney dialysis. The number of cases on this treatment is increasing each year and, at present, the patients are nearly equal in number to new cases receiving haemodialysis. Many of these cases are receiving dialysis in the comfort of their own home. That leads to better health outcomes, better quality of life and elimination of the need to travel to the hospital too often.





Praise for Thai Leadership in Addressing Non-communicable Disease

WHO issued a report on progress in prevention and control of non-communicable diseases (NCDs) for 191 countries for the year 2017 (NCDs Progress Monitor 2017). The report listed Thailand as having succeeded in prevention and control of 12 out of 19 NCDs. This level of achievement put Thailand in the top ten countries of the world, and the top country in Asia and ASEAN for this indicator.

The criteria used in assessing progress for country achievement is that there are targets and indicators for NCDs at the national level, the data collection system is credible, there is a health survey at least once every 5 years, there is a multi-disciplinary national strategy and plan for combatting NCDs, there is advocacy for laws to control consumption of cigarettes, alcohol and unhealthy foods, there is promotion of exercise for health, etc.

NCD refers to chronic conditions which are not infectious, are not caused by a microbe/pathogen, and cannot be transmitted from person to person. NCDs are a result of habits or lifestyle behaviours which only manifest as disease over an extended period of time as the causative factors and symptoms accumulate. Once the condition is manifest by overt symptoms, the condition is in the chronic stage of illness. Important NCDs include conditions of cardio-vascular system, stroke, diabetes mellitus, various cancers, chronic respiratory conditions (e.g., chronic obstructive pulmonary disease, emphysema), chronic kidney disease, obesity, cirrhosis of the liver, and dementia.

NCDs are becoming an increasingly urgent challenge at the national and international levels. Each year, globally, there are 16 million premature deaths from disease of the heart, lungs, stroke, cerebrovascular disease, cancer and diabetes mellitus. Fully 80% of NCDs occur among

populations in lower- to middle-income countries. Thus, addressing the problem of NCDs is one of the Sustainable Development Goals of the UN: To reduce NCD mortality by one-third by the year 2030.

Prevention and control of NCDs requires the participation of all sectors, including the government, the private sector and the population itself. This is especially important for the agencies closest to the vulnerable population to develop sustainable control mechanisms. At the time of this report, three-fourths of deaths in Thailand were attributable to NCDs, including diabetes mellitus, hypertension and cardiovascular disease. These conditions are not caused by a microbe or pathogen. Instead, they are caused by inappropriate lifestyle practices, such as excessive consumption of alcohol, smoking cigarettes, lack of health-promoting exercise, over-consumption of artificially-sweetened food and beverages, over-consumption of fatty and salty foods, lack of adequate rest, and stress. These factors can cause high blood pressure, high blood sugar, high blood cholesterol, and overweight/obesity. When these conditions become chronic they are then considered problematic NCDs.

Doctors point out that NCDs are easily preventable conditions. The key is to practice the following five steps: (1) Eating just enough food to satisfy hunger, abstaining from artificially-sweetened food and drink, abstaining from fatty and salty foods, and eating ample amounts of vegetables and fruits for every meal; (2) Engaging in health-promoting physical exercise on a regular basis, e.g., 30 minutes per day/five days a week; (3) Adopting a positive outlook on life and getting adequate rest; (4) Abstaining from cigarettes; and (5) Reducing consumption of spirits, beer and other intoxicants.



Thailand Health Promotion Fund (THPF): Receives the award for the “No Tobacco Day” as a Good Governance Honour

On May 31, 2017, Princess Soamsawali visited the Future Park shopping complex in Thanyaburi District, Pathum Thani Province to open the event entitled “No Tobacco Day” as part of the global No Tobacco Day for 2017. This event was organized by the MOPH in collaboration with public and private agencies.

In 2017, WHO called for all countries to conduct campaigns under the theme of “Tobacco — a threat to development” or “Cigarettes: An evil thing which destroys development.” The campaign is conducted to remind society about the importance of prevention of the harmful consequences of cigarettes.

At this event, Princess Soamsawali presented the WHO No Tobacco Day Award for 2017 to Dr. Supreeda Adulyanon, Director of the THPF. Dr. Supreeda plays an important role in advocacy and support for networking to control consumption of cigarettes and promoting good health of the population by reducing the harmful consequences of smoking. The award is given by WHO to the person who has dedicated him/herself to intensive and effective activities to control smoking.

Dr. Supreeda Adulyanon has implemented a three-prong strategy to control smoking as follows: (1) Support for the development of policies in accordance with the national strategic plan to control cigarettes/smoking; (2) Support for education about the control of smoking from the organization to the community to benefit individual health, and resisting the temptation to become a smoker; and (3) Support for a social movement by creating networks to control smoking to reduce associated problems and prevent adverse effects of smoking in more efficient ways.

The results of the intensive effort of these networks over many years have helped to reduce the prevalence of

smokers in the Thai population from 26% in 2001 to under 20% in 2015. In addition to the award to its director, the THPF received honourable mention from Prime Minister Gen. Prayuth Chan-ocha in 2017 in view of its very high score (81.4) on the Integrity and Transparency Assessment for Fiscal Year 2016 by the Office of the Public Sector Anti-Corruption Commission.

The Commission assesses over 200 institutions across five dimensions of good governance: Transparency, accountability, the absence of corrupt practices, ethical organization culture, and morality in the workplace. The Commission assesses organizations for performance across these dimensions by conducting a sample check with related individuals who would know about an organization’s performance, such as members of the organization’s network. The THPF received the honour of gaining a very high score on the assessment.

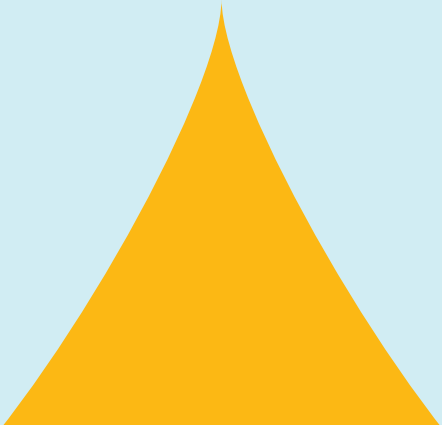
In addition, an assessment of the work of THPF was conducted by the Evaluation Committee appointed by the Cabinet based on the recommendation of the Ministry of Finance for Fiscal Year 2016 for five areas which include successful achievement, stakeholders, finance/accounting, implementation, and revolving funds. That evaluation found that the THPF scored 4.56 on the assessment (out of a total of 5 points) which is a higher score than recorded before. Assoc. Prof. Dr. Warakorn Samkoses, Chairman of the Evaluation Committee, reported that overall performance of the organization in 2016 improved over 2015 across nearly all dimensions. There were additional recommendations to develop the health data system so that it is integrated with the targets, partners, and beneficiaries, and include measures of cost-effectiveness and cost of project planning, so that society can more fully understand the role and implementation of the THPF.



Citation:

Thai Health Project. 2018. Buddhism and Health Promotion. *Thai Health 2018*. (page 92-117).

Nakorn Pathom: Institute for Population and Social Research, Mahidol

A yellow triangle pointing upwards, positioned above the title text.

Buddhism

and Health
Promotion



Buddhism and Health Promotion

Caratha bhikkhave cārikaṃ bahujanahitāy bahujanasukhāya lokānukāṃpaya...

Walk, monks, on tour for the blessing of the manyfolk, for the happiness of the manyfolk out of compassion for the world, for the welfare, the blessing, the happiness of deva and men... Monks, teach dharma which is lovely at the beginning, lovely at the middle, lovely at the ending. Explain with the spirit and the letter the sublime life (Brahmacariya) completely fulfilled, wholly pure.

[Pali Vinayapitaka (The Book of Discipline), Vol. IV, Section 32, p. 40]

1. Introduction

“Is religion still useful and a basic human need?”

This question is often heard from our new generation today; it is unexpected in today’s world of rapid change. Along with this change comes freedom of thought, beliefs, knowledge, and new choices to manage one’s life. All this presents a direct challenge to religion.

About 100 years ago, the German philosopher Friedrich Nietzsche (1844-1900) said through characters in his book, “The Gay Science”, which contains “God is dead.”¹ Nietzsche simply argued that religious faith has much faded from people (i.e., the Christian God).

Does this mean that religion has no use in today’s

daily life? Are advancements in science and technology in the modern world rendering religion meaningless?

About 50 years ago, some social scientists observed that formal religion was losing significance because people were becoming more independent and were more educated than past generations. However, others such as Peter

Berger (1929-) felt that modernity does not necessarily negate utility of religion; religion can still be important in one's life, just as it was in the past.² Many philosophers argued that naturally humans are religious beings. It is religion that distinguishes humans from other animals; it provide a framework for conducting one's life, defining who we are, what group we belong to, and what is in our true self. More importantly, religion provides the answers to the hardest questions; those concerns happiness, suffering, life and death.³⁻⁵

But is that the only contribution of religion? In addition to spiritual liberation, which has been the priests' main message for ages, Are there any tangible contributions of religion? Can religion free a person from ignorance, poverty and illness? Can it free a person from physical and mental sufferings? Specifically, can religion guide individuals and society on health? If so, how could that be done? Perhaps, many of us may have raised such questions to ourselves, but a clear answer has not been provided. That is a challenge especially in a modern society in which a significant number of people worship science instead of religious teachings. A clear answer is needed now more than ever.

This article is an attempt to explore a possible answer to the questions similar to ones outlined above. It will focus exclusively on Buddhism. Specifically, it will address this question: *Can Buddhism play a significant role in promoting health for Thai people and Thai society? If so, what is the nature of that role?* The rationale for these questions is the belief that, if Buddhism is a light that shines the path to a good life, then it must also point the way toward a healthy one for the individual and society.

The fundamental concept of the answer to these questions lies in the fact that Thai Buddhism, together with its community of the temples and sangha, has a high social, intellectual, and resource-based capital. In addition, it is capable of linking with the state authority and national politics. This valuable capital can be mobilized for the "blessing and happiness of all" through health promotion, which is most desirable for both individuals and society.

Health is understood here as that defined in the **Statute on National Health System** (V. 2, 2016); that is,

"health refers to "the state of an individual having a sound body, longevity, good mental function, loving kindness and compassion, adherence to ethical and moral values, living a mindful life, seeking to learn new things, and thinking and acting rationally. A healthy person lives happily in harmony with society. All aspects of health are interconnected and holistically balanced, *starting from the individual, to the family, community, culture, environment, education, economy, society, politics and other related sectors.*"

In the above definition four important dimensions of well-being are holistically interconnected: physical, mental, spiritual and social dimensions. This comprehensive view of health is consistent with the definition of 'health' in the Thai National Health Act of 2007 which describes health as a condition of humans that is satisfactory in terms of physical, mental, spiritual and social well-being. These dimensions are seen as integrated and balanced.

The following discussion starts with a review of the history of Buddhism in Thailand, followed by a brief description of the two core aspects of Buddhism, the Dharma (the Doctrine) and the *Vinaya* (the Discipline), how these are important, and how they facilitate health promotion. Next, there is a discussion on how Buddhism is practiced in Thailand today and on Buddhism as a social institution. The main purpose of these discussions are to shed some light on how Thai people and society can from Buddhism in terms of health. A final section concludes by pointing out that Buddhism together with the Buddhist temple and the community of *sangha* have a strong potential that can be mobilized for health promotion in Thai society. It is, therefore, worth giving more significance.



Photo: Jongjit Ritthirong

2. Buddhism in Thailand: A Historical View

2.1 Two major denominations of Buddhism

Buddhism that is practiced in the world today consists of two major denominations:

(1) Theravāda This school of Buddhism is sometimes referred to as ‘Southern School’ because it spread southwardly from India where it was originated over 2,500 years ago. This school adheres to the teachings of the arahanta disciples (the Perfected Ones) given at the First Sangha Convocation not long after the death of the Lord Buddha. At present, Theravāda Buddhism is predominant in Sri Lanka, Myanmar, Thailand, Lao PDR, and Cambodia. This School is sometimes referred to as Hīnayāna Buddhism (Lesser Vehicle) by those in the Northern School but the term is rarely used now.

(2) Ācariyavāda or Ācārayavāda This school of Buddhism is commonly referred to as Mahāyāna (Greater Vehicle), sometimes referred to as Uttaranikāya because it spread northwardly from India. This school of Buddhism adheres to the teachings and practices of the masters or teachers, hence the name “Ācariyavāda” (Pali: ācariya = teacher; vāda = teaching). Today this school of Buddhism is predominant in Tibet, China, Mongolia, Vietnam, South Korea, Taiwan and Japan.

The split of Buddhism into Theravāda and Mahāyāna took place around 100 years after the death of the Lord Buddha. A principal reason for the split had to do with the difference in opinions on whether to adhere strictly to the original teachings of the elder disciples or to the teachings of the masters. Those who followed the teachings of the elder disciples are later known as Theravāda, and the group that followed teaching of the master was referred to as Mahāyāna. However, both schools adhere to the core principles of Buddhism, with minor differences in emphasis. The clearest differences are in the observance of the clergy.



2.2 The Spread of Buddhism into Thailand

The Buddhism which Thais follow at present has a long history, which can be classified into four periods: Ashoka Theravāda period, Mahayana period, Pagan Theravāda period, and Lankavaṃsa (Ceylon) Theravāda period.^{6,7}

1) Asoka Theravāda Period: Around 218 years after the death of the Lord Buddha, King Ashoka the Great (268-232 B.C.) of the India's Maurya Dynasty who was a devout Buddhist, initiated a general convocation of Sangha to review the Doctrine or Dharma and the Discipline or Vinaya (This is considered the Third Convocation by the Theravāda School). After this important event, Asoka sent missionaries headed by Buddhist elders to propagate Dharma in as many as nine territories. One of these territories was Suvarnabhumi, where two Theras (elder monks), Sona and Uttara, proceeded. Suvarnabhumi was the land believed to be present-day Thailand.

It is hard to assert whether Thai people had already settled in Suvarnabhumi and had contact with Buddhism when it first arrived, or whether Thai people moved into this area long after Buddhism had taken hold in this land. Historical and religious scholars are still debating the issue to this day. However, what is certain is that Buddhism first made its entry into the land called ‘Suvarnabhumi’ in the 3rd century of the Buddhist Era.

2) Mahāyāna Period: After Buddhism separated into two schools – Mahāyāna and Theravada – or about 100 years after the death of the Lord Buddha, the Mahayana school continued to develop into the 5th century B.E., and was firmly established in the northern part of India. Having deep faith in and arduously promoting Mahayana Buddhism, king Kanishka of the Kushan dynasty who ruled Puruṣapura city of Gandhara State of northern India (B.E. 670-693) supported the Sangha Convocation to review of the Buddhist doctrine and discipline (4th Convocation of the Mahāyāna School).

After this Convocation Kanishka sent monk missionaries to neighboring countries in central Asia to spread the Buddha's teachings. In China, Emperor Ti Ming accepted the introduction of Mahayana Buddhism, and legend has it that this school of Buddhism then spread southward

to ethnic Thais in the Ai Lao Kingdom. At that time, Khun Luang Mao was the monarch. This is one explanation about how Mahāyāna Buddhism first made its foray into the Thai population.

Around the 12th-13th century, B.E. Mahāyāna Buddhism also spread south of India into what was then the Srivijaya Kingdom, with the center in Sumatra Island, Indonesia. Srivijaya was prospering at that time and had expanded to control the Malay Peninsula, Sumatra, Java, the Malacca Strait, the Sunda Strait, and southern Thailand. Kings of Srivijaya, who were Mahāyāna Buddhists, helped spread this denomination to all of its major cities including towns in today's southern Thailand.

In around the 16th-17th century B.E., King Suriyavarman I of Kampuchea (i.e., Cambodia) had accepted the introduction of Mahāyāna Buddhism from Srivijaya, and promoted this throughout his kingdom, which then encompassed the Chao Phraya River basin. At that time, Lavo (now Lopburi) was the seat of a kingdom there and, so, Mahāyāna Buddhism spread further into what is now Thailand. The Brahmin culture was also an integral part of this religious diaspora. Scholars have posited that Mahāyāna co-existed with Theravāda, which had been here in Thailand well before, with no direct conflict. It is believed that since that time on Sanskrit, the principal language of Brahmanism, had a significant influence on the Thai language and literature.

3) Pagan Theravāda Era: In Burma (now Myanmar), King Anawratha or Anuruddha (1557-1620, B.E.) founded the Pagan Empire which had considerable power in the day. The empire stretched from the Lanna and Lanxang Kingdoms in the east, south to the Lopburi and the Dvaravati Kingdoms. His great faith in Theravāda Buddhism inspired his fervent support and made Theravāda Buddhism popular among his lands and the Thais. The influence of the Burmese Theravāda can be seen more clearly in today's northern Thailand than other regions. Gradually, the Burmese Theravāda teachings spread southward and displaced the Mahāyāna teachings and the Brahmin influence that had come from Kampuchea. Over time, the Mahāyāna denomination in Thailand faded, however some of the



Brahmin traditions are still observed, usually during Thai Royal ceremonies.

4) Lankavaṃsa (Ceylon) Theravāda

Period: This form of Theravada Buddhism is the most widely practiced in Thailand today. The extensive contact and exchange between Thailand and Sri Lanka (known in ancient days as Lanka) regarding Buddhism dates back to the 17th - 18th century B.E. during the reign of king Parakramabahu the Great who ruled Sri Lanka during 1696-1729, B.E. During that time, Buddhism in Sri Lanka was quite advanced, both

in scriptural studies and practice. This helped to attract Buddhist monks from neighboring countries, including Thailand, to travel to Sri Lanka for learning and ordination. Naturally, some of the monks became indoctrinated into the Sri Lankan Buddhist teachings and customs, and they returned to further propagate those teachings in their homeland. In some cases, Sri Lankan monks were invited to visit those countries to teach. The first Buddhist monks from Thailand to visit Sri Lanka include those from Nakhon Si Thammarat in the south. After returning to Thailand, those monks invited Sri Lankan monks to visit Thailand to teach their tradition of Buddhism. This helped rapidly spread this version of Theravāda Buddhism. The teachings spread north to Sukhothai Kingdom, for the first time, during the reign of King Ramkhamhaeng (ruled during 1822-1841, B.E.). Later, in the reign of King Maha Thamaracha Lithai, the Supreme Patriarch from Sri Lanka, Sumana, was invited to visit Sukhothai in 1904 B.E., and then up north to Lanna in 1913, B.E.. King Kue Na Thammikaraj invited Sumana to help spread the Sri Lankan Buddhist tradition in the Lanna region, marking the beginning of Sri Lankan (Theravāda) Buddhism in Lanna. King Tilokaraj of the Mang Rai Dyasty (1978-2030, B.E.) dispatched monks from Lanna to study Buddhism in Sri Lanka.

During the Ayuthaya and Ratanakosin periods, Thailand and Lanka had periodic exchanges to re-energize Buddhism in each other's societies whenever it seemed to be lagging. King Borommakot of Ayuthaya responded to a request for Thai monks to visit Sri Lanka one time and, in the Rattanakosin period, King Phutthaloetla Naphalai (King Rama II) sent eight monks to help with religious teachings in Sri Lanka in 2357, B.E.

3. Buddhism: Points for Clarification

In considering how Buddhism promotes health of the individual and society, it is important to clarify what is meant by 'Buddhism' and what are the key features of Buddhism. But that is not enough because we also want to know how Buddhism can support the health of Thais. Thus, it is important to clarify what aspects of Buddhism that facilitate health promotion, how to access and apply those aspects, and explore strategies to employ those aspects for the benefit of Thais, and understand how those aspects function.

The questions are inter-connected, as links in a chain. The following are key points for clarification:

- 1) What are the core components or essence of Buddhism that is relevant to health?
- 2) How do Thais practice Buddhism and benefit from Buddhism in terms of health?
- 3) What are the mechanisms of Buddhism to communicate to people so that they can apply them? This latter point has to do with Buddhism as an institution in Thai society.

The points mentioned above will be discussed and clarified in sections below.

4. The Essence of Buddhism

It is without doubt that any concept of Buddhism consists of two key attributes: the Dharma (teachings) and the Discipline (Vinaya). Collectively these two attributes are referred to as 'dharma-vinaya' which forms the essence or core content of Buddhism.⁸ But what is dharma, and what is vinaya? We need to first address these two concepts before proceeding.

4.1 The Dharma

Dharma can be defined in many ways. In its simplest sense, Dharma refers to the teaching of the Buddha delivered at various times and settings. Taken together, all that the Buddha taught (i.e. Dharma) refers to any of the following: (1) *the nature*; (2) *the laws of nature*; and (3) *appropriate practice in accordance with the law of nature in order to obtain desirable outcomes*. These teachings are organized into different sections in the *Tripitaka*, or Buddhist Canon. (The *Tripitaka* is not Buddhism *per se*; rather it is a collection of scriptures on the teachings of the Buddha. The original *Tripitaka* is in the Pali language, with 45 volumes when using Thai script.)

For our purpose here, Dharma in the sense of '*the nature*' and '*the laws of nature*' will be briefly discussed.

Dharma as **nature** includes all that exist naturally. In this sense it can be said that there is nothing in the world that is not Dharma, whether concrete or abstract. Thus matter, thoughts, humans, animals, the environment, goodness, evil, neither good nor evil, merit, sin, suffering, happiness, neither suffering nor happiness, etc. are

all nature. In short, everything is the nature. Put another way, "Dharma" is everything that arises, exists and then ceases to exist in accordance with its own nature.⁹ In the sense of **the law of nature**, "Dharma" is the ordinary manifestation of natural things, or the truth of the nature. When wondering what is the ordinary manifestation of the nature or the truth of nature, Buddhism explains, in short, that everything, whether it is concrete or abstract, arises, exists, changes and ceases to exist according to its causal conditions. There is nothing that is an exception from this law of the nature. Indeed nothing is above the law of nature.

Understanding *Dharma* in the sense of *nature* and *the law of nature* is crucial for behaving in accordance with *the law of nature* to generate desirable outcomes. *First*, having a clear understanding of the nature and the law of nature can help us find ways to control natural forces (where needed and possible). It is similar to the process whereby the scientist relies on knowledge of the law of nature to produce technology to control nature at different levels. *Second*, even if nature cannot be controlled (because, in the end, nothing is above the law of nature)

clear knowledge and understanding of the nature and the law of nature can still help us to lead a steady life and make us ready to accept all experiences with right understanding of their causal conditions. This kind of acceptance helps prevent sufferings when encountering whatever kinds of change. Life will be steady, not being flickered either by happiness or suffering, good or bad, contentment or discontentment. Such is a healthy life.

4.2 Discipline

The other essential component of Buddhism is “**Discipline.**” At the level of the individual, discipline refers to a blue print for training and control of behavior so that each person can be decent. However, at the level of society, discipline *refers to a system of social management so that members have quality of life, progress, and mutually protect the populace through peace and harmony.*¹⁰ In Buddhism, discipline can be divided into two types:

- 1) Disciplines of the clergy (*anāgāriyavinaya*): These disciplines are for monks who join the *sangh* community; they consist of 4 sets of training regulations that lead to a pure life: (a) the 227 disciplinary rules to be observed by Buddhist monks; (b) training regulations to be a composed and self-restrained person with regard to the six sense organs - eyes, ears, nose, tongue, body and mind; (c) disciplines as regard to the purity of livelihood for the monks ; and (d) training lessons for realizing the true utility of the four requisites - food, clothing, dwelling, and medicine - before consuming them. Consumption is supposed to not be based on attractive taste, appearance or luxury, but to sustain appropriate level of physical and mental well-being sufficient for conducting the religious activities that are the important duty of the monks.
- 2) Disciplines of the laity (*āgāriyavinaya*): These disciplines are for persons who involve in the secular life. They are meant for refraining from acts with negative consequences for others and society as a whole in 3 important ways: (a) Physical: Refrain from intentional harm to life; refrain from taking things that are not ours; and refrain from sexual misconduct; (b) Speech: Refrain from

false speech, coarse speech, satirical speech and nonsensical speech; and (c) Mind: Refrain from action based on greed to take from others; refrain from thinking ill of others, and refrain from deliberate misperception.

While all discipline requires diligent training and control of one’s behavior, the benefits accrue to the individual and others around them or society in general. For the individual, discipline leads to good practice and appropriateness of body, speech and mind. It prepares the individual to practice the Dharma at the next level. For the society, discipline promotes peace and order, consideration of others, and good human relationships. A disciplined society is one in which its members trust and believe in one another. It is a society whose members care for each other with beneficence, not only for oneself, but for everyone. A society with disciplined people is a healthy society.

4.3 Key attributes of Buddhism

Western philosophers have classified religion into two types: Religions which worship a god (deism) such as Hinduism, Christianity, Islam; and religions which do not worship a god (Atheism). Buddhism falls in the latter type. It does not believe in a god but regards the Dharma and discipline as its core principle. Thus, the key attribute to bear in mind here are those of the Dharma and Discipline themselves.

According to ‘*Navagovat*’, the book written by the late Supreme Patriarch (Somdet Phra Maha Samana Chao Kromma Phraya Vajiranavarorasa, B.E. 2403-2464) for newly ordained monks and used as a text for the first level of the Dharma studies till today, gives the criteria for determining what are the Buddhist Dharma and Discipline and what are not as follows: *What are to be regarded as the Buddhist Dharma and Disciplines must be those that facilitate detachment, freedom of suffering, decreasing defilements, contentment, peace, and simplicity, so that one can devote as much time and energy in practice of the Dharma.*

The above criteria are indicators to determine whether a given discipline can be considered Buddhism or not. Using the above criteria, we can judge whether, and how, the Dharma and Discipline which form the true essence of Buddhism can facilitate promotion of the four aspects of health – physical, mental, spiritual and social.

The famous Thai monk Prapromkunakorn (now Somdet Phra Buddhakosajarn – Prayudh Payutto)¹² has identified the 15 essential characteristics of Buddhism, which in fact are the central principles of the Dharma and discipline (Table 1). Even though these characteristics are not “indicators” as alluded to above, they are important concepts which serve the same purpose, i.e., to help one determine what Buddhism is teaching, how it is teaching, and what is the goal of the teaching.

4.4 Examples of Dharma that promote health

How the Dharma promotes health can be considered from the earlier discussion about the Buddhist Dharma and

discipline and their characteristics. It can be said in shortest way that Buddhist Dharma and discipline, or Buddhism, as a whole facilitate health promotion since there is nothing in the Buddhist Dharma and discipline that is not “for the benefit and happiness of the manyfolk” both in this and the next world.

But, since there are so many Dharma and disciplines in Buddhism (according to the commentary text, they are believed to be of 84,000 Dhammakhan or units), it is hard for people to choose appropriate part of the Buddhist Dharma to put into practice that would be most beneficial for their physical, mental, spiritual and social health. This section will raise some examples of Dharma which can be

Table 1: Key Characteristics of Buddhism

Characteristics	Brief Explanation
1. Teaching of the middle path, balanced practice	Buddhist path is the middle path in terms of practice and thought. It does not call for extremes on one side or another. It promotes a constant focus and balance in all things, matter and mind, from daily life to the highest forms of practice.
2. It has universal principles	Buddhism asserts universal truths which are not specific to an individual, group, or even Buddhism itself. For example, it teaches that killing is a sin. That is a universal principle, regardless who the victim is. It teaches ordinary truths or natural laws of things which arise, exist and then extinct, according to the determinants.
3.The content and style are both important	Buddhism has a doctrine which is the Dharma. That puts forth the truths which are ordinary. There are disciplines as a system of rules. The Dharma applies to the individual. The discipline applies to the society. The Dharma and discipline are inter-connected. The Dharma is referenced by discipline while discipline is a set of obligations for society which supports the practice of the Dharma.
4. Karma-based teaching determines good and evil. What is done is done. Act with perseverance.	Buddhism teaches the principle of Karma which holds that good or evil is a consequence of action. Whenever a person acts, that sets Karma in motion. It also teaches that perseverance is its own reward. One should act with perseverance
5. It views truth from a multiple perspective	Buddhism views or diagnoses the truth not from one perspective but from all points of view. It looks at things and action comprehensively, and classifies these in many ways. It does not make an absolute judgment or take an absolute standpoint one way or another.
6. Freedom-oriented	Becoming totally liberated and freed is both a goal and a principle of the Dharma. Buddhism wants everyone to be free of attachment in order to see the truth more clearly. That is a path to the end of suffering.
7. A religion of wisdom	Buddhism is not a religion of faith; it is a religion of the wisdom. Even though faith is important, just as morals and meditation are important, the wisdom is the ultimate resource. The highest wisdom is that which understands the ultimate truth and frees one from all attachment and suffering.
8. It teaches the concept of “no-self”	Buddhism proclaims the universal truth of all things, Anattā, which holds that we cannot make things as we wish them to be. Things exist on their own law of causal condition. There is no such thing as “permanent self”. Our life and body, which is a compounded thing, is an obvious example. Those who deeply comprehend the principle of ‘no-self’ reach the ultimate goal of Buddhism.

put in practice to promote health in the various dimensions. But it needs to be understood that each dimension is not limited to that in the Dharma or to the example presented. There are numerous units of the Dharma which cannot all be addressed here.

(1) Aspects of the Dharma which promote physical health: There are many aspects of the “Buddhadharma” which most directly relate to health, for example, in consumption of food and drink which effect on a person’s physical health. In particular, there are two related aspects of food consumption which anyone can practice. The first stresses moderation in eating (bhojanemattanyuta) which means eating just enough as your body needs, not

too much due to its good taste. The second aspect is to use wisdom to thoroughly (yonisomanasikara) deliberate before eating [See Box 1]. This way of consumption is in accordance with one of the four sets of training regulations that lead to a pure life already alluded to above. This regulation, referred to as “paccayasannitsitsila”, instructs that in every consumption of the four requisites (in this case, food and drink) one must contemplate that the food/drink to be consumed is for sustenance and nourishment of the body, and not consuming out of craving, delusion, or for recreation. The consumption is for maintaining physical health so that one can continue to carry a chaste life. While this practice applies to the monk, anyone can

Table 1

Characteristics	Brief Explanation
9. It views all “things” as depending on causal condition	Buddhism looks at the state of being of all “things” as resting on causes and conditions. Selflessness (Anattā) is the principle of causal condition. Nothing exists independently; everything depends on causal condition. This is known as the Law of Dependent Origination (Idhappaccayatā).
10. It holds that humans can be decent because of their effort and development	Humans have a potential to be trained, and has to be trained. Through training human can be excellent. Without training the humans can be less than animals. Buddhists must have a confidence in their potentials to be the awakened one through training; they must have confidence in themselves and not falsely hope for help from someone or something else.
11. It is a religion of training	A satisfactory life is a life of training based on the Noble Eightfold Path which can be summed up as the Threefold Training aimed for individual development in right speech, right action, right livelihood, right effort, right mindfulness, right concentration, right view and right thought. The Buddhist way of practice is the process of training known as the “Threefold Training”
12. It gives importance to both internal and external factors	The key starting point for training according to the Noble Eightfold Path is as follows: (1) Individual’s internal factors, such as knowing how to think and analyze (Yonisomanasikāra) and (2) External factors such as having good friends, having teachers, having sources of knowledge, etc., for better advices and proper examples (Paratoghosa). Both these are mutually supportive.
13. It warns practitioners to be alert and not careless	Before his death, the Buddha admonished his disciples to live in non-negligence. They should not postpone their practice and should avoid being indifferent or inert. They need to be diligent to perform their duties, and always encouraged to practice the Dharma.
14. It teaches practitioners to acknowledge the suffering but still remain happy; or suffering is to realize, happiness is to experience.	Buddhism views the world and life as it really is. Yes, there is suffering, but one must not try to run from that. Suffering is to be faced with knowledge and understanding of its causes which must be avoided. Such knowledge and understanding will make clear and free the mind with wisdom, so that it experiences no suffering. “Understanding of suffering is the key to discovering true happiness”.
15. It seeks to benefit all persons	Buddhism was created for the benefit and well-being of all persons. When the Buddha’s disciples were sent out to share the teachings, the Buddha asserted, “Do reach out for the welfare, the blessing, and the happiness of the mass.”

Source: summarized from Pra Promkunaporn (P. A. Payutto), 2558

follow it in their daily life. This is especially applicable in modern society where many people are consuming more than they need, as evidenced by the prevalence of overweight and obesity. This is the result of eating out of desire, rather than wisdom.

Other aspects of physical health can also be addressed by the Dharma and practice of Buddhism in many ways. At least, numbers 1, 3, and 5 of the five precepts (i.e. refraining from killing, sexual misconduct and alcoholic drink) address physical health directly. For the monks, the practice of walking through the neighborhood each morning to receive alms from is a good body exercise. Similarly, conducting regular walking meditation is a form of physical and mental exercise. Anyone can benefit from this practice.

(2) Aspects of the Dharma which promote mental health: Having a happy mind is one indicator of mental health, but this can occur at many levels. At a basic level, a clear or pleasant appearance could be the result of self-satisfaction, e.g., receiving something that one desired, being with a loved one, etc. However, that pleasant outlook is not usually sustainable. Some people might appear to be in a pleasant mood because they had done a good deed, e.g., merit making. In that case, the pleasantness could also boost mental health. At a higher level, a pleasant mind can be achieved by holding the mind steadfast, peaceful, and not disturbed. In this case, a pleasant mind is based on mindfulness, i.e. being awoken and firmly concentrated in all acts of life. Although such state of the pleasant mind has many levels, one of its outcomes is joyfulness and happiness.

(3) Aspects of the Dharma which promote spiritual health: Buddhism stresses spiritual well-being in every level of practice. In the Buddhist point of view, spiritual health means a good understanding of cause and effect, the comprehensive knowledge of what is useful and what is not. Ultimately spiritual leads to a clear knowledge of the condition of all things according to their true nature. Such knowledge helps a person to conduct their life and behavior appropriately and normally.

Achieving such spiritual health requires diligent practice based on the principle of the threefold training (*trāisikkha*) for physical, speech and mental development. This development is the basis for further development of spiritual aspect. A person with a well-developed spiritual aspect is the one who is spiritually healthy. He/she has a stable and balanced

Contemplation Before Meal

*Patisankhā yoniso pindapātan patisevāmi....
“I am contemplating on this food before eating it. I shall not eat this food for its good taste, pleasure, enjoyment, fun, addiction, or for beatifying the body. Instead, I shall eat to sustain the body, to get rid of physical discomfort caused by hunger and thirst, and to prevent other discomfort that may arise. I am eating for the wellness of my life so that I can function normally in the practice of religious life.*

The above translation is from monk's prayer before eating at every meal. This prayer should be integrated simply into daily life to promote health for any person of any age. It needs not be only for monk. It is just to help us be more mindful of why we are eating something. It helps us to ask if we are eating for health and sustenance to perform our responsibilities well. This prayer can also help people to prevent or reduce overweight. Wouldn't it be good if schools introduced this prayer as a form of instruction by having students recite this before every meal? Even better, everyone should say this prayer before every meal, every day.

personality and not easily disturbed by whatever happening, desirable or undesirable; his/her mind is clear, open and free from all attachments. Such is a condition of a life of wisdom.

(4) Aspects of the Dharma which promote social health: A healthy society is one in which its members have good inter-relationships, from the level of the family to the community and society at large. It is a society without conflict and in which people care for each other out of mutual compassion. A healthy society provides an environment favorable for doing good things to the full capacity of everyone.

At the family level, Buddhism provides practical code of morality for all members, e.g., between the husband and wife, the parents and children, friends, subordinates, even including the monks and nuns. At the community and society level, there are the precepts for the clergy and laymen. The goal is to have a peaceful and orderly community

and society. At its most basic level, Buddhism has the five precepts as the foundation for behavior to guide people's interaction with others in their environs. If adhered to, the precepts prevent violence in all its forms, to others and oneself.

In addition, there are other teachings that promote good relationships between members of society at all levels, based on the four behavioral principles of (1) generosity; (2) kind and convincing speech; (3) rendering service; and (4) equal treatment with impartiality, participation and behaving oneself properly in all circumstances. The Dharma and discipline, which are the core of Buddhism, have an ultimate aim of freeing people from suffering through study and practice to achieve wisdom. There is a multitude of the practices in training and, from the most basic level, these

practices promote physical, mental and social health in daily life. At the higher level, the Dharma helps people achieve wisdom about the truth of things and phenomena in order to see clearly how cause and effect operate. That knowledge and understanding will free a person from attachments so that they can experience the highest form of mental health.

The discussion above refers largely to Buddhism as the principal teachings according to the scripture. Even though this provides a road map to health, it does not mean that every Buddhist is healthy across all dimensions, or that all Buddhist societies are healthy throughout. If we want to know how Thais benefit from Buddhism in the area of health, we need to first look at how most Thai people practice Buddhism today. This is the topic of our next discussion.



Photo: Taken from the "Subha Sirimanonda Lecture", 25 July 2017

Spiritual Health that We Should Know

by Phra Paisal Wisalo

When speaking of health, most persons first think about physical health, such as a healthy body, and lack of injury or illness. However, that dimension is only one component of happiness or a contented state of being which we refer to as "health."

Health has many dimensions. At present, health generally covers physical, social, mental, and spiritual health. That is consistent

with the Buddhist concept of *bhavana* – cultivating or training. There are four components of this: physical, social, mental, and spiritual.

Physical health means having a condition that is absent of disorder or illness, that the four factors of life sufficiency are met, there is no deprivation or hunger, there is freedom from natural disaster, there is welfare, and there is a good environment, e.g., with clean air.

Social health means that there are smooth relationships among people in the family, the community and society at-large. There is mutual respect and caring for each other. There is no molestation, exploitation, scorn or disparagement of others. In other words, it is a good society to be in.

Mental health refers to a state of mind that is free from suffering, stress, or anxiety. It means not being addicted to substances. The mind is happy, peaceful and calm. A healthy mind is manifest in loving kindness, compassion, awareness, and mindfulness.

Spiritual health means having knowledge and understanding about life. It means a person is able to control their heart and mind so that it is in an appropriate state of positive thought, competent, and of the right view. This helps people to lead their lives in happy and healthy ways, both physically and mentally. It helps people to skillfully address problems and challenges in life. Ultimately, it frees people from being buffeted by events and fluctuations around them.

Buddhism views that wisdom is the foundation for happiness of the body, society, and mind. That is to say, a person has good health because they know how to eat in healthy ways to nourish the body so that it functions normally. If a person eats without mindfulness, they may become attached to certain flavors, or they may eat to excess, and that will cause pain and suffering, such as heart disease, obesity, diabetes, or even cancer. These health

problems are becoming more prevalent in society today. Health also comes from living a balanced life. This means that people are not seduced by comfort and idleness. Instead, they take the trouble to exercise on a regular basis to promote good health. But they are careful not to over-work. They know when to rest.

There will be good human relationships when people see that mutual caring and support is a source of happiness. Conversely, if people push and shove to get ahead, or exploit others for personal gain, then they might find that the hardship they impose on others comes back to affect them in negative ways. While selfishness may lead some to wealth, fame, and superficial honor, the happiness that comes from that is transitory, and suffering usually follows. Material gain at the expense of others is not the answer to the good life. Thus, people need not overly focus on their occupation. They need to make time for developing good relationships with others in their life. They need to help others too.

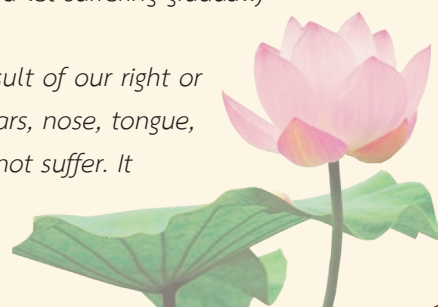
Good mental health can also be achieved through wisdom. This means that a person understands that surrendering to desires will only lead to suffering in the end. Desires can never be satisfied since people will always want more. The healthy person sees the harm of anger and, thus, does not allow their emotions to get out of control. The healthy person knows how to forgive, and that leads to peace of mind and body. The healthy mind does not become restless in the face of the lack of material wealth. That person knows that failure, loss, injury, illness and death are natural and normal phenomena. This helps prepare the person for equanimity when there is an adverse event in their life. Especially if one attains the higher wisdom to be free from the attachment in 'me and mine', the mind will be clear, buoyant, and free of anxiety. They will not be overjoy in time of gain and will not be over-saddened in time of loss.

The wisdom from Buddhism tells us that we can be at peace in any circumstance. Being content doesn't mean just when we are in good health, or are successful in our work. Wisdom helps us to see the truth of things, in that happiness or suffering is not about material possessions or conditions, whether good or bad. It is how we interpret events, control our feelings about events, how we act in the face of events, and what we say. In other words, it is up to our mind.

Thus, even in ill health or loss, we can still find content. Our body may be sick, but our mind is not. We may lose material wealth, but are not mentally lost. That is because we see that the suffering of mind comes from attachment. When there is no attachment, then there is no suffering. It doesn't matter if it is the painful past, frightened image of the future, or unwholesome things such as evil desire, anger, sadness, guilt, and most importantly attachment to things as being "me and mine." Seeing the truth this way can help ease the mind and let suffering gradually dissolve.

The late Buddhadasa Bhikkhu once said: "Happiness or suffering is a result of our right or wrong actions toward sensory contacts with our surrounding through eyes, ears, nose, tongue, body, and mind. If we understand the truth in those contacts, our mind will not suffer. It will be in peace and free. In other words, it is always in good health.

This is spiritual health which we should know and experience.



5. Buddhism which Thais Practice Today

*For our purpose here, two types of the practice of Buddhism among Thais may be identified: One stresses the material offering, the other the application of Dharma in daily life. The first type is common among most Thai Buddhists, and hence it may be referred to as **popular Buddhism**. The second type focuses on actually doing the Dharma, and understanding the Dharma profoundly so that it can be applied in daily life. This type may be referred to as **pragmatic Buddhism**. The effect of these two types of practice on health is different.*

5.1 Popular Buddhism

5.1.1 Key features

The important aspect of this type of Buddhism is that it is *a system of belief and practices for benefit in the material life. The belief and practice of this type involves more material transfers rather than actual practice of the Dharma. This is the mainstream practice of Buddhism in Thailand today.* Some refer to this as *Secular Buddhism*.¹² This type of Buddhism evolved through certain interpretation and adjustments of the Buddhist teachings to local beliefs and practices (or vice versa) over such a long period of time that it has now become customary and integrated to the local culture. In some cases the resulting practices are not very consistent with the the original Buddhist teaching. Often, these beliefs and practices are more consumerist. The key features of the popular Buddhism are as follows:

(1) It is a form of practice that centers around the concepts of merit and demerit, and heaven and hell:

The origin for this practice has many sources. An important source among these is the way Buddhism has been taught in Thai society in which the concepts of merit and demerit, and heaven and hell take precedence over other features in order to motivate the people to make merit or behave well, and to fear demerit or evil. Often these are the common themes in the monks' preaching. The Buddhist literature, in particular *Traibhumikatha* which has proliferated since the Sukothai historical period (or the story of the 'three planes of existence') may also have a significant influence on the long standing belief in merit-demerit and heaven-hell among Thai people. The *Traibhumikatha* highlights hell as the place where the demeritorious ones end up, while heaven is for the meritorious. (*Traibhumikatha* depicts three planes of existence: sensuous plane, form-plane, and formless plane. Hell and heaven are sub-planes of the sensuous plane.)

(2) It emphasizes making merit through giving alms more than other forms of practice: The Buddhist canon provides guidelines for what confers merit or goodness. There are many ways this can happen. At the very least it involves giving alms (*dana*), adhering to the precepts (*Sila*), and developing the mind so that it is pure and steadfast



Photo: Krittiya Sumangkij

(bhavana). However, Thais are most familiar with giving alms more than other methods of merit making. This is probably the result of the influence of the religious teachings and Buddhist literature which have spread so widely among Thai communities. Another well-known part of the literature are the *Vessantara Jataka*. This story depicts events in the penultimate life of the Buddha (when he was Vessantara) and how, through his wise and benevolent actions, he was able to become the Buddha in his next and final life.

Giving alms is the basic level of making merit (goodness) in Buddhism and it is easy to do compared to other forms of merit-making. Thus, it is no surprise that most Thais, when speaking of making merit, think of giving alms in one form or another. However, the most common form of merit-making today is giving alms to support the local monks, the monastery, and the sanctuary of the temple, instead of making merit by performing charitable acts to directly benefit society. In 2011, the Thai National Statistical Office (NSO) conducted a Survey of Religion, Arts, and Culture. That survey found that the most common form of merit-making by Thai Buddhists was giving food to the monks (around 93%).

(3) It is a practice based primarily on the hope of worldly returns: Every time a Thai makes merit, gives alms, or does something good for the religion, e.g., practicing the precepts, and meditation, etc., it is almost always followed by making a wish. Often, the wish is for good health and good work for oneself or others in the family. In this way, making merit started to become a consumerist endeavor. Mostly, people who make merit are hoping for security and happiness in their life. In other words, they want to be comfortable in a material sense. By contrast, making merit to purify one's mind or reduce attachment to material wealth



Photo: Krittiya Sumangkij

is rare. In this way, by expecting some personal benefit from making merit, the practice of making merit then becomes a powerful influence over what one desires. In addition, the motivation behind the merit-making of so many practitioners is not something intangible. Instead, the focus is on some tangible object of interest or material condition.

(4) It emphasizes form over content or the essence of the Dharma. The practice of local Buddhism increasingly involves many procedures or ceremonies which really do not have much to do with the Dharma. Often, merit-makers give more importance to the ceremonial performance than to the meaning of the Dharma – which is the essence of what Buddhism is all about. The ceremonial performance may vary from community to community, but it is generally believed that the ceremony must be conducted for the merit making to be complete or correct.

Performing some sort of ceremony seems to be an essential part of merit-making for most Thais. For example, in a popular merit-making known *Sanghadana* where a set of amenities are offered to the monks for use in daily life, the ceremony involves paying homage to the Triple Gem and reciting *pali* words of alm offering. This is usually followed by a ceremonial pouring the water of dedication to transfer merit to the intended one who has deceased. (Pouring of the water of dedication is a symbolic act.) Making merit in various other events involves inviting a group of monks to chant and bless the occasion. This ceremony involves serving a full meal to the monks. There is also the “ceremonial offering of food to Buddha” which is simply an act of symbolism. Most merit-making events also involve the making of the lustral water and sprinkling some of that on the host and participants to bless them (another symbolic gesture). The belief is that the receiving of such blessing will be auspicious for one’s life.

Another obvious example is the ceremony of receiving the five precepts from the monk, which is commonly performed in a whole variety of occasions. The ceremony starts with making a request (in *pali* words) for the five precepts from the monk, who then recites the precepts (also in *pali* words) so that those in the ceremony repeat them one-by-one. This ceremony is believed to be as important as the actual observance of the precepts; otherwise it will be felt as if the precepts are not received and hence no need to practice them in one’s daily life.

The ceremony, in fact, is created for purposes other than practicing the Dharma, often a supernatural purpose to sanctify the act. Even though it has nothing to do with Buddhism directly, it is believed to have some benefit in attracting some people to learn more about or practice the correct religious principles. In this sense, ceremony can be viewed as a wrapping or decoration of the Dharma just as the ‘bark’ that wraps around the heartwood of a tree. However, as it is only superficial, the ceremony could also become an allurements to draw people into supernatural practice instead of genuine Dharma and discipline. In this way, the local ceremonies are more about style and appearance than substance, and will never be as effective as practicing the substance of the Dharma in its essential form.

(5) It is mixed with incorporates some beliefs and practices from other sources: Local Buddhism is not pure Buddhism because there are beliefs and practices from other sources mixed in with the Buddhist tradition. It can be said that the non-Buddhist beliefs and practices come from primitive sources such as animism, and supernaturalism which were prevalent before Buddhism made its way to Thailand. There are also influences of Brahminism that have mixed with Buddhism in later period. A clear example of this is the prayer and making sacrifice. These practices have been integrated into traditional Buddhist practices to such an extent that it is hard to separate them.

This mix is a result partly of an historical development and partly a cultural assimilation between Buddhism and other beliefs over a long period of time. Thus, it is not surprising to find people paying respects to Buddha images while also praying to ghosts or animistic entities and also making a wish. Even before the act of chanting which is quite a genuine Buddhism, some start with prayer to invite

the deva into the gathering and to listen to the chanting and make the occasion auspicious. Some prayers used in some occasions are a direct appeal for some intervention, by invoking the power of the Buddha and the perfected disciples. This chanting might occur in the face of some calamity or danger. Other chantings are to appeal for knowledge for conducting the proper action to be released from a predicament.

In many cases and in most, if not all, localities in Thailand, making merit is a social function, and is an integral part of existing local fairs and festivals. Or it is created as a festival of its own right. In that way, making merit is inter-mixed with public entertainment and recreational events. It is a way of allowing the community to make merit as a group while having fun at the same time. Sometimes, peoples (especially for children and adolescents) look forward to these festivals more for fun and good times than making merit. This is especially true when people in different parts of the country celebrate festivals in their ways (such as Mahajati Festival, the Candle Festival, of the 10th Tenth Lunar Month Festival, *Tan Kuay Salak Festival*, *Yon Bua Festival*, or even the *Kathin Festival*). These are ostensibly merit-making events but with some fun thrown in, especially as practiced in rural areas. Thus, it has become hard to separate out the genuine Buddhism in these ceremonies and festivals from all the other associated activities.

5.1.2 How does Popular Buddhism promote health?

Given the Popular Buddhism described above, the question is: What are benefits that the practitioners gain in area of health promotion? It's rather clear that what most Buddhists derive from the practice is good mental and social health. There may be some gains in physical and spiritual health, but that depends on the individual practice. For example, if a person undertake the five precepts and genuinely applies them in their daily life, that can reduce violence, whether it is physical, verbal or mental. In addition, it can reduce vulnerability to some diseases (e.g., practicing the precept about sexual misconduct can reduce risk of sexually transmitted infection). In any case, the following discussion will focus on benefits to mental and social health.

5.1.2.1 Mental health

Mental health benefit of Popular Buddhism derived from making merit might be of many ways depending on individual motivation and form of merit making. People can be divided into three general types of merit-makers (which are described in greater detail below). But that doesn't mean there isn't overlap; people can also be different types at different times. Circumstances may require a certain type of merit making; or there can be mixing of the different types of merit making for a given instance. For example, a person might start out by making merit to resolve a dilemma they are facing. Or they may make merit to conform to what others are doing. Over time, they may develop into a person who makes merit to accumulate merit, or doing merit for merit's sake. The three types of merit makers can be classified as follows:

(1) Making merit to accumulate merit or goodness:

In the words of villagers, this might be expressed as "making merit to gain merit." This type of merit maker devoutly believes in merit or goodness as something that produces well-being for the merit maker. They view merit making (or practicing other aspects of Buddhism such as listening to the Dharma or practicing meditation) as a form of merit savings, the way one would put money in a savings account at a bank. They do not tend to view merit making as a way to have one's desires fulfilled. Making merit this first way should make one feel buoyant, or to feel happiness inside.

If this form of merit making is developed higher toward the intellect-- that is, toward a correct understanding of the genuine meaning of what one is doing -- then that will lead to even more happiness at a higher level, and more than mere joy. For example, if one understands that *dana* (give in donation or in helping other) is a way of training the mind to reduce attachment to material things which one has or desires, then it can be seen as a form of sharing or aiding someone who is worthy. Observance of the five precepts is a way to train the body, speech, and heart to be presentable in society, without imposing on others. This kind of knowledge and understanding will help the practitioner achieve a happiness which encompasses the intellect and is more refined at a higher level. This is consistent with the Buddhist scriptures which says that "*Merit is another name for happiness.*"¹³

(2) Making merit to extricate oneself from a problem situation: A significant number of people go to the Buddhist temple to make merit when they are facing a problem or a worrisome situation, for which the solution is not clear. The problem could relate to a recent loss, a shock, a love relationship, the workplace, or anything which is making one uncomfortable. For example, a car driver accidentally runs over and kills a dog. They feel guilty about that and decide to make merit for the spirit of the dead dog. Some fish merchants who kill many fish every day understand that they are committing a sin by intentionally killing the fish. So, on every Buddhist Sabbath they make a special offering to the spirit of the fish they have killed. This kind of merit making is not that different from the practice of “*sadoh-kroh*” or ‘undoing bad Karma’ to rid oneself of some bad thing. However, whether that ritual really works or not is another matter. The practitioner of those rituals may feel some ease of mind since they believe that what they have done will have the desired effect. In other words, ‘for the believers, what they believe to be true will always be true’.

Making merit of this type is a form of *seeking some solace or security outside oneself when one is feeling negative pressure or has a guilty conscience, such as appealing to a holy entity, praying, making sacrifice, and turing to religion*¹⁴ Thus, making merit is a way out for some Thai Buddhists. Making merit in this way reflects a belief that merit is linked to special power which can help manage a life crisis. Many persons go to the temple to make merit because of this belief. It is not a surprise that some people take a religious tour to 9 temples pray the Buddha images believed to have supernatural power. This practice of the merit making is quite prevalent among Thai Buddhists. Its immediate effect could be a temporary easing of stress or anxiety to help calm the troubled mind. At least the suffering person may feel better for having taken some action that might ultimately resolve the situation. But this type of merit making is not that different from comforting oneself; i.e., it is not really addressing the source of the problem and is not consistent with the fundamental Dharma principle. Thus, expecting some long-term results is a shaky proposition, with the exception that, with the

calmed mind as a result of the merit making the person is able to more clearly see the root cause of the problem and take the appropriate steps to find a real solution.

(3) Making merit as a fashion or to conform to the trend: Usually, the people who engage in this kind of merit making do not have any particular goal in mind; they are simply following others in their social group or the community. This form of merit making is common in times of festivals or fairs. It can have some positive effect on mental health to a certain level. At least it makes the practitioner feel part of a larger group; that one is not strange or different from others in the community in which one is a member. Some may feel a shared sense of contentedness for having made merit or doing something good along with others. In any event, whether making merit as going with the flow or because of other motivations, the fact that a large number of people in society are choosing to make merit (do good deeds) – in addition to creating a sense of good mental disposition or happiness at some level – creates an opportunity to reduce demeritorious act (or evil). And that is a good thing, not only for the practitioner, but for society at-large. That is because whenever people reduce the time spent in unwholesome pursuits, that is making society a better place. Seen this way, making merit of this nature has a health benefit for the individual as well as the society.

5.1.2.2 Social health:

Making merit in ordinary and special occasions is an activity which promotes harmonious social relationships. This can be seen most clearly in rural communities where most residents go to the local temple to make merit. They may take food for the monks on a daily basis or on the Buddhist Sabbath, usually at a designated time of day. On those occasions, community members meet and share news and socialize. Their conversations are not necessarily limited to the merit making, but are usually on general topics of interest in the daily life of the neighborhood.

Making merit in time of festivals, such as *Kathin* (the Annual Rope-Presentation Ceremony), and *Phapa* (Forest-Robe Presentation Ceremony), or annual Buddhist celebrations are an opportunity to get together, mobilize

labor, fund and ideas. Doing so does not only create unity in the community but it also enhances exchange of knowledge and experiences in other areas of life. These events are also a time for enjoyment and relaxation from the stresses of daily life, and generally harmonious social order. also good and learning. In addition, it is the time that people in the community enjoy good while working together. In the local Buddhist practice such as this, there is a seamless mixture of the Dharma and worldly matters, and this creates a sense of balance in the community which is health promoting in and of itself.

When the community gets together to arrange a merit-making event, such as a *Phapa* donation to create a necessary item bank which is kept at the local temple, it is a way of promoting unity of the community for a social cause. More directly, if the local monastery and monks assist with social support of the community, such as care for the elderly and disabled, then that would be a great health benefit for the society.

5.2 Pragmatic Buddhism

This form of Buddhism emphasizes the practice toward correct understanding of the principles of the Dharma teachings, and to generally apply this knowledge in everyday life. For the pragmatic Buddhists, there is less interest in the ceremonial rites. Even when they do engage in these practices, they look for some higher meaning of the ceremony. Then they select the aspects that can be applied in an appropriate way.

There are a significant number of Thais who are interested in Buddhism because of its rationale teachings, its ability to be relevant in the modern world, and the freedom it gives to the adherent to find a way to practice the Dharma that works best for them. These Buddhists are interested in probing the inner truth of the Dharma, either on their own, or with the guidance of a teacher or institution. Some (males) will become ordained in order to engage in a more profound study and training in the Dharma, and attain a higher knowledge and experience from individual practice. Some remain in the laity but allocate convenient time for study and practice. They apply their knowledge of the Dharma in their daily life and work as appropriate. Many people who are interested in pragmatic Buddhism adopt principles of the



Photo: Charamporn Holamyong

Dharma to apply to society. This can take the form of social movements or social development organizations which use the Dharma as a guideline for action. Even though there are not many of these, they are gradually gaining strength.

Buddhadasa Bhikku (Phra Dhammagasacarya, 1906-93) can be said to be the first proponent of pragmatic Buddhism in modern-day Thailand. He observed the problems of the study and practice of Buddhism at the time and, accordingly, introduced a new method of practice at the Suan Moke Monastery (Wat Thaan Nam Lai) in Surat Thani Province. This was a breaking away from the prevailing methods which he viewed as superficial and not getting to the heart of the Dharma. In a way what he did is “headin on to the right track” of practicing Buddhism.

Certainly, correct application of the Dharma teachings for the pragmatic Buddhists will have a different type of health benefit when compared to the practitioner of popular Buddhism (as discussed in Section 5.1 above). However, the benefit the practitioner derives depends on the degree of practice of each individual. The principal potential health benefit of pragmatic Buddhism is mental and spiritual well-being. However, the mental and spiritual health may also contribute to physical health. Thus, it can be said that pragmatic Buddhism also confers health benefits to the practitioner across all four dimensions. Many studies

have confirmed that practicing Buddhist meditation has a positive effect on physical health. This is explained by the fact that a focused (meditative) mind can be an antidote for some common conditions such as hypertension, headache, insomnia, abnormal breathing, etc. In addition, training the mind through meditation can also relieve pain. A study found that cancer patients who practiced Buddhist meditation on a regular basis were able to control their pain better and live longer than persons who did not. Healthy individuals who

practice regular Buddhist meditation tend to have a bright appearance, are buoyant, and are able to adapt skillfully to society and the environment.

Overall, how Buddhism is practiced is a function of the educational system and the societal promotion of Buddhism. To a large extent, this is a matter for the Buddhist institutions and organizations since those entities have the direct responsibility for the study and spread of Buddhist teachings in Thailand.

6. Buddhism as a Social Institution

As an institution, Buddhism is an organization consisting of the sangha (the Buddhist monks), the laity, the monastery and the adherents. All of these constitute an institution with certain regulations, goal, and legitimacy to exist and carry out its mandate in accordance with the roles and responsibilities within the framework of the Dharma.

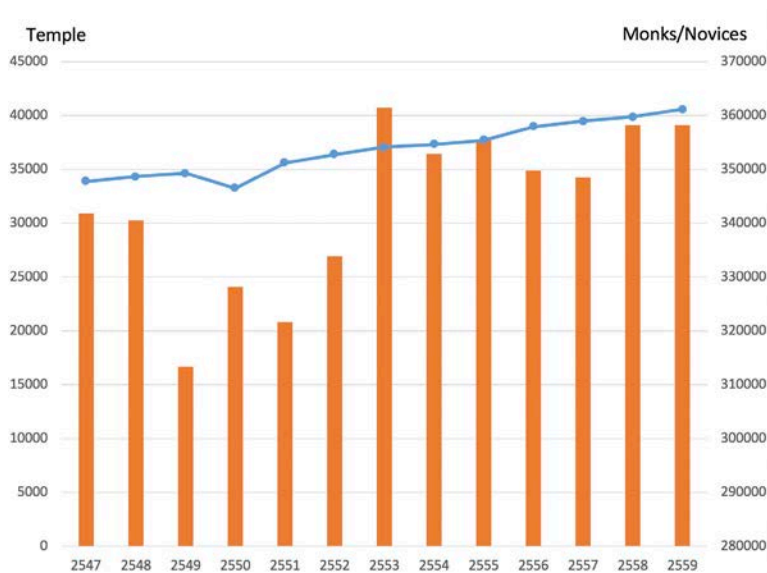
6.1 The monks and monasteries

Nearly all monks and monasteries in Thailand follow the Theravada tradition, one of the two major denominations of Buddhism (see Section 2.1). Originally, there was no separation by denomination among the Thai monks. The separation took place in the reign of King Mongkut (or King Rama IV of the Rattanakosin period). King Mongkut, who was an ordained monk for 27 years before ascending the throne, while still in the monkhood introduced new practices for the monks with the aim of reforming the Sangha.

This resulted in a denomination within the Thai Sangha. The new denomination is known as *Dhammayuttika Nikaya* (in short, *Dhammayut*) which attracted a relatively smaller number of monks. The majority who continued to adhere to the original tradition of practice were then referred to as the Mahanikaya. Since that time two denominations of Thai monks existed. However, apart from minor differences in the monks' practices, there is no differences in interpretation of the Dharma between the two denominations.

In 2016, there were 40,544 Buddhist temples and 358,167 monks and novices in Thailand. These totals do not include the Mahayana temples and clergy (i.e. those in the Chinese and Vietnamese Buddhist traditions of which there were 36 temples, but unknown number of monks

Number of Temples and Monks/Novices, 2004-2016



Source: Basic Data on Buddhism, 2005-2016, compiled by the National Office of Buddhism

and novices). These numbers of the temples and monks/novices increased from 33,877 and 341,687 respectively in 2004.¹⁵ In the period of 13 years from 2004 to 2016, there was an increase of 6,667 temples (17%, or 513 per year on average), and 16,480 monks/novices (5%, or 1,268 per year on average). (See Figure 1) In 2016, there were 61,746,429 Thai Buddhists (94% of the total population). The ratio of temples to the population of Buddhists was 1 : 1,523; and the ratio of monks/novices to the total population of Buddhists was 1 : 173.

From these data, two observations may be made:

- (1) The number of temples above only includes those with resident monks/novices. Those without resident monks/novices and those classified as deserted temples by the National Office of Buddhism are excluded. These categories of the temples totaled over 6,000 in 2016.
- (2) Because there is a constant flux of persons who are ordained as monks/novices and those who leave the monkhood, the total number of monks/novices may change from day to day. There is also no accurate data on the type of ordination and duration in the monkhood. Limited studies in the distant past roughly indicated that about 70% of ordinations are only for relatively short durations in the monkhood. These are customary ordinations for 7 days, 15 days, 1 month. Only about 30% of the monks/novices remain in the monkhood for a relatively extended period, ranging from one year to lifelong.¹⁶ It is believed that this pattern has not changed much over time or, if there has been change, then it is probably in the direction of shorter durations in the monkhood.

In the past, the monks managed their administrative affairs by following the principle of the Dharma and the Discipline (*Dhamma* and *Vinaya*) based on customary practice. However, at present, the *Sangha* affairs are carried out under the Act of the Sangha Administration, first enacted in 1902 in the reign of King Rama V of the Rattanakosin period. The 1902 Act was in use until 1941 when it was replaced by the 1962 Act which in turn was replaced by another Act in 1962. To date this latter Act has been amended twice in 1982 and 2017 respectively. According to the law, the Sangha affair is divided into the central and the provincial administration. The central administration run by the Sangha Supreme Council, headed by the Supreme Patriarch. The Council has two types of members: those who are members by virtue of their official position and those who are appointed by the Supreme Patriarch. The former includes all the 7 most senior monks who are established to the highest ecclesiastical rank or *Somdej Phrarajakana* (4 from them are from the Mahanikaya Sect and 3 from

the Dhammayutika Sect). Those who are appointed are the senior monks of high ecclesiastical rank (12 of them); these appointed members serve for 2 years each term after which they may be reappointed). The Director of the National Office of Buddhism functions as the secretariat for the Council. Below the Sangha Supreme Council the administration of the Mahanikaya and Dhammayuttika denominations are separated. At the central (national) level there were 5 Chief Superintendents of the Ecclesiastical Supra-Region; 4 are in charge of the Mahanikaya affairs, and 1 the Dhammyuttika affairs. At the sub-national level, administration is decentralized to regions, provinces, districts, sub-districts, and monasteries. The qualified monks are appointed to administrative positions at these levels.

Structure of the Sangha Administration Based on the Sangha Administration Act, B.E. 1962

Sangha Supreme Council
Supreme Patriarch

Chief Superintendent of the
Ecclesiastical Supra-Regions
(For Central, North, East, South,
and the Dhammayuttika)

Governors General
(for 18 Regions)

Governors
of Ecclesiastical Provinces

Chief of the
Ecclesiastical District

Chief of the Ecclesiastical
Sub-District

Abbot

6.2 Monks, temples and health promotion

In order to understand how the ordained persons could have health benefits from Buddhism and what roles the Sangha and temples play in health promotion, we need to clarify two things: *The custom of a Buddhist ordination in Thailand and the status of the temple in the community.*

6.2.1 Buddhist ordination in Thailand:

The ordination is both a tradition and a voluntary act. Thus, the persons who are ordained may have different objectives, durations in the monkhood, education and training they receive during their monastic stay. These differences are important determinants of the value derived from monastic life, including the health benefits. Even though Buddhism has many instructions for behavior which are health-promoting (as alluded to earlier), there is no guarantee that all monks will receive those health benefits in the same way.

In the past, an ordination was an opportunity for education, either short- or long-term, depending on the individual. Usually, a typical duration of stay in the monkhood was three months of the Buddhist Lent during which newly ordained monks/novices were trained in Dharma and discipline from their spiritual teachers. In the past when formal education through schools was not yet widespread, and the monastery was the place where one could get an education on almost any topic, whether a worldly or religious subject. Thus, ordination meant education at the same time. Historically, society recognized a man who had been in the monkhood as “educated” and “ripe”. ‘Ripe’ in this context means ‘mature’ as a result of education and training received from a senior monk who are spiritual teachers, and therefore ready to take on the life role of household head.

However, at present, the situation has changed considerably. Becoming a monk is no longer seen just as a path to maturity for young men according to custom. Instead, it is a path to also achieve certain objectives. Monastic life, education and religious training are now very separate spheres, especially for those who spend only a short time in the monkhood, or perform the obligatory ordination and limited stay – which accounts for about 70%

or all monks (see above). For the customary short-term ordination, the potential to derive some health benefits according to Buddhist guidelines is limited, except for some monasteries or institutions which provide intensive training.

For the other 30% of monks who are in for the longer-term, the situation is not that different. In other words, there is no guarantee that a person who spends a longer time in monastic life will necessarily receive health benefits (physical, mental, spiritual, or social). That is because the Dharma (religious) education and practices of monks have weakened over the centuries. Thus, the quality of the monastics in this sense has declined.^{17,18}

It must be accepted that many of the persons who have been in the monkhood for an extended period have done so to acquire personal gain from the respect of the villages. In other words, *they are in the monkhood as a livelihood* since they could not find gainful employment elsewhere, or lacked someone to care for them. It is only a small minority of monks who are in the monastery in order to gain a higher education and practice. In addition to not enjoying the health benefits from practicing the Dharma as they should, some of these monks actually become a burden on the Sangha. One benefit from monastic life is to enjoy the “restful shade” from being a monk. In this way, the monastery is still a sanctuary for some. At present, there is a trend toward ordination at an advanced age, with no intention to study or seriously practice the Dharma. The increase in this type of monk is most clearly seen in rural areas where older monks do not receive training or an education.



ภาพ : www.freepik.com

In fact, this is not the fault of those who are ordained, since there may not be any senior monks who have the requisite knowledge to educate or train a newly-ordained ones. This is a weakness of Buddhism in today's Thailand that needs to be addressed by the Sangha administration.^{12,18}

A small number of persons enter the monkhood to explore the meaning of life through learning and practicing the Dharma. The monks of this type are serious in learning and practicing, and most have experienced benefits from applying the Dharma in their daily life. These benefits can be experienced while in the monastery as well as in secular life if he chooses to leave the monkhood. These former monks tend to lead satisfactory lives as part of the laity.

There is another type of monks (who are even in a smaller minority) who stay in the monkhood for the long-term and acquire an advanced understanding of the Dharma from study and practice, and devote themselves to the pursuit of pure Buddhism. These monks help serve as a model for the population on the benefit of applying the principles of the Dharma in their daily lives. Often, these model monks serve to 'warn' society about ethical lapses. These monks are not a mere 'domain of merit', but they are also intellectual and spiritual leaders and guides to well-being of the population and society.

These model monks can be found in various forest monasteries in forests as well as communities. Some of them have passed, others still continue be in the monkhood and to actively spread the Dharma. Those who have passed include Luang Pu Mun Bhuridatto, Luang Pu Fan Ajaro, Luang Pu Chah Subhaddo (Phra Bodhiñanathera), Luang Pu Waen Sucinno, Luang Pu Thate Desaransi (Phra Rajanirodharangsee), and Buddhadasa Bhikku (Phra Dharmakosacarya). The living model monks who are educating people about Buddhism and helping to spread the Dharma – though whose number is not that large – include Somdet Phra Buddhakosajarn (Prayudh Payutto), Phra Ratchdhamanithet (Payom Konluyano), Phra Paisal Visalo, Phra Dusadee Methongkuro, Luang Por Pramote Pamojjo, Pramaha Vuttichai Wajiramatee (Wor. Wachiramethi) among others. These monks apply the Dharma to promote health of the population in society in timely ways. At the same time, they are intellectual leaders and a spiritual sanctuary for the population and society. They are genuine diamonds in the Sangha.

6.2.2 The status of the temple (monastery) in the community

In the past, the Temple (in Thai, wat) was the center of the community. It played many roles and had many meanings for the host community. In addition to its central role in merit making and charity, the temple had many additional functions as follows:¹⁷

- 1) A place for community residents to congregate to conduct group activities;
- 2) A center for entertainment. At a time when private entertainment establishments were rare, the temple was a place where people in the community could enjoy entertainment, especially during important festivals, most of which took place at the temple;
- 3) A place for travelers to rest. In the past, traveling salespersons visited communities, or others traveled long distances for other purposes. As evening approached, they would seek out a temple to spend the night. They could also have a meal from the monks' leftovers;
- 4) A place for health care for the sick. Many monks were knowledgeable in traditional healing methods. Some temple had traditional healing manuals, or cultivated medicinal herbs which villagers could request;
- 5) A storage facility where community residents could borrow items in times of need, such as plates and bowls, straw mats, pillows, and other supplies needed, for example, when entertaining a large number of people at the home;
- 6) A center for the arts and culture of the community. Valuable architecture, mural painting and decoration are mostly found in the temple. These works of art are a cultural heritage of the host community, and the more famous are a national cultural heritage as well, and have been restored and preserved in the present. In addition, the temple is a place for cultural learning in the community; the villagers often use the temple as a place for learning and training in the arts, such as traditional song and dance, carpentry, and sculpture;
- 7) A place to adjudicate disputes among community

residents, especially in cases of conflict which the villagers could not resolve by themselves. In rural areas, these types of cases could be mediated at the local temple, with the senior monk as the arbiter;

- 8) A place for the primary school in the time before the modern school system had spread widely. Indeed, young boys could stay at the temple while being a student to learn reading, writing and arithmetic. The monks were the teachers. Even when modern schools were first introduced in the reign of King Rama V, the temple was still the common location for the school, and the monks were teachers;
- 9) The temple and monks were spiritual and intellectual leaders of the community. The monks displayed model behavior and were more learned than the common villager, at least in terms of knowledge of the Dharma. This caused the monks to be especially revered. The role of the temple and monks in this area is perhaps the most significant, and is the basis for legitimacy of the existence of this institution.

Admittedly, these historical roles of the temple have dissipated almost entirely, and those that remain have lost much of their relevance, and are not in the consciousness of the public. For example, these days few people will think of the temple as a place for healing the sick, learning the arts, getting a formal education, or seeking intellectual leadership. At most, people might remember that the temple and monks used to play these roles in the past. Another area which has changed significantly is the temple as a center for entertainment events. Even though the temple is used for public entertainment, a new role for the temple today is as a tourism destination. In all regions of the country there are some temple that are popular sites for tourism, but most visitors are people from other places and foreign travelers.

The changing role of the temple has two principal causes:

- (1) External factors: During the past several decades many modern social institutions emerged. Most of these new institutions, such as school, hospital, entertainment complexes, etc. function better and

more effectively than the temple in areas related to people's daily life; they replace the traditional roles of the temple;

- (2) Internal factors: The weakening of the Sangha itself, through lack of personnel who are knowledgeable and capable to deliver high quality services in these areas. As society is changing rapidly by the effects of globalization and modern information technology, it is hard for a conservative institution such as the Thai Sangha to adapt and keep pace with the changing times. Many may have tried to respond to new changes, but as they lack knowledge in both religious and secular areas, their responses have not been much effective and often gone in different directions. Furthermore, over the past decades, the government and the Sangha institutions have not given enough importance for education of monks and novices.¹⁸

In sum, the temple and the Sangha at present have weakened – but then how to explain the increase in the number of temple and monks in the past decade? As noted at the outset, the number of Buddhist monasteries in Thailand during the 13 years from 2004 to 2016 increased 17%, while the number of monks and novices recorded a net increase of 5% over the period (though there were ups and downs for some years). What do these figures tell us? Does it say that Thais still need the temple as a sanctuary of the mind?

If you ask people today what they think the role of the monks and temple are in the community, what will they say? They will reply, almost spontaneously, that the role is for ceremonies more than anything else. That is not hard to understand since in the popular Buddhism, which is a belief and practice system of most Thai Buddhists, ceremonies are regarded as very important in most life events (from birth to death). This is the tangible aspect of the religion for them.

At the same time, as people are starting to forget what the correct and appropriate role of religion is in their lives, there is an increasing trend that temple is being overshadowed by capitalism and consumerism. In the past, the temple relied on the community for material support, while the community needed the temple as a sanctuary for the Dharma and goodness. However, these days, the temple is



Photo: Monks on the “Campaign for Smoke-Free Sangha University” supported by ThaiHealth

becoming more independent and distant from the community. Services of the temple to community are being used as fund-raising mechanisms (if not an income source) for some temples. (Some temples in Bangkok actually have a price list for various activities related to, say, a funeral ceremony, which the host has to provide. In other cases, if a famous or revered monk is invited to preside over an event, then they will indicate how much of a cash donation is required for their presence.) Situation such as this implies transformations taking place within Buddhism in Thailand. More temples are commercializing, resulting in greater distance between the temple the community. In this kind of environment, it is hard to see what the role of the temple and Sangha is in promoting health of the population.

Nevertheless, there remain a number of temples and monks which can be viewed as the hope to deliver Dharma to people ‘for the benefit the people’, as the Buddha said when he first sent his disciples to propagate his teaching. These temples and the monks have such a tremendous contribution to make for the health of the people and society. Even though their number is still small, they can be found in many parts of the country. The following are some noteworthy monasteries where the active monks and their outstanding work can be found today:

- (1) *Wat Phra Baht Nam Phu* (Wat Phra Buddhabaht Prathanporn, Muang District, Lopburi Province): This wat has become a place for care and rest

for AIDS patients who cannot be cared for by their families or the State. The abbot is Phra Rachawisuthitprachanat (Alongkot Tikkhapanyo). Te temple launched the AIDS care services in 1992.

- (2) *Wat Tham Krabok* (Phra Buddhabaht District, Saraburi Province): This temple provides treatment for drug addicts using traditional therapies and strict adherence to precepts. About 90% of the treated cases have good outcomes without relapse. This success rate has made the temple world famous, and the main force behind the program, Luang Por Jamrun Panjan, received the Magsaysay Award in 1975.

- (3) *Wat Sra Keo* (Pamoke District, Angthong Province): This temple is a welfare center for orphans from low-income families. It began this service decades ago, and has maintained the service under the successive leadership of many abbots. The current abbot is Phra Khru Pisalrattanapiwat. There are thousands of orphans being cared for by the temple which meets their basic daily needs and also provides a standard formal education.

- (4) *Wat Pailom* (Muang District, Trad Province): This temple organize a “veracious saving group” group under the strong support from Phra Subin Panito. The program was started in 1990 with the objective to train villagers to save money to free

The monastery and monks as partners in health promotion.

Practicing Buddhism is a path toward reducing or abstaining from consumption of alcohol and cigarettes. Thus, a project was launched to use Buddhism, the temples and monks in particular, to campaign for control of drinking and smoking.



Photo: Launching of the campaign for “Reducing Alcohol Consumption During the Buddhist Lent” organized by the ThaiHealth with co-operation of the Sangha

1) In 1986, the Action on Smoking and Health Foundation was launched a campaign to stop smoking cigarettes. The goal was to change attitudes of Thai Buddhists and have them stop offering cigarettes to monks as a form of merit making. That campaign has continued to the present day, and its impact can be seen in that one hardly sees any merit maker offering cigarettes to a monk. That campaign has been expanded to include education for monks about the harm to health of smoking, with the hope that they will share this knowledge with their congregation. Many temples have joined in this education campaign and some require smokers to quit before they can be ordained.

In 2005, the Thai Health Promotion Foundation (ThaiHealth) provided a grant to the Metta Thammarak Foundation to conduct a no-smoking campaign in over 300 Buddhist temples in 20 districts of four provinces (Chiang Mai, Angthong, Sakon Nakorn, Yasotorn). In 2016, the ThaiHealth launched another campaign to promote *tobacco-free monasteries*. The pilot site for that campaign was conducted in the Mahachulalongkornrajavidyalaya University to motivate the monks and the surrounding community to reduce or quit smoking. That pilot project was implemented in five campuses of the University in Wang Noi, Chiang Mai, Nongkhai, Khon Kaen and Nakorn Si Thammarat. The plan is to expand the pilot at the temples and community level.

2) In 2003, the ThaiHealth launched the project to abstain from alcohol during the three-month Buddhist Lent, and that campaign has been repeated annually ever since. The campaign has increased awareness in the population of the benefits of abstention and has reduced alcohol consumption during that time of the year. A 2017 evaluation found that 37.9% of the sample respondents abstained from alcohol during Lent, and that doesn't include the 30% who reduced or interrupted consumption for certain periods during the three-month Lent. In addition, there is the Alcohol-free Temple Project (starting in 2005) which was first piloted in Nakorn Ratchasima Province. Over 2,500 monasteries joined the project with the objective to promote alcohol-free Buddhist festivals. The 2008 Alcohol Control Act prohibits the sale and consumption of alcohol on temple grounds and public spaces of places of worship.

These projects would not have been possible without the excellent collaboration from participating temples and monks as partners in health promotion.

Source: (1) Smoking-Free Temple Newsletter, Issues # 1 and 2, n.d.; (2) Project report of the creation of tobacco-free zones in the Mahachulalongkornrajavidyalaya University campuses, 2017; (3) Research Centre for Social and Business Development, 2017.

them from household debt and the cycle of poverty. In addition, the program provides teaching on applying the principles of moderate, moral, honest, self-reliant living for themselves and others. The group holds the Dharma as its guidelines for individual development.

These temples, and others that are not mentioned here, are relatively small in number, but which sincerely have sympathy for people. They are aware of the community's problems, and stepped in to take their roles using principles of the Dharma. Thus, each temple is serving as beacons which are flashing a light around Thailand to signal that Thais still greatly need the temple and the monks like them. Although these model monasteries and monks are not claiming that they are partners in the process of health promotion, in practice they actually are since many of them have joined forces with the Thai Health Promotion Foundation through various programs and projects and, in particular, the campaign to reduce and eliminate smoking cigarettes and drinking of alcohol.

6.3 Socially-Engaged Buddhism

"Socially-Engaged Buddhism" can be considered a part of Buddhism as a social institution. In Thailand there are not many Buddhist movements which pursue issues of social benefit without any profit motive. Existing movements, such as the Buddhist Association of Thailand and the Young Buddhists Association of Thailand, are rather formal with limited activities. There is the World Fellowship of Buddhists (whose headquarters is in Bangkok) is not easily accessible to the general public. There are other foundations which work on Buddhist affairs but their number is not known.

Internationally, there are a number of Buddhist groups that are quite strong and are established to apply the Dharma to promote well-being and address ills of modern day living. These efforts are trying to adapt Buddhist teachings to help people cope with problems of the modern world. Some of the more noteworthy movements are as follows:

(1) **The Tzu Chi Foundation:** This is a charitable organization founded 50 years ago in Taiwan by Master Cheng Yen, a Buddhist Nun (Bhikkhuni). The foundation has the mission to assist lower-income people and victims of disaster to recover. The foundation applies Buddhist

principles of loving kindness (metta) which is the ideological base of the Bodhisatva according to the Mahayana Buddhism. The foundation largely adheres to the Mahayana tradition in its practices with a strong emphasis on Buddhist compassion and love. In Taiwan, the foundation has become quite large and influential, and has the ability to raise funds, and mobilize its network of adherents from all walks of life to perform charitable works which include medical care, education, culture, etc. The foundation has established a university and hospital in its name, and its reach is global, with branches in 52 countries, including Thailand.¹⁹

(2) **Plum Village Movement:** Plum Village was first established in Bordeaux, France, by the Vietnamese Zen Buddhist monk, Thich Nhất Hạnh. Plum Village was founded as part of a peace movement for Vietnamese during the Vietnam War. Today, it is a model community which holds retreats at various times of the year and can accommodate up to 800 visitors at a time. The practice of the community members emphasizes Ahimsa (nonviolence), love of humanity, and higher mindfulness in daily life, by focusing on each breath. The community adheres to the Dharma while maintaining links with the secular world. Branches of Plum Village have been established in countries of Europe, North America and Asia, including Thailand (in Bangkok and Chiang Mai Provinces).²⁰

(3) **The Sarvodaya Shramadana Movement:** This movement was founded in Sri Lanka and focuses on holistic rural development. The movement was founded by A. T. Ariyaratne in 1958 as a way to reduce social conflict and poverty by applying the principle of the Four Noble Sentiments (loving-kindness, compassion, altruistic joy, and equanimity) along with the nonviolence teaching of Mahatma Gandhi. The mission of this movement is development of people, the community and society. It is the largest movement of its kind in Sri Lanka.^{21,22}

In Thailand socially-engaged Buddhist movement can be traced to the teachings of Buddhadasa Bhikkhu when he started the Suan Moke forest monastery many decades ago. His goal was to introduce to the public correct Dharma and practices, and the implications of those for society. However,

socially-engaged Buddhist movement has only become a significant in Thailand in the past 20-30 years. Examples of this are:

(1) International Network of Engaged

Buddhists: INEB is a network of social activists, religious leaders, academics, and Buddhist organizations from around the world, including all denominations. It combines the Buddhist principles with social interventions to create world peace, harmony, and justice.

INEB was founded at an international conference in February 1989, and Sulak Sivaraksa was the driving force behind its establishment.

(2) Bhuddhika Network: This is a network of private, non-profit organizations with the objective to revive the prominence of Buddhism and the role of the Sangha for the benefit of daily life and society. The Network conducts training and seminars, and distributes print material to help people integrate the Dharma into their daily life. This includes guidance on creating true happiness through wisdom, right way of merit-making, end-of-life care, having a peaceful death, etc. Phra Paisal Wisalo from the Sugato Forest Monastery (Chaiyaphum Province) is the intellectual leader of this Network.

(3) Sathira Dhammasathan: This is an institution for learning, practice and spreading the Dharma for well-being and solving problems in daily life for individuals and the community. It was founded in 1987 by Mae Chi (Buddhist nun) Sansanee Sathirasut. This institution applies the Dharma in all its activities, and emphasizes mindfulness in every moment of waking life in order to control troublesome emotions. The practitioners conduct breathing exercises or Anapanasati (breathing meditation) to help detach and put the mind at ease. Recently, Sathira Dhammasathan organized a Dharma Forum to allow communities to demonstrate a Dharma lifestyle which is not harmful to one's own life, nor to that of others', an awakening life with mental development to always be conscious of all movement of the body and mind.

(4) Buddhadasa Indapanno Archives: This is commonly referred to as the "*Bangkok Suan Moke*". This institution



Photo: <http://dhammahall.blogspot.com>

was established as a learning center and site for Dharma services to promote Buddhism through the work and ideals of Buddhadasa Bhikkhu. The aim is to achieve physical, mental and spiritual peace in human society through the right understanding and practice of Buddhism and to improve inter-religion understanding. Another goal is to help free adherents from materialism. The institution has also compiled and conserves the original copies of Buddhadasa Bhikkhu's teachings.

(5) The Pundara Foundation (The Thousand Stars

Foundation): This foundation was established in 2005 by Krissadawan Methavikul, a former professor of Language and Tibetan Studies, Chulalongkorn University. The aim is for the study and practice of the Tibetan Buddhism (Vajrayāna). Dr. Krisadawan was an expert in Tibetan Language and was intrigued by the esoteric Tibetan culture, way of life, and Buddhism so much that she decided to quit her job and devote her life to the study of these by establishing a foundation. The foundation provides instructions in Tibetan practices and mindfulness. There is training in achieving longevity. Overall, the teaching emphasizes selflessness, mindful living, and not harming oneself and others.

(6) Santi Asoke Community: This is the group of Thai

Buddhists who practice the teachings in a different way from mainstream Thai Buddhist society. It is led by Samana Bhodirak (Rak Rakpong). Initially, Bhodirak was ordained as a monk in the usual tradition. However, over time, Bhodirak and his adherents adopted practices that were not authorized by the Supreme Council and Sangha, as announced in 1975. The Council judged that the practices were not in line with Theravada

Buddhism. Santi Asoke became a self-managed community of followers who do not stress on the practice meditation, but do carry out their daily lives in accordance with the core teachings of the Dharma. They live modestly, use few resources, work as a team, become strict vegetarian, and produce most of their own food and amenities. Santi Asoke links with the

outside world through the Boon Niyom Market which sells organic foods, and other vegetarian foods. Santi Asoke has many branches scattered around Thailand.

Admittedly, these examples of socially-engaged Buddhism in Thailand do not only give up-to-date knowledge and understanding of the Dharma to the society, but also promote individual and social health.

7. Conclusion and recommendations: health promotion through the Dharma

“Religion is a sanctuary for the mind.” This is a saying that one hears often. The concept of a “sanctuary for the mind” suggests that religion is merely a source of solace when other relief is not available. If one believes in a religion for this reason, then one is not likely to gain much more than comfort in times of suffering. And it is not that different than seeking solace from the prognostications of a fortune teller or from appealing to a holy entity. There is no guarantee that such actions will truly relieve the suffering.

The key message of this article is that Buddhism is more than just solace for the aching heart. The core of Buddhism provides a guideline for attaining health and well-being in all dimensions: physical, mental, spiritual and social. The issue is whether Thai Buddhists will enjoy the true benefits of the religion that has been part of this land for thousands of years. To what extent will they enjoy good health from being Buddhists? This question could be answered easily by a survey to see how Thais are practicing the Dharma today. If they practice popular Buddhism which focus on material offering to the monks and temples, they will gain one type of outcome. If they practice pragmatic Buddhism there may be a different outcome. Both types of worship can confer benefits to physical, mental, spiritual and social health, though the levels of health may differ.

Buddhism, as an institution of society, has considerable social capital, intellectual capital and resources (persons, money). As a social institution Buddhism can mobilize communities to conduct various activities out of their devotion. In addition, the Buddhist institutions of the temple and Sangkha can be linked to the authority of the State and politics. This energy is a force that can be tapped into for good outcomes, such as promoting physical, mental, spiritual and social health for the individual and society at-large. Thai society could benefit greatly from a systematic application of the Dharma to health promotion.

The monasteries and monks should give higher priority to their role in this area by mobilizing their social, intellectual, and resource capital for the cause. At the same time, the community and the State should give serious support to this area by recognizing that Buddhism, the temples and the monks, can play a bigger role in health promotion.

One example of the awareness of the potentials for using Buddhism including the temples and monks in health promotion may be seen the recent establishment of the **National Statute of the Sangha National Health of Sangha 2017**.²³ That statute was created under the resolution of the Sangha Supreme Council in collaboration with relevant agencies in both the religious and secular spheres. This **National Statute of the Sangha Health** National of Sangha reached a consensus, ratified by the National Health Assembly of 2017, that *the Sangha can provide leadership in applying the Buddhism for health of themselves, the people and society. The Sangha can also exercise its leadership in the health area for community and society by pointing the way through the Dharma*. This particular point lays down the foundation for monasteries and monks to more seriously take part in promoting health of the community and society.

It is almost appropriate to have encourage Buddhism, monasteries and monks actively engage to have a more visible role in health promotion for the benefit and well-being of the Thai people and society at-large.





The Process of Producing the “Thai Health Report 2018”

10 Indicators on Early Childhood Health

Process

1. Select interesting and important issues to be included in the health indicators through a series of meetings of the Steering Committee
2. Identify experts to be contacted, then hold meetings to plan each section
3. Assign an expert to each approved section to prepare a draft
4. 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

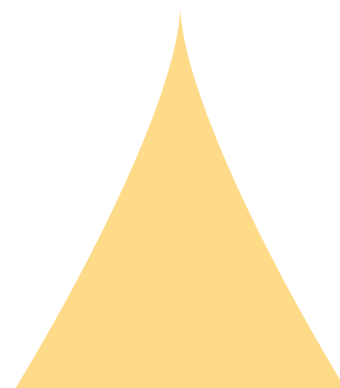
The 10 Health Issues, and Four Outstanding Accomplishment for Health

Criteria for selecting the health issues

- Occurred in 2016
- Have a significant impact on health, safety, and security, broadly defined
- Include public policies with effects on health during 2016
- Are new or emerging
- Recurred during the year

4 Four Outstanding

Four Outstanding Achievements are success stories in innovation, advances in health technologies, and new findings that positively affected health in general.



Procedur/e for ranking the issues

- A survey was conducted using a questionnaire listing significant issues in 2016 before the survey date. The situations obtained from the survey were ranked using a Likert scale with three levels: high (3 points), medium (2 points), and low (1 point).
- The ranking data were analyzed using the SPSS statistics package. Issues with high mean scores were given high priority

The special Issue

There are two types of special topics: target group oriented and issue oriented. The types alternate each year. The topic is sometimes selected from the 10 health issues.

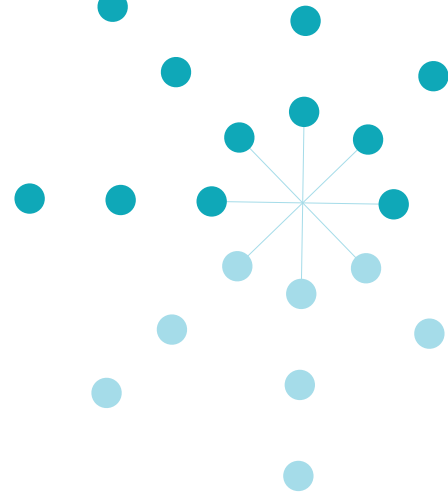
Important criteria in selecting the special topic include:

1. Political significance
2. Public benefits
3. The existence of diverse views and dimensions

Working process

1. The Steering Committee met to select the topic
2. The working group outlined a conceptual framework for the report
3. Experts were contacted to act as academic advisors
4. The working group compiled and synthesized the contents. The contents were thoroughly checked for accuracy by academics and experts.
5. The report was revised in line with reviewers' suggestions

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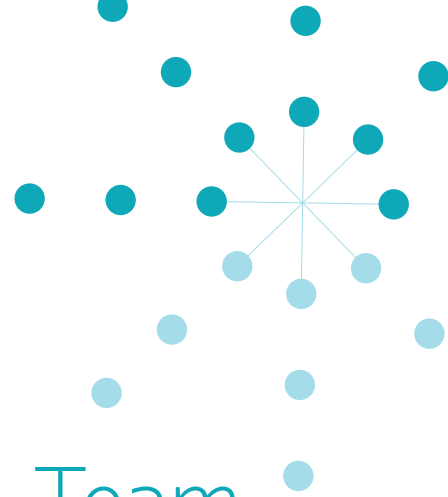
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1. Nutrition

- National Statistical Office (2015-2016). Multiple Indicators Cluster Survey (MICS). 2015-2016. Bangkok: National Statistical Office.
- Health Systems Research Institute, Ministry of Public Health. (2014). 5th Survey of Thai Health Using a Physical Exam, 2014 (Child Health). Nonthaburi: Health Systems Research Institute.
- Development Initiatives Poverty Research Ltd.(2017).Global Nutrition Report 2017. Retrieved from https://www.globalnutritionreport.org/files/2017/11/Report_2017.pdf

2. Illness and Abnormality

- National Statistical Office (2012). Multiple Indicators Cluster Survey (MICS). 2012. Bangkok: National Statistical Office.
- National Statistical Office (2015-2016). Multiple Indicators Cluster Survey (MICS). 2015-2016. Bangkok: National Statistical Office.
- Planning and Policy Committee Presents a Report on Overall Thai Resources. Department of Mental Health, Ministry of Public Health. (2017). Number and Rate per 100,000 Population of Child and Adolescent Psychologists in Thailand. Nonthaburi: Ministry of Public Health.
- Department of Mental Health, Ministry of Public Health. (2015-2017). Number of Cases of Dyslexia Treated in Hospitals. Nonthaburi: Ministry of Public Health.
- Department of Mental Health, Ministry of Public Health. (2017). Percent of Cases of ADHD Receiving Treatment in Fiscal Year 2017. Nonthaburi: Ministry of Public Health.
- Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health. (2013-2017). Report of the Status of Diseases of the Hand/Foot/Mouth 2013 - 2017. Nonthaburi: Ministry of Public Health.
- Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health. (2017). Report of the Status of Hemorrhagic Fever in 2017. Nonthaburi: Ministry of Public Health.
- Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health. (2017). Report of the Status of Influenza in 2017. Nonthaburi: Ministry of Public Health.
- Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health. (2017). Report of the Status of Diarrhea in 2017. Nonthaburi: Ministry of Public Health.
- Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health. (2017). Report of the Status of Pneumonia in 2017. Nonthaburi: Ministry of Public Health.
- Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health. (2017). Report of the Status of Chicken Pox in 2017. Nonthaburi: Ministry of Public Health.
- Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health. (2017). Report of the Status of Conjunctivitis in 2017. Nonthaburi: Ministry of Public Health.
- Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health. (2017). Report of the Status of Mumps in 2017. Nonthaburi: Ministry of Public Health.

Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health. (2017). Report of the Status of Dysentery in 2017. Nonthaburi: Ministry of Public Health.

Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health. (2017). Report of the Status of Spinal Meningitis in 2017. Nonthaburi: Ministry of Public Health.

UN Inter-agency Group for Child Mortality Estimation. (2017). Levels & Trends in Child Mortality Report 2017.

3. Injury

- Adisak Plitponkarnpim. (2016). "Injury and Poisoning in Early Childhood and Guidelines for Developing Sustained Safety Measures," in Suriyadaew Tripathi and Wimontip Musikpan (eds.) Quality of Early Childhood 2016. P. 80. Nakhon Pathom. National Institute for Child and Family Development, Mahidol University.
- Bureau of Non Communicable Diseases, Department of Disease Control, MOPH. Accessed on January 9, 2018, Bureau of Non Communicable Diseases.; <http://www.thaincd.com/2016/media-detail.php?id=12695&tid=&gid=1-015-009>
- Health Systems Research Institute. Ministry of Public Health. (2014). 5th Survey of Thai Health Using a Physical Exam, 2014 (Child Health). Nonthaburi: Health Systems Research Institute.
- Withaya Chatbanchachai. (2015) Report of Education on Car Safety Seat for Children: Case Study of Thailand (2015). Bangkok.

4. Oral and Eye Health

- Bureau of Dental Health, Department of Health, Ministry of Public Health. (2532). Report of the Survey of the Status of Oral Health in Thailand No. 3, 1989. Nonthaburi: Ministry of Public Health.
- Bureau of Dental Health, Department of Health, Ministry of Public Health. (2537). Report of the Survey of the Status of Oral Health in Thailand No. 4, 1994. Nonthaburi: Ministry of Public Health.
- Bureau of Dental Health, Department of Health, Ministry of Public Health. (2001). Report of the Survey of the Status of Oral Health in Thailand No. 5, 2000-2001. Nonthaburi: Ministry of Public Health.
- Bureau of Dental Health, Department of Health, Ministry of Public Health. (2006). Report of the Survey of the Status of Oral Health in Thailand No. 6, 2006. Nonthaburi: Ministry of Public Health.
- Bureau of Dental Health, Department of Health, Ministry of Public Health. (2012). Report of the Survey of the Status of Oral Health in Thailand No. 7, 2012. Nonthaburi: Ministry of Public Health.
- Bureau of Dental Health, Department of Health, Ministry of Public Health. (2016). Survey to Assess Dental Health of Children Age 3 Years, 12 Years, and the Elderly (2016). Nonthaburi: Ministry of Public Health.
- Bureau of Dental Health, Department of Health, Ministry of Public Health. (2016). Survey of Quality of Child Tooth Brushes. 2016. Nonthaburi: Ministry of Public Health.
- Health Intervention and Technology Assessment Program. Bureau of Policy and Strategy, Ministry of Public Health. (2012). Research Study of the Feasibility of Having Teachers Screen Students for Impaired Vision in Pre-school and Primary School Grades, 2012. Nonthaburi. Ministry of Public Health.

5. Development

- National Institute of Child Health, Department of Health, Ministry of Public Health. (2017). Progress Report for 2017. Nonthaburi: Ministry of Public Health.
- Rachanukul Institute, Department of Mental Health, Ministry of Public Health. (2016.) Survey of IQ and EQ in Thai Children Enrolled in Primary School Grade 1. 2016. Nonthaburi: Ministry of Public Health..
- Nuanjan, Juthapakdikul, Panada Thanasetakorn, Orapin Lertwatsadatrakul. (2017). Development and Determining a Standard Tool for Assessing Executive Thought Skill in Early Childhood. Nakhon Pathom: Institute of Biophysical Science and Screening for Dysfunction in Children.

6. Maternal and Child Health

- Division for Strategy and Planning, Office of the Permanent Secretary, Ministry of Public Health. (2016). Public Health Statistics, 2016. Nonthaburi: Ministry of Public Health.

Health Data Center, Center for Information and Communication Technology, Ministry of Public Health. (2013-2017). Nonthaburi: Ministry of Public Health. Accessed on: 14 January, 2018, Ministry of Public Health: from the website: https://hdcservice.moph.go.th/hdc/main/index_pk.php

Bureau of Nutrition, Department of Health, MOPH. (2017). Nonthaburi: Ministry of Public Health.

Accessed on: 10 January, 2018, Ministry of Public Health: from the website: <http://nutrition.anamai.moph.go.th/main.php?filename=iodine>

National Statistical Office. (2015-2016). Multiple Indicators Cluster Survey (MICS). 2015-2016. Bangkok: National Statistical Office.

7. Child Care

Health Systems Research Institute, Ministry of Public Health. (2009). 4th Survey of Thai Health Using a Physical Exam, 2009 (Child Health). Nonthaburi. Health Systems Research Institute.

Health Systems Research Institute, Ministry of Public Health. (2014). 5th Survey of Thai Health Using a Physical Exam, 2014 (Child Health). Nonthaburi. Health Systems Research Institute

National Statistical Office (2015-2016). Survey of Thai Children and Women 2015-2016. Bangkok: National Statistical Office.

Bibliography

Aree Jampaklay et al. (2016). Impact of Migration within Thailand on the Health and Development of Early Childhood: Results of the Quantitative and Qualitative Baseline Survey. Nakhon Pathom: Institute for Population and Social Research, Mahidol University.

8. Early Childhood Education

Center for Information and Education Technology, Ministry of Education. (2016). Statistical Tables for Education in 2016. Bangkok: Ministry of Education.

United Nations Education, Scientific and Cultural Organization. Pupil/Teacher Ratio by Level of Education (Headcount Basis). Retrieved from <http://uis.unesco.org/indicator/edu-hr-ptr-total>

Office of the Basic Education Commission. Ministry of Education. (2017). Early Childhood Education Curriculum. 2017. Bangkok: Ministry of Education.

Heckman, Jame.J. (2017). Quantifying the Life-cycle Benefits of a Prototypical Early Childhood Program. Retrieved from https://heckmanequation.org/assets/2017/12/abc_comprehensivecba_JPE-SUBMISSION_2017-05-26a_sjs_sjs.pdf

9. Vulnerable Children

Department of Children and Youth, Ministry of Social Development and Human Security (2013-2017). Status of Abandoned Children in Thailand: 2013- 2016. Bangkok:

Ministry of Social Development and Human Security. Accessed on: 9 July, 2017 from the website: <http://www.nationtv.tv/main/content/378530079/> and <https://www.thairath.co.th/clip/117776>

Department of Empowerment of Persons with Disabilities. Ministry of Social Development and Human Security.

(2017). Statistics on the Disabled Who Are Registered by Type of Disability and Age 0-5. Bangkok: Ministry of Social Development and Human Security.

National Statistical Office (2015-2016). Multiple Indicators Cluster Survey (MICS). 2015-2016. Bangkok: National Statistical Office.

Chalermpol Chamchan, Kanya Apipornchaisakui and Kanchana Thianlai. (2017). A Baseline Survey Report Empowering Civil Society Organizations for the Protection of Migrant Children (ECPMC Project). Nakhon Pathom: Institute for Population and Social Research, Mahidol University

Tasanai Kanyaporn et al (2009). Estimates of the Non-Thai Cross-border Population as a Basis for Improving MCH Services in Bangkok. 2013. Nonthaburi: Health Systems Research Institute.

10. Policy Considerations

Office of the Education Council. Ministry of Education. (2017). Draft Policy and Plan for Early Childhood: 2017-21. Bangkok: Ministry of Education.

Britto, P., R. et al. (2016). Nurturing Care Promoting Early Childhood Development. Retrieved from The 2016 Lancet Early Childhood Development Series.

10 Outstanding Situations

1. The Chakri King Journeys to Heavenly Abode, Instills Forever in our Hearts

¹ ยอดสัการะพระบรมศพ 337 วันรวมทั้งสิ้น 12.7 ล้านคน จนท.ทำความสะอาดพื้นที่เตรียมซ้อมริ้วขบวน. 6 October 2017. Khao Sod. Retrieved 24 December 2017, from https://www.khaosod.co.th/the-royal-cremation/news_552630

² Pipat Krajaejan, editor and contributors, 2017

³ Map of the exhibition as part of the cremation ceremony for the Royal Cremation for King Rama IX Royal Pyre in Sanam Luang on 1-30 November, 2017, Fine Arts Department

⁴ Ibid. ยอดสัการะพระบรมศพ 337 วันรวมทั้งสิ้น 12.7 ล้านคน จนท.ทำความสะอาดพื้นที่เตรียมซ้อมริ้วขบวน.

⁵ Ibid. แผนปฏิบัติการงานพระราชพิธีถวายพระเพลิงพระบรมศพฯ.

⁶ เผยประชาชนร่วมถวายดอกไม้จันทน์จาก 878 จุดทั่วไทยรวมกว่า 19 ล้านคน. 27 October 2017. Thairath. Retrieved 22 February, 2018, from <https://www.thairath.co.th/content/1109329>

⁷ 42 ประเทศยื่นร่วมพระราชพิธีถวายพระเพลิงพระบรมศพรัชกาลที่ 9. 20 October 2017. Thai PBS. Retrieved 4 December 2017, from <http://news.thaipbs.or.th/content/267096>

⁸ ร.10 โปรดเกล้าฯ จัดโครงการอาสาถวายพระเพลิงพระบรมศพ รับสมัคร 1-30 ก.ย.นี้. 27 August 2017. Matchon Online. Retrieved 10 December 2017, from <https://www.matchon.co.th/news/644094>

⁹ ขอแรงจิตอาสา..สืบสานพระราชปณิธาน ในหลวงร.10 !! ขวลงทะเลเบียน “โครงการจิตอาสาเราทำความ ดี ด้วยหัวใจ” ร่วมบำเพ็ญประโยชน์ต่อส่วนรวม. 19 July 2017. Tnews. Retrieved 10 December 2017. From <http://www.tnews.co.th/contents/338681>

¹⁰ Photo documentary of the Royal Cremation of King Rama IX, Set # 8, Vol. 2, p. 3.

¹¹ นิตยสารคิด (Creative Thailand) ฉบับพิเศษเดือนธันวาคม 2559 ก้าวตาม ๙... ถอดวิธีคิดเชิงออกแบบของพระบาทสมเด็จพระปรมินทรมหาภูมิพลอดุลยเดช. December 2559. TCDC. Retrieved 20 May 2017, from <http://www.tcdc.or.th/creativethailand/magazine/26552>

2. Run to raise funds: Betong to Mae Sai

¹ “ตูน” ซุปเปอร์ฮีโร่ มหัตถ์จรรยแห่งก้าว. . 30 December, 2017. Thairath. Retrieved 15 January, 2018, from <https://www.thairath.co.th/content/1165437>

² โครงการก้าวคนละก้าวครั้งที่ 2 . n.d. Kaokonlakao .Retrieved 10 January, 2018, from ก้าวคนละก้าว <https://www.kaokonlakao.com>

³ ทีมก้าวคนละก้าว? ดู 10 เมนูน้ำใจคนไทยให้ “พี่ตูน” และทีมก้าวคนละก้าว. 27 December 2017. Thairath. Retrieved 1 March 2018, from <http://www.thairath.co.th/content/1163000>

⁴ รู้จักทีมเครือข่ายฟูล-ออร์แกนซ์ เบื้องหลังเส้นทาง “ตูน บอดี้สแลม” มีสีสนให้ติดตามทุกวัน !! 15 November, 2017. Khao Sod. Retrieved 10 January, 2018, from https://www.khaosod.co.th/special-stories/news_634000

⁵ Toon Bodyslam gives an interview on MCOT TV about his marathon for 11 hospitals on October 7, 2017.

3. Reform of the National Health Security Act and the Thai Health Promotion Fund Act: Assessment of the Constitutional Impact

¹ TDRI, โครงการศึกษาวิจัย เรื่อง การวิเคราะห์ผลกระทบในการออกกฎหมาย(Regulatory Impact Analysis), <https://tdri.or.th/wp-content/uploads/2015/04/ria-final.pdf>

² Evaluation of the impact of this law originates from the concept that “the law is the foundation of the economy.” If the government relies on having too many laws, it can cause problems and obstacles for the economy. Thus, there is the concept that there should be only as many laws as are needed and, to achieve that, it is important to evaluation of impact of laws that are enacted. That will also inform the drafting of new laws, and in the revision of existing law. The goal is to see the cost to the economy of a given law, and whether the law needs to be rescinded or reformed. Presumably, that would make the economy more competitive. Over time, the RIA expanded in scope from the economy to the society at-large.

³ Regulatory Policies in OECD Countries From Interventionism to Regulatory Governance 2002. 2002. The Jacobs, Cordova & Associates. Retrieved 13 October 2017, from <http://regulatoryreform.com/wp-content/uploads/2015/02/OECD-Regulatory-Policies-in-OECD-Countries-2002.pdf>

- ⁴ The Evolution of Regulatory Policy in OECD Countries. 2002. OECD. Retrieved 13 October 2017, from <https://www.oecd.org/gov/regulatory-policy/41882845.pdf>
- ⁵ Pakorn Ninprapan, "Regulatory Impact Assessment)", www.lawdrafter.blogspot.com Retrieved 3 May 2017.
- ⁶ Article 77 of the 2017 Constitution states that the government should only promulgate the necessary number of laws needed, and rescind or reform laws that are obsolete or obstructive to livelihoods or occupations. There should be no burdens on the population, and the people should have convenient access to information about the laws so that they can be easily understood and complied with. The State must listen to the voice of the affected people about a given law, and analyze the potential impact of a law from a comprehensive perspective and systematically. This includes holding public forums and analysis by the people, and take the results into consideration of the formulation or revision of any law for all steps in the process. After a law comes into effect, the State must conduct an analysis of the success of the law on a periodic basis, and tap the opinions of those affected by the law in order to improve the law so that it is consistent with and appropriate to changing circumstances. The State must only use the approval system and committees as needed on an ad hoc basis. There needs to be a clear specification of the purview of the State and duration of implementation according to steps specified in the law, and specify the punishment for severe offenses.
- ⁷ State-based policy is the basis of government administration that all governments must follow. This is true for policy or law that is enacted under the Constitutional provisions, usually to address important national issues or the well-being of the population.
- ⁸ Article 64 of the 2017 Thai Constitution
- ⁹ Document from the Office of the Secretary of the Cabinet, Most Urgent Naw Raw 0503/Waw 161 dated 5 April 2017 on the topic of "Guidelines for drafting laws under Article 77 of the Constitution."
- ¹⁰ Directive of the NCPO 1/2016
- ¹¹ แก้กฏหมาย "สสส." เน้นปรับแผนบริหารกองทุน. 21 April 2016. Matichon Online. Retrieved 10 October 2017, from <https://www.matichon.co.th/news/112672>
- ¹² ถกแก้ กม.สสส. นิยาม สร้างสุขภาพ ด้านงบรายปีแบบราชการ 'ห้าม WHO แสดงความเห็น'. 2 April 2017. Hfocus. Retrieved 10 October 2017, from <https://www.hfocus.org/content/2017/04/13710>
- ¹³ แถลงคำปรึกษาพิจารณาแก้ กม.สสส. ขาดการมีส่วนร่วมภาคประชาชน. 3 April 2017. Hfocus. Retrieved 10 October 2017, from <https://www.hfocus.org/content/2017/04/13719>
- ¹⁴ ถกแก้ กม.สสส. หนุน 'ทึชา' วอลีกเอาท่วงประชาพิจารณา ซึ่ตั้งใจทยัผิดตั้งแต่ว่เริ่ม. 3 April 2560. Hfocus. Retrieved 10 October 2017, from <https://www.hfocus.org/content/2017/04/13718>
- ¹⁵ เครือข่ายแรงงานถาม สส.แก้ พ.ร.บ.สสส.เพื่อใคร ย้าต้องเปิดกว้างรับฟังคิดเห็นทุกฝ่าย. 28 March 2017. Hfocus. Retrieved 10 October 2017, from <https://www.hfocus.org/content/2017/03/13673>
- ¹⁶ Directive of the NCPO No. 19/2015
- ¹⁷ แก้กฏหมายบัตรทอง เอ็นจีโอคือผู้สูญเสีย. 11 June 2017. Manager Online. Retrieved 13 October 2017, from <http://www.manager.co.th/Daily/ViewNews.aspx?NewsID=9600000059504>
- ¹⁸ 3 ประเด็นถกเถียงสำคัญ แก้กฏหมายบัตรทอง. 14 June 2017. BBC. Retrieved 20 October 2017, from <http://www.bbc.com/thai/thailand-40269992>
- ¹⁹ แก้กม.บัตรทอง รักษาเหมาโหล กระทบสิทธิประช.?. 11 June 2017. Matichon Online. Retrieved 5 November 2017, from <https://www.matichon.co.th/news/578816>
- ²⁰ สธ.สาปปัญหา'สปสช.' รพ.รัฐหนุนแก้กบัตรทอง. 20 June 2017. Thaiptst. Retrieved 2 October 2017, from <http://www.thaipost.net/home/?O=สธสาปปัญหาสปสช-รพรัฐหนุนแก้กบัตรทอง>
- ²¹ ถกแก้ กม.สสส. หนุน 'ทึชา' วอลีกเอาท่วงประชาพิจารณา ซึ่ตั้งใจทยัผิดตั้งแต่ว่เริ่ม. 3 April 2017. Hfocus. Retrieved 10 October 2017, from <https://www.hfocus.org/content/2017/04/13718>
- ²² ภาคประชาชนค้านแก้กฏหมายหลักประกันสุขภาพแห่งชาติ. 18 May 2017. Retrieved 20 October 2017, from Thai PBS เว็บไซต์ : <https://news.thaipbs.or.th/content/262589>
- ²³ Interview with Gen. Prayuth Chan-ocha on the budget for the NHO Project. 2 July 2558. YouTube. Retrieved 20 October 2017, from <https://www.youtube.com/watch?v=ibXJ4kepCPM>
- ²⁴ ปมร้อนแก้กม.บัตรทอง เผือกร้อนสะเทือน"คสช.". 19 June 2017. Now 26. Retrieved 10 November 2017, from <http://www.now26.tv/view/105342>
- ²⁵ แก้กบัตรทอง! รมว.สาธารณสุขถูกกดดัน 'ไก่อู'ขอโทษจับประเด็นผิด. 22 June 2017. Retrieved 10 November 2017, from กรุงเทพธุรกิจ เว็บไซต์ : <http://www.bangkokbiznews.com/news/detail/760905>
- ²⁶ จี๋ 'สรรเสริญ-รมว.สาธารณสุข' ขอโทษ ปชช. เหตุบิดเบือน หวังแก้ กม.บัตรทองง่อยเปลี้ยเสียขา. 22 June 2017. Prachatai. Retrieved 10 November 2017, from <https://prachatai.com/journal/2017/06/72055>
- ²⁷ วรกรณ์ยันสิทธิไม่ลด ร่วมจ่ายมีไว้เพื่อความคล่องตัวในอนาคต ภาคปชช.เสนอตัดรวมจ่ายออก. 21 June 2017. Prachatai. Retrieved 10 November 2017, from <https://prachatai.com/journal/2017/06/72044>
- ²⁸ TDRI. (2557). Regulatory Impact Analysis. Bangkok.
- ²⁹ แก้กฏหมาย "สสส." เน้นปรับแผนบริหารกองทุน. 21 April 2016. Matichon Online. Retrieved 5 November 2017, from <https://www.matichon.co.th/news/112672>
- ³⁰ แก้กฏหมาย สสส.ปิดทางใช้งบฯ ผิดประเภท ไม่กระทบดูแลปชช.. 4 July 2016. Kom Chad Luek. Retrieved 5 November 2017, from <http://www.komchadluek.net/news/politic/232321>
- ³¹ ปลัดสธ. ชี้ แก้ก พ.ร.บ.หลักประกันสุขภาพ เพื่อประโยชน์ประชาชน. 19 June 2017. Voice TV. Retrieved 5 November 2017, from <https://www.voicetv.co.th/read/500146>
- ³² สธ.ยืนยันแก้กบัตรทองไม่กระทบสิทธิประชาชน. 7 June 2017. PPTV. Retrieved 3 November 2017, from <https://www.pptvhd36.com/news/ประเด็นร้อน/56772>
- ³³ สธ.ยืนยันแก้กฏหมายหลักประกันสุขภาพฯ เพื่อความยั่งยืน. 15 June 2017. ThaiPBS. Retrieved 4 November 2017, from <https://news.thaipbs.or.th/content/263473>
- ³⁴ รมว.ปิยะสกล ยืนยัน การแก้กพ.ร.บ.หลักประกันสุขภาพแห่งชาติ เพื่อให้กระบวนการดูแลประชาชนดีขึ้น. 7 June 2017. Thai.gov. Retrieved 4 November 2017, from <http://www.thaigov.go.th/news/contents/details/4364>
- ³⁵ Article 47 specifies that individuals have rights to public health services including the low-income, who can receive services free of charge.
- ³⁶ Article 55 stipulates that the State will ensure access to public health services efficiently and comprehensively, and will promote knowledge of the population about health promotion and disease prevention, and promote the development of Thai traditional medicine for maximum benefit in the area of health promotion, disease control, clinical care and rehabilitation. The State will improve public health services so that they are of standard quality on a continuous basis.
- ³⁷ Ibid. ถกแก้ กม.สสส. นิยาม สร้างสุขภาพ ด้านงบรายปีแบบราชการ 'ห้าม WHO แสดงความเห็น'.
- ³⁸ bid. ถกแก้ กม.สสส. หนุน 'ทึชา' วอลีกเอาท่วงประชาพิจารณา ซึ่ตั้งใจทยัผิดตั้งแต่ว่เริ่ม.
- ³⁹ Article 3 of the 2007 Health Act stipulates that "health" means the human condition of well-being for the physical, mental, intellectual and social dimensions, which are balanced and mutually reinforcing.
- ⁴⁰ ถกแก้ กม.สสส. นิยาม สร้างสุขภาพ ด้านงบรายปีแบบราชการ 'ห้าม WHO แสดงความเห็น'. 2 April 2017. Hfocus. Retrieved 10 October 2017, from <https://www.hfocus.org/content/2017/04/13710>
- ⁴¹ ชี้แจงกรณีการดำเนินงาน สสส.. 27 October 2015. Thai Health Promotion Foundation. Retrieved 15 October 2017, from <http://www.thaihealth.or.th/content/ads/294/ชี้แจงการดำเนินงาน%20สสส/>
- ⁴² ยืนยัน แก้กม.บัตรทอง ปชช.ไม่เสียสิทธิ แต่ยังเปิดทางร่วมจ่าย. 21 June 2017. BBC. Retrieved 16 October 2017, from <http://www.bbc.com/thai/thailand-40355435>
- ⁴³ บอร์ดสปสช.อนุมัติงบ 1.2 หมื่นล้าน ให้รพ.ราชวิถีจัดซื้อยาปี 2561. 4 September 2017. Matichon Online. Retrieved 16 October 2017, from <https://www.matichon.co.th/news/652691>
- ⁴⁴ เปิดขั้นตอนที่ต้องเตรียมก่อนให้ รพ.ราชวิถี ซื้อยา 4.9% แทน สปสช.ในปี 61. 19 August 2017. Hfocus. Retrieved 16 October 2017, from <https://www.hfocus.org/content/2017/08/14452>
- ⁴⁵ ผอ.รพ.อินทบุรี หนุนแยกเงินเดือนงบรายหัว ชี้บริการจะมีคุณภาพได้ระบบสนับสนุนต้องดีด้วย. 20 July 2017. Hfocus. Retrieved 16 October 2017, from <https://www.hfocus.org/content/2017/07/14259>
- ⁴⁶ แก้กฏหมายบัตรทอง: วิวาทะว่าด้วยการแยกเงินเดือนหมอ. 27 July 2017. The momentum. Retrieved 16 October 2017, from <http://thementum.co/national-health-security-1>

- ⁴⁷ เปิดผลจำลองแยกเงินเดือนจากบรายหัวบัตรทอง เงินไปโรงพยาบาลแบบไหน. 8 December 2017. Prachatai. Retrieved 20 January 2017, from <https://prachatai.com/journal/2017/12/74469>
- ⁴⁸ รพ.มหาวิทยาลัยเชียงใหม่เงินเดือนจากบรายหัว ส่งผลลบทางการเงินแก่ รพ.. 5 November 2017. Hfocus. Retrieved 20 January 2017, from <https://www.hfocus.org/content/2017/11/14831>

4. The 2017 Infant and Young Child Food Marketing Control Act A Preliminary victory for Thai mothers and children

- ¹ World Health Organization. (2003). Global Strategy for Infant and Young Child Feeding. Geneva, Switzerland: World Health Organization.
- ² Victora CG, Bahl R, Barros AJD, et al. (2016). The Lancet Breastfeeding Series Group. Breastfeeding in the 21st century:epidemiology, mechanisms, and lifelong effect. *Lancet*; 387: 475–90
- ³ Thailand National Statistical office. (2006). Thailand Multiple Indicator Cluster Survey December 2005 – February 2006: Final Report. Bangkok, Thailand: National Statistical Office. Contract No.: 140214.
- ⁴ NSO. (2012). Multiple indicators Cluster Survey: MICS 2012. Bangkok, Thailand.
- ⁵ NSO. (2016). Multiple indicators Cluster Survey: MICS 2015-2016. Bangkok, Thailand.
- ⁶ Nongnut Jaichern and Kannapon Pakdeesatakul. (2016). Exposure to marketing information on infant formula and breastfeeding of Thai women. *Journal of Communication Arts*; 34: 2: 119-131.
- ⁷ Royal Gazette: Announcement of the Law on Control of Marketing of Foods for Infants and Young Children – 2017. www.ratchakitcha.soc.go.th/DATA/PDF/2017/A/072/1.PDF

5. 2017 Tobacco Products Control Act Another step forward for Thai health

- ¹ Bundhamchareon K, Aungkulanon S, Makka N, Shibuya K. Economic burden from smoking-related diseases in Thailand. *Tob Control* 2015;0:1-6
- ² Strategic Plan to Control Cigarettes, Doc. 2, 2016-20, Bureau of Control of Cigarette Consumption, Department of Disease Control, MOPH
- ³ “เผยแพร่ผลวิจัย ม.หอการค้าไทย ชี้ พ.ร.บ.ควบคุมยาสูบฯ มีข้อบกพร่อง”. 29 June 2015. Banmuang.
- ⁴ “สมาคมการค้ายาสูบไทยร้อง คสช.ยับยั้ง พ.ร.บ.ยาสูบใหม่”. 6 December 2014. Banmuang.
- ⁵ “ภาคียาสูบเตรียมยื่นสมุดปกขาวถึง ครม.เบรค พ.ร.บ.ยาสูบ”. 6 February 2015. Banmuang.
- ⁶ “ภาคียื่น สนช.ค้านร่าง กม.ยาสูบสุดโหด”. 12 November 2016. Matchon.
- ⁷ World Health Organization. (2011). *Global Adult Tobacco Survey: Thailand Report 2011*. Thailand
- ⁸ “มอบ 10 ล้านรายชื้อ หนุนกฎหมายบุหรี่ใหม่ เพื่อคุณภาพชีวิตคนไทย”. 3 June 2015. Khao Sod.

6. The Thai Welfare Card: Is it Really Inclusive Growth

- ¹ คณะกรรมการปฏิรูปเศรษฐกิจ 20 ปีเดินหน้ารับฟังความคิดเห็น – จัตุรัสเศรษฐกิจ “แข่งขันได้-กระจายไปสู่ทุกคน-ยั่งยืน”. 6 พฤศจิกายน 2017. Retrieved 25 พฤศจิกายน 2017, from ไทยพับลิก้า เว็บไซต์ : <https://thaipublica.org/2017/11/thailand-20-year-strategic-plan-and-reforms-prasarn/>
- ² “เงินโอน แก้น คนชน” กับมิติใหม่ในการแก้ไขปัญหาความยากจนไทย. 25 September 2014. Retrieved 25 November 2017, from กรุงเทพธุรกิจ เว็บไซต์ : <http://www.bangkokbiznews.com/blog/detail/606961>
- ³ 24 ปีสวัสดิการรัฐ 6.7 แสนล้านบาท จาก “เบี้ยคนชรา-เบี้ยพิการ-เบี้ยเอ็ดส์-รณเกล้า-ฟรีไฟฟรี-ไฟฟ้าฟรี” ถึง “บัตรสวัสดิการแห่งรัฐ-อุดหนุนเด็กแรกเกิด”. 8 December 2017. Thaipublica. Retrieved 5 January 2018, from <https://thaipublica.org/2017/12/24-years-of-state-welfare/>
- ⁴ ครม.เห็นชอบมาตรการพัฒนาคุณภาพชีวิตผู้มีบัตรสวัสดิการแห่งรัฐ เน้นสร้างโอกาสชีวิตรอบด้าน 4 มิติ. 9 January 2018. Prachachat. Retrieved 20 January 2018, from <https://www.prachachat.net/finance/news-98388>
- ⁵ “จนไม่จน คนจกกลับไม่จน” ชอว์โนวัฒน์นโยบายบัตรสวัสดิการแห่งรัฐ ชูข้อเสนอปรับปรุงช่วยเหลือคนจน : ดร.สมชัย จิตสุชน. 27 October 2017. TDRI. Retrieved 15 January 2018, from <https://tdri.or.th/2017/10/interview-dr-somchai-state-welfare-card-project/>
- ⁶ Data from the <http://www.shop.moc.go.th/> January, 2018
- ⁷ เสียงจากคนจนเมือง-คนไร้บ้าน ที่ไม่ได้มานั่งสรงจากบัตรคนจน. 17 October 2017. BBC. Retrieved 3 January 2561, from <http://www.bbc.com/thai/thailand-41656067>

7. Development of Traditional Thai Medicine and Natural Healing Methods

- ¹ เตรียมเสนอ ครม. อนุมัติ ยุทธศาสตร์ภูมิปัญญาไทย ฉบับที่ 3 ยกระดับแพทย์พื้นบ้าน. 29 January 2017. Hfocus. Retrieved 9 December 2017, from <https://www.hfocus.org/content/2017/01/13363>.
- ² สมุนไพรเพื่อสุขภาพ/ยุทธศาสตร์ระดับชาติ ภูมิปัญญาไทย สุขภาพวิถีไทย. 17 December 2017. Matchonweekly. Retrieved 20 December 2017, from https://www.matchonweekly.com/column/article_70573
- ³ ยุทธศาสตร์ชาติการพัฒนาภูมิปัญญาไทย สุขภาพวิถีไทย. 27 September 2017. Kom Chad Luek. Retrieved 10 December 2017, from <http://www.komchadluek.net/news/pr/297057>
- ⁴ สมุนไพรไทย พืชเศรษฐกิจตัวใหม่ที่ขับเคลื่อนโมเดล Thailand 4.0. 5 September 2016. Thai News Agency. Retrieved 18 November 2017, from <http://news.immigration.gov.tw/TH/PDF.ashx?NEWSGUID=2f3ddb07-bcb5-443e-b4e1-2368a7d58dd9>.
- ⁵ MOPH and public and private agencies. (2016). Master plan for developing Thai traditional medicine, Doc. 1: 2017 – 2021. Thailand Department of Developmental Medicine and Alternative Medicine, MOPH. 2016
- ⁶ นายแพทย์โสภณ เมฆธน. ยุทธศาสตร์ชาติ 20 ปี กับการพัฒนาการแพทย์แผนไทย. การประชุม มอนนโยบายแผนแม่บทแห่งชาติว่าด้วยการพัฒนาสมุนไพรไทย ฉบับที่ 1 พ.ศ. 2560 – 2564. MOPH. Retrieved 21 November 2017, from https://www.dtm.moph.go.th/images/download/dl0018-28102559-002_Section_Plan20_years.pdf
- ⁷ โครงการเมืองสมุนไพร (Herbal City) จังหวัดเชียงราย ปราจีนบุรี สกลนคร และสุราษฎร์ธานี. การประชุมมอนนโยบายแผนแม่บทแห่งชาติว่าด้วยการพัฒนาสมุนไพรไทย ฉบับที่ 1 พ.ศ. 2560 – 2564. MOPH. Retrieved 21 November 2017, from https://www.dtm.moph.go.th/images/download/dl0018-28102559-003_Herbal_city.pdf
- ⁸ Dr. Tara Chinakan. Report of the research project on promoting and developing traditional medicines for community self-reliance, Phase 2, Year 1. Dept. of Health Service Promotion, MOPH
- ⁹ เร่งยกระดับภูมิปัญญาท้องถิ่นด้านสุขภาพ วางยุทธศาสตร์สู่ระบบสุขภาพทั่วประเทศ. 1 May 2017. Nationalhealth. Retrieved 10 December 2017, from <https://www.nationalhealth.or.th/node/1774>
- ¹⁰ ขับเคลื่อน 2 พื้นที่นำร่อง “เชียงราย-อุดรธานี” ต้นแบบพัฒนาภูมิปัญญาท้องถิ่นด้านสุขภาพ. 23 February 2017. Nationalhealth. Retrieved 10 December 2017, from <https://www.nationalhealth.or.th/node/1639>
- ¹¹ Lerchai Sringsenyuang et al (2012). Report of the external evaluation of the project to promotion community health through local wisdom on healing. Bangkok: THPF.
- ¹² Daranee Awnchomchan. (2011). Strategy for development of the Thai traditional healing methods, *Journal for Evaluation of Technology and Health Policy*. Vol. 4. No. 12 April-June 2011

8. EEC: Don't Neglect the Grassroots Economy

- ¹ เวทีปัญญาสถาณะ ครั้งที่ 3 : การลงทุนไทย...กำลังตกเทรนด์โลก? การลงทุนโลกไม่ฟื้นเหมือนอดีต ต้องเร่งสร้างระบบนิเวศยืดหยุ่น(ตอนที่ 2). 9 November 2017. Thaipublica. Retrieved 10 December 2017, from <https://thaipublica.org/2017/11/public-wisdom3-2/>
- ² พ.ร.บ. อีอีซี ผ่านมติเอกฉันท์ สนช. – กังวลให้สิทธิต่างชาติมากไป รัฐบาลยังฟังความเห็นครบแล้ว. 28 September 2017. Thestandard. Retrieved 30 December 2017, from <https://thestandard.co/eeec-laws-resolve/>
- ³ เปิดแผนเยียวยาผลกระทบ “ท่าเรือแหลมฉบัง” เฟส 3 ทั้งที่ท่าใหม่-อุดหนุนงบประมาณ. 3 July 2017. Manager Online. Retrieved 20 December 2017, from <http://www.manager.co.th/local/viewnews.aspx?NewsID=9600000067333>
- ⁴ ชัดบึกดูไร่กาลเทศะ จดม.44เลิกผังเมือง-เปิดทางถมทะเล. 30 October 2017. Manager Online. Retrieved 10 December 2017, from <https://mgronline.com/daily/detail/9600000109527>
- ⁵ ฟังชาวบ้านมาตาตุดและภาคอุตสาหกรรม หลัง ม.44 ล้มผังเมืองสามจังหวัดเพื่ออีอีซี. 30 October 2017. BBC. Retrieved 20 December 2017, from <http://www.bbc.com/thai/thailand-41799979>
- ⁶ แหลมฉบังเบือนมลพิษ. 2014. Ecological Alert and Recovery – Thailand. Retrieved 20 December 2017, from <http://www.earththailand.org/th/pollution/55>
- ⁷ รายงานการศึกษาเบื้องต้น ประชากรแฝงในพื้นที่จังหวัดระยอง. 2010. Mapraphut Watch. Retrieved 21 December 2017, from <http://www.mtp.mutt.ac.th/wp-content/uploads/2011/05/37-ประชากรแฝง.pdf>
- ⁸ ถมทะเล 1.6 พันไร่ บูม ‘แหลมฉบัง’ เหมราช-ปิ่นทองรับอานิสงส์EEC. 21 July 2017. Prachachat. Retrieved 21 December 2017, from http://eservices.dpt.go.th/newspaper/pdf/files/ankd_21%20ประชชชาติธุรกิจ%202.pdf

- ⁹ เปิดแผนนำร่องรับ EEC 10 ปีแรกฉลุย 10 ปีหลังรอลุ้นสตึงมนั้ม. 14 September 2017. Prachachat. Retrieved 20 December 2017, from <https://www.prachachat.net/facebook-instant-article/news-38706>
- ¹⁰ แลระยอง มอจนาคต. n.d. NPI Thailand. Retrieved 15 December 2017, from <http://www.npithailand.com/sites/default/files/เล่มระยอง-final%2Bปจ.pdf>
- ¹¹ ผู้อำนวยการ TEI ป้ายแดง มุ่งสานต่อการกิจสังคม. 9 January 2018. TEI. Retrieved 20 February 2018, from http://www.tei.or.th/th/highlight_detail.php?event_id=34

9. The Poisonous Case of the Rice-pledging Scheme: Revisiting Government Corruption

- ¹ CORRUPTION PERCEPTIONS INDEX 2016. 25 มกราคม 2017. Retrieved 20 December 2017, from Transparency International เว็บไซต์ : www.transparency.org/news/feature/corruption_perceptions_index_2016
- ² ทูจิตติยา การสะสางครั้งใหญ่ที่ท่าทางเป็นหมิ่น. 11 January 2554. Retrieved 15 December 2017, from DLFP.IN.TH, from เว็บไซต์ : <http://dlfp.in.th/paper/333>
- ³ Ngarmpan Wechachiwa. (2015). Opening up 10 cases of corruption. An expensive lesson for Thailand. Nonthaburi: Counter-corruption Commission.
- ⁴ ปิดคดีทุจริตข้าวจีทูจี ศาลฎีกา สั่งจำคุก “บุญทรง-ภูมิ-เสี่ยเป็ง” ให้ “สยามอินดิโก” จ่ายค่าเสียหาย 1.7 หมื่นล้าน. 25 August 2017. Retrieved 15 November 2017, from THAIPUBLICA เว็บไซต์ : <https://thaipublica.org/2017/08/g-to-g-23/>
- ⁵ Amara Sayamwala et al. (2014). Research project on “Corruption: Case Study of the Rice Pledging Scheme.” Bangkok: Thailand Research Fund
- ⁶ Ibid. Ngarmpan Wechachiwa.
- ⁷ Ibid. Amara Sayamwala et al.
- ⁸ 2017 Thai Constitution. Office of the Senate.
- ⁹ คกก.ปฏิรูปปราบโกง จ่อคลอดแผนปลายธ.ค.นี้. 21 November 2017. Naewna. Retrieved 18 December 2017, from <http://www.naewna.com/politic/304419>,
- ¹⁰ ปาฐกถาพิเศษวิทยาลัยป้องกันราชอาณาจักร. 2 กุมภาพันธ์ 2558. ค้นเมื่อ 25 ธันวาคม 2560, จาก Premspeech เว็บไซต์: <http://www.premspeech.net/speech/46.pdf>

10. NCPO Reform of the Country: Will this Overlook the Dream?

- ¹ สปท.ส่งมอบงานให้รัฐบาล 188 ฉบับก่อนครบวาระ. 31 July 2017. Krobkruakao. Retrieved 10 December 2017, from <http://www.krobkruakao.com/local/49147>
- ² 2017 Thai Constitution Article 257-261.
- ³ National Strategy Act for 2017. (2017, 31 July). Royal Gazette. Vol. 134. No. 79. P.1
- ⁴ Law for the plan and steps in implementing reform of the country-2017. (2017, 31 July.). Royal Gazette. Vol. 134. No. 79. P.13
- ⁵ ประกาศสำนักนายกรัฐมนตรี เรื่อง แต่งตั้งคณะกรรมการปฏิรูปประเทศด้านต่างๆ. 15 August 2017. Thai.gov. Retrieved 10 December 2017, from <http://www.thaigov.go.th/news/contents/details/5960>
- ⁶ 2017 Thai Constitution, Article 260.
- ⁷ National Reform Committee: 11 committees, with terms of 5 years. The Chairpersons and members include: (1) Politics: Anek Laotammatat, Chair. (2) National Administration: Kredesa Bunrat, Chair. (3) Law: Worasak Uwan, Chair; (4) Justice System: Atchaporn Jaruchinda, Chair; (5) Economy: Prasarn Trairatawornkul, Chair; (6) Natural Resources and the Environment: Royon Chitadon, Chair; (7) Health: Seri Tuchinda, Chair; (8) Mass Communications, and Information Technology: Jirachai Munthongroy, Chair; (9) Society: Pitipong Peungbun Na Ayuthaya, Chair; (10) Energy: Pornchai Ruchiprapa, Chair; and (11) Prevention and Suppression of Corruption: Panthep Klanarongrang, Chair.
- ⁸ การปฏิรูปประเทศไทยจะสำเร็จ ผู้นำจำเป็นต้องมีวิสัยทัศน์และชื่อเสียง. 18 September 2017. Thairath. Retrieved 11 December 2017 from <https://www.thairath.co.th/content/1072399>
- ⁹ ดิตเบรกดระชาธิปัตย์ชี้รายชื่อกกก.ปฏิรูปประเทศอาจทำแตกแยก-ไม่เป็นกลาง. 16 August 2017. Voice. Retrieved 11 December 2017 from <https://www.voicetv.co.th/read/515956>
- ¹⁰ “ภูมิธรรม” ห่วง กก.ชุด “เอนก” เป็นเครื่องมือ คสช.. 29 November 2017. Kom Chad Luek. Retrieved 15 December 2017, from <http://www.komchadluek.net/news/politic/303982>

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- Berger, Peter. 2008. Secularization Falsified. First Things, Feb. Accessed on June 1, 2017 from <https://www.firstthings.com/article/2008/02/002-secularization-falsified>
- Chokevivat, Vichai. 2012. The story of Chui. Nonthaburi: The National Health Commission Office. (in thai)

- Clark, John. 2005. The Gift of Hope: Sarvodaya Shramadana's Good Work. Capitalism Nature Socialism, Vol. 16(2): 97-105.
- Danforth, John. 2015. The Relevance of Religion: How Faithful People can Change Politics. Random House.
- Dhammapada Khuddakanikaya. The Pali Tipitaka. Book 25, No.27, page 24 (dha.khu. 25/27/24). (in thai)
- Kusalasaya, Karuna. 1983. Buddhism in Thailand: Its Past and Its Present. Kandy, Sri Lanka: The Wheel Publication, Nos. 85/86.
- Khuddakanikaya Itivuttakavanna. The Pali Tipitaka. Book 25, No.200, page 240 (khu.iti. 25/200/240). (in thai)
- Mettadhammaraksa Foundation. (n.d.). Newsletters No. 1 and 2, Immunization program to conquer cigarettes in monkhood. Bangkok: Mettadhammaraksa Foundation. (in thai)
- National Office of Buddhism. 2005-2017. Basic Information on Buddhism 2005-2016. Nakhon Pathom : National Office of Buddhism. (in thai)
- Nietzsche, Friedrich. 2001 (first published 1882). The Gay Science. Cambridge: Cambridge University Press.
- Phra Brahmaganabhorn (P.A. Payutto). 2015. Buddhist institute and Thai society. Bangkok: Institute for Graduate School, Mahachulalongkornrajavidyalaya University. (in thai)
- Phra Brahmaganabhorn (P.A. Payutto). 2015. Characteristics of Buddhism. Bangkok: Charoendi Mankhongkanphim. (in thai)
- Phra Debveti (P.A. Payutto). 1987. Buddhist institute in Thai society. Bangkok: Saha Pracha Panit Partnership. (in thai)
- Phra Dhammapitaka (P.A. Payutto). 1997. Buddhism in Asia. Bangkok: Thammasapa. (in thai)
- Phra Dhammapitaka (P.A. Payutto). 2003. Dictionary of Buddhism. (11st Edition). Bangkok: Mahachulalongkornrajavidyalaya University. (in thai)
- Phra Paisal Visalo. 2004. Buddhist in the Future. Retrieved Jan 10, 2018 from <https://semsikkha.org/tha/index.php/article/article-4/232-buddhist-in-the-future>. (in thai)
- Phra Visiti Thitvisittito. 2017. Non-Smoking Prototype Area Development Project in Mahachulalongkornrajavidyalaya University. Bangkok: Mahachulalongkornrajavidyalaya University. (in thai) (document was not published).
- Phraratchamuni et al., (Editor). 2017. National Monk Health Statute in 2560 (B.E.). Nonthaburi: The National Health Commission Office. (in thai)
- Research Centre for Social and Business Development. 2017. Completed Report of Campaign Evaluation Project “ Abstinence from Alcohol during Buddhist Lent in 2017”: A case study of population aged 15 years and over in 12 provinces in all regions of Thailand. Bangkok: Center for Alcohol Studies. (in thai) (document was not published).
- Sacks, Jonathan. 2011. The Great Partnership: Science, Religion, and the Search for Meaning. New York: Schocken Books, 2011).
- Sacks, Jonathan. 2012. “The Moral Animal,” New York Times, Dec. 23, 2012.
- Somdet Phra Buddhakosajarn (P.A. Payutto). 2016. Following the New Monk to Study the Buddhism Part 1-3. Bangkok: Pli Tham-Affiliated Company of Pet and Home Co.,Ltd. (in thai)
- Somdet Phramahasamanachao Kromphraya Vajiranavararasa. 2018. Nawagawat. Retrieved Jan 31, 2018, from <http://www.watthasung.com/puy/nawagawat.pdf>. (in thai)
- Srion, Viratee and Sutthiyananon, Bunkit. 2007. Trace the Way of Thich, Nhat and Hanh From the Heart of the Mind to the Peace on the Earth. Documentary, Sep 2007. Retrieved Jan 31, 2018 from <https://www.sarakadee.com/2007/09/16/thich-nhat-hanh-2/> (in thai)
- ThaiPublica. 1970. Statistic indicates the number of temples increased 300 per year! The prosperity of religion?. Retrieved Dec 20, 2016 from <https://thaipublica.org/2013/12/monastery-institution-2/> (in thai)
- Thodok, Cathrin (2005) “The Sarvodaya Shramadana Movement in Sri Lanka,” Culture Mandala: The Bulletin of the Centre for East-West Cultural and Economic Studies: Vol. 7(1), Article 3. Accessed on February 16, 2018 from: http://epublications.bond.edu.au/cm/vol7/iss1/37utm_source=epublications.bond.edu.au%2Fcm%2Fvol7%2Fiss1%2F3&utm_medium=PDF&utm_campaign=PDFCoverPages



Acknowledgements

This 2018 Thai Health report has been possible only through the dedicated effort by the Project Team. We are most grateful for your excellent effort. The Team includes Dr. Suwit Wibunponprasert, Dr. Wichai Chokewiwat, and Prof. Parichat Siwarak, who kindly read and reviewed the original draft of this report, and all three sections. We owe a debt of gratitude to Dr. Ampol Chindawatana for reviewing the original version of the section on “Buddhism and Health Promotion.” We appreciate the many valuable recommendations and suggestions to improve the content and readability of that section. We gratefully thank Phra Ajarn Paisal Wisalo for writing the special section on “Buddhism and Health Promotion.” Our thanks go to Dr. Yongyuth Wongpiromsan, Ajarn Dr. Jiraporn Arunakura, and Khru Thongpune Buasri (Khru Jiw) for the very valuable information they provided on early childhood, which made the section on the ten indicators of child health more complete.

We extend our thanks to the Department of Support and Development of the Quality of Life of the Disabled and the National Statistical Office for the valuable data they provided related to the ten indicators of health. Our humble thanks go to the writers of the ten milestones of the year for the valuable content and readability of that section.

Finally, our heartfelt thanks go to you the reader for following this series of annual reports on Thai Health, and for your valuable suggestions and motivation to make this report even better.

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