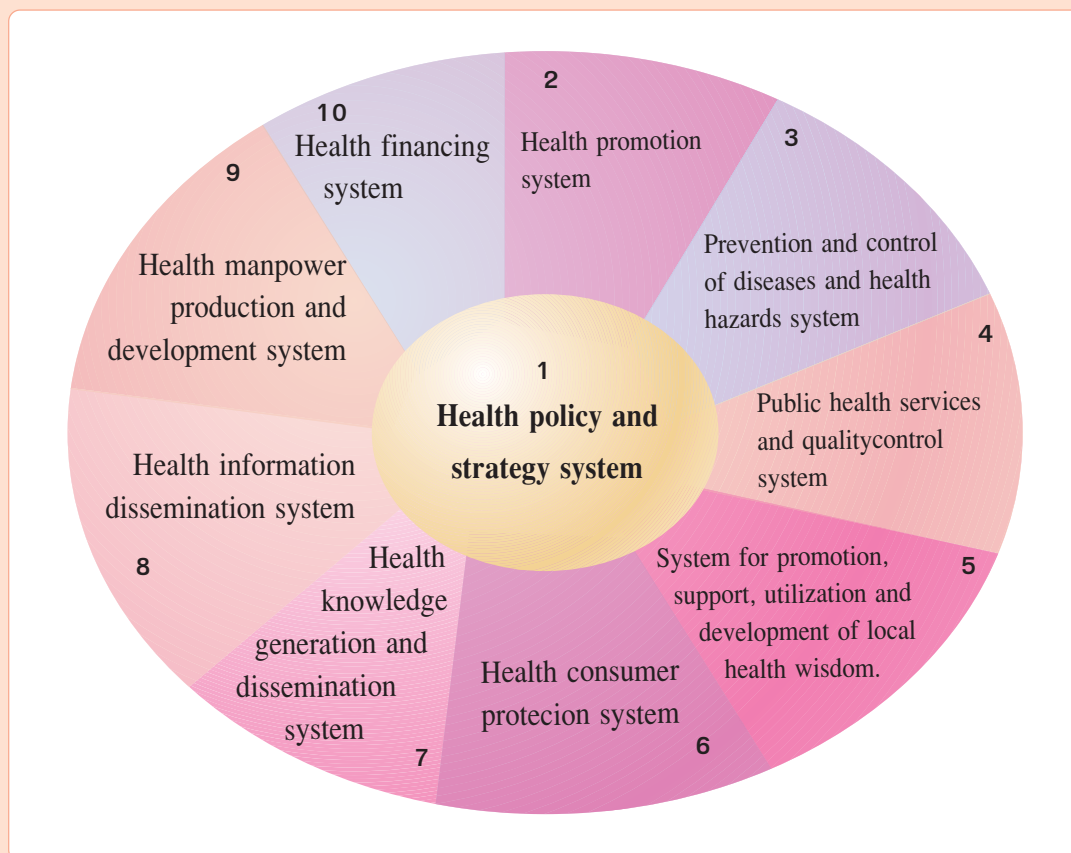


2. Components of the National Health System

In drafting the National Health Bill, efforts were made to set up components of the health system in a comprehensive and coordinated fashion so as to obtain a desirable national health system. The components of the national health system are divided into 10 sub-systems as follows (Figure 7.2):

- 2.1 Health policy and strategy system
- 2.2 Health promotion system
- 2.3 Prevention and control of diseases and health hazards system
- 2.4 Public health services and quality control system
- 2.5 System for promotion, support, utilization and development of local health wisdom, Thai traditional medicine, indigenous medicine and alternative medicine
- 2.6 Health consumer protection system
- 2.7 Health knowledge generation and dissemination
- 2.8 Health information dissemination system
- 2.9 Health manpower production and development system
- 2.10 Health financing system

Figure 7.2 Components of health system



Source: Modified from the National Health Act B.E. 2550 (2007).

2.1 Health Policy and Strategy System

Health policy and strategy include healthy public policy and public health policy. To formulate a good health policy and strategy system, emphasis should be placed on the participation of all sectors concerned to empower individuals, families, community and society, and to reduce social inequalities and injustice. The formulation process requires cooperation of all partners concerned and all sectors in society are to be encouraged to take responsibility for health, integrating interdisciplinary knowledge and technology. These policies and strategies have a broad scope such as policies on income distribution, wages, agriculture, industry, land use, city planning, energy management, environmental management, traffic accident prevention and control, alcohol and tobacco consumption control, all affecting health directly and indirectly. In addition, they include public health policies such as those on expansion and distribution of public health services, health security, prevention and control of diseases and health threats, HIV/AIDS prevention and control, consumer protection in food and drug, development of Thai traditional medicine and local wisdom, and primary health care.

Regarding the mechanism for developing health policies and strategies, the National Health Commission will coordinate with the government's policy and strategy formulation agency as well as other public and private health agencies. This is to create the process for developing health policies and strategies in a continuous manner with the participation of all concerned for the benefits of the majority of Thai people.

2.2 Health Promotion System

"Health promotion" means any act which is aimed at the fostering of a person's physical, mental and social conditions by means of supporting personal behaviors, social conditions and environments conducive to physical strength, a firm mental condition, a long life and a good quality of life (Health Promotion Foundation Act, 2001). It is a process of empowering personal and community's capacity to have a livelihood leading to good health, under supportive environments. And it is a process that enables the people to control the determinants of health resulting in better health, i.e. control their own behaviours so that they are prepared to modify the environments conducive to good health.

A health promotion system is thus a service rendered to the people by health personnel through health care delivery at various levels such as health-promoting hospitals which have concepts for hospital development and increase the role of hospitals as leaders of health promotion. Health promotion system in a broader context, according to the Ottawa Charter, views health promotion as a role of all sectors in society to develop healthy public policy, develop environments conducive to health, strengthen the community, develop personal skills, and reorient health service systems. As a result, there have been developments on several programmes such as healthy cities and healthy Thailand, healthy communities, and health-promoting schools. At present, the MoPH's Department of Health and the Thai Health Promotion Foundation (ThaiHealth) are the key supporting agencies.



2.3 System for Prevention and Control of Diseases and Health Threats

This system aims to decrease morbidity, mortality and disability, and to eliminate health threats, in an effective and timely manner, based on current knowledge and facts as well as the systematic approach of integrated technical and managerial operations. It does not mean the conventional system for disease prevention and control, but focuses on the prevention and control of health threats that cause illnesses and other problems. In the past, emphasis was normally placed on disease prevention and control, as well as project management in a vertical manner through the MoPH's mechanism with responsibilities distributed according to the nature of diseases such as communicable diseases, non-communicable diseases, environmental diseases, occupational diseases, and mental disorders. But currently, the system has been expanded to cover the prevention and control of factors affecting health including actions for minimizing health impacts from physical, biological and chemical factors (including infectious agents) and social systems. For example, in the case of avian influenza, which had an economic impact on the country through trade discrimination, there was a ban on imports of fresh chicken from Thailand; and several people lost their lives. Therefore, the prevention and control of diseases and health threats requires intersectional cooperation of all concerned. Central administration agencies, including the Ministry of Public Health, the Ministry of Agriculture and Cooperatives, the National Research Council, businesses, universities and others concerned, have to play a technical support role in keeping abreast of knowledge as well as local and international situations, and developing or seeking new knowledge for resolving the problem. Beside, efforts have to be made to monitor the mutation of avian flu virus and identify suitable measures for monitoring and evaluation of actions undertaken by various relevant agencies. Concurrently, regional/provincial and local administration authorities as well as the communities have to also coordinate with each other in mobilizing all resources for the prevention and control efforts. These include the setting up of public policies on sanitation, consumer protection, disease surveillance, and situation monitoring. Overall, this system in this context has a scope that is broader than that of medical and health system in the past.

2.4 System of Public Health Services and Quality Control

The system of public health services and quality control in Thailand has been developed from the concept of state health services for all the people in the form of social welfare. And until recently it has been transformed into the concept of universal coverage of health services under the responsibility of the government, or risk-sharing or self-reliance through personal savings. This is to create a tool that will lead to the goal of universal coverage, or access to, basic health services required for healthy living in an equitable manner. The new system has a clear separate role of services purchasers and service providers that equitably cover all localities and population groups so that the entire system is managed with efficiency, cost containment and quality assurance mechanisms.

Thus, a good public health service system means public services that are adequate,



equitable, accessible, of good quality, and efficient, not seeking unreasonable business profit. It also covers self-care at the individual, family and community levels, emergency services, primary care, secondary services and tertiary services, specialized services and emergency medical services. Moreover, there must be systems for development and accreditation of service standards and quality, and for assessment of health technologies that will be appropriately used in health services delivery.

2.5 System for Promotion, Support, Utilization and Development of Local Wisdom on Health, Thai Traditional Medicine, Indigenous Medicine and other Alternative Medicine

The system of local health wisdom means the body of knowledge, thoughts, beliefs and skills in health care that have been accumulated from life experiences and transmitted through culture of groups of people. The promotion, support, utilization and development of such local health wisdom have to be in accordance with local community's ways of life, traditions and culture, so as to respond to and support the principle of self-health-reliance and to provide several health services options.

In the past, local health wisdom was not systematically organized whereas present day's medical and health technologies have considerably advanced, resulting in local health wisdom being given less importance or missing. But when the health situation has changed, local health wisdom or non-mainstream medical care has been revised and become a new alternative. In 1993, the Institute of Thai Traditional Medicine was established under the Department of Medical Services; later it became the Department for Development of Thai Traditional and Alternative Medicine in 2002. That was the formal development of Thai traditional medicine since its abolishment from Siriraj Hospital in 1904 (Komatra Chuengsatiansup, 2004) and the movements towards new dynamics of medical diversity.

However, local health wisdom has to be further supported and developed as it has long been neglected. Dr. Komatra Chuengsatiansup (2004: 39-42), and Drs. Suwit Wibulpolprasert and Prapoj Petrakard and colleagues (2006) have made a number of strategic recommendations, namely: creation of mechanism for knowledge management by establishing an institute for research and development of Thai-style health care, establishment of a committee on local health wisdom policy to formulate policies and push for a national agenda on local health wisdom and to set up a Thai traditional medicine hospital, and to promote the development of networks for knowledge management and mapping for community health wisdom, and establishment of mechanisms for linking, communicating and networking with other world-class academic institutions related to medical and health derived from the new paradigm of science.

2.6 Consumer Protection System

Health consumer protection means any operation undertaken to provide protection for the people as consumers of health services/products in a safe and fair manner. So there must be



comprehensive systems for all relevant operations in this regard which include: health professional standard development, public health service standard development, health product standard development, information dissemination, counselling, complaint acceptance, inspection for justice provision, mediation, and remedies in case of damage. The designs of such systems must be based on people's rights so that they will live together in harmony which is a significant characteristic of Thai society.

In addition to the aforementioned systems, the promotion and support of people's system of consumer protection is essential through empowerment of non-governmental organizations working on health consumer protection in parallel with public sector's efforts. This is to supplement each other and set up a system of checks and balances.

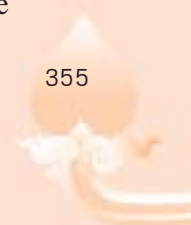
2.7 Health Knowledge Generation and Dissemination

Over the past decade, Thailand has started to place importance on the generation and dissemination of knowledge about health. Several agencies have been established such as the Thailand Research Fund (TRF), the National Science and Technology Development Agency (NSTDA), and the Health Systems Research institute (HSRI). As a result, there has been a paradigm shift in health research in a systematic manner. More initiatives have been undertaken for health promotion; however, the utilization of research results and the management have not been carried out as expected. Therefore, in the future there should be a mechanism for setting directions and policies for management of research, administration of health resources, monitoring and evaluation of knowledge generation and dissemination system. In addition, all concerned have to promote, support and manage the establishment of a network or mechanism for health knowledge generation and dissemination. This is to ensure that research and knowledge management efforts are undertaken systematically and that the capacity of health system will be enhanced with decreased costs and more efficient results.

2.8 Health Information Dissemination System

A system for dissemination of health information is to be designed and developed in such a way that it is adequate and easily accessible to the people. Thus, the system has to be developed so that it is up to date and easily accessible to the public in a timely fashion. At present, the information can not reflect all dimensions of people's health and it is scattered in various agencies due to a lack of mechanism to collate, analyze and synthesize it so that it clearly shows the trends of rapidly changing situations. So mostly, the information is not accurate enough for actual utilization.

In the past, the dissemination of health information was done through the health education process by health personnel in healthcare facilities or by community health volunteers. So the information was rather limited, depending on the knowledge, understanding and beliefs of the informants. Sometime, the information was not up to date or not consistent with the advances in science



and technology as well as the rapidly evolving world. Some information did not correspond to the needs of the people who were facing specific health problems in various aspects. As the techniques of health information dissemination are now more modern, the people can seek the health information by themselves from various channels of media. If the information is managed in such a way that it is accurate, comprehensive, and relevant to the needs of people; the dissemination system to groups of professionals and the media, the modalities of health information dissemination will be revised and further extended from health personnel to the media and other groups of people, who have a more interesting technique of presentation. This can lead to the receipt of information of the people and society on a wider scale through various channels.

2.9 System for Production and Development of Public Health Personnel

This system covers subsystems of policy and production plan, production operations and development; the system requires specific knowledge and management. A good public health personnel system has to be a system that is efficient, of good quality, and able to create equity.

In the past, the system for production of health personnel was primarily linked to the public central administration system with the MoPH being the major agency deploying health personnel in the civil service system. But the production of personnel was under the national education system and the MoPH produced part of health personnel for its own deployment. Such systems had no specific mechanisms for policy and operational coordination at the national level. However, there were efforts for admitting students from provincial areas to study in certain health training programmes and, upon completion, go back to work in their own province of residence. This is to build up equity and resolve the problem of personnel shortages in rural areas. This mechanism is quite effective for nurses and health workers at the subdistrict health-centre level. But rural-urban brain drain is still a chronic problem for medical doctors. The problems are different in nature, depending on changing situations and factors. The system in the future has to adjust itself to cope with the changing situation in society, taking into consideration the participation of local administrative organizations, the private sector, and civil society, the reduction of dependence on state mechanisms. The new system has to be multifaceted; so it will be able to cope with the changing health system in a timely manner.

2.10 Health Financing System

Health financing means the financial management for health such as the use of tax measures to promote elderly care in the family, the promotion of private businesses to take care of their employees' health, the promotion of healthy environments, and the use of tax measures for tobacco and alcohol consumption control. It also includes the management of public finance for the provision of universal coverage of health services.

Financing of public health services means a financial system that creates a good service

system in all aspects, ensuring that all the people have equitable access to essential services without any financial barrier. In principle, health financing is to aim at building good health before repairing ill health with equity, transparency, accountability, efficiency, cost containment, and quality.

Thailand has had programmes on health financing for a long time such as the financial and tax measures (raising alcohol and tobacco taxes) and the enactment of the Health Promotion Foundation Act for collecting 2% tax on alcohol and tobacco for use in health promotion activities. Several other efforts have been made to build good health and protect or improve health conditions of the people and society. At present, developments in health financing for health services delivery are implemented in four major systems: universal healthcare system under the National Health Security Act of B.E. 2545 (2002), social security system, civil servants medical benefits system (for civil servants, state enterprise employees and family members), and private health insurance system.

The health financing system is regarded as one important system under the health system as it can be used as a tool in pushing forward the national health system in a desirable direction.