

# Thai Health

# 2006

# FACING THE CHALLENGE OF BIRD FLU



13 Health Indicators  
10 + 10 Health Issues

**Thai  
Health  
2006**

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# Preface

This is the third issue of the **Thai Health Report**. This issue has been produced by the same hard-working team that produced the first two reports and follows the same format. In this issue, however, the role of external experts has been increased. Some entries in the Health Indicators section were written by external contributors; the names of the contributors are given under the title of the entries. We are very grateful for these people's assistance. The special topic for this issue is bird flu. Bird flu remains a major problem for Thailand and the rest of the region, and has recently spread into other regions. Experts on many different aspects of bird flu wrote summaries from the perspectives of their particular fields, which were synthesized by the Thai Health Report team. We have attempted to make the discussion as accessible as possible to non-experts. In doing so, we have had to omit some material of a more technical nature. We plan to issue a small companion volume that will include the omitted material and help disseminate knowledge about bird flu.

The Thai Health Report 2006 contains three main sections.

**Section 1**, Health Indicators, this year has 13 entries. Two entries deal with physical aspects of health: dental health and sexual health. Three entries deal with determinants of health: nutrition, alcohol, and exercise. There are entries discussing Thailand's universal health care system, mental health, and spiritual health. There are also six entries discussing various aspects of social health: water shortages, traffic accidents, television versus school, family life, and pesticides.

**Section 2**, 10+10 Issues Currently Affecting the Health of Thais, discusses selected issues arising over the past year and their effect on people's health.

Ten Issues in 2005-2006

The Crisis in Southern Thailand: The National Reconciliation  
Commission and the Emergency Decree

Do we let television determine the future of Thai children

The High Price of Oil and the Search for Energy Security

Patients Suing Doctors: Jeopardizing the Doctor-Patient Relationship

Instant Credit Services and Their Tricks

What Does the Public Gain from Privatization?

Health Impacts of the Tsunami

Pregnancy, Abortion, and Child Abandonment: Neglected Problems  
The Continuing Struggle Against Alcohol and Tobacco  
The Consumers' Association: Another Step Forward for Thai  
Consumer Power

An additional ten issues are discussed very briefly: pollution in Bangkok; droughts and floods; suicide; reforming the thirty baht health insurance scheme; dengue fever; motorbike racing gangs; sustainable agriculture; the "disease" of inhumanity; increases in the incidence of HIV/AIDS among Thai teenagers; and work-related illnesses.

Topics for the 10+10 Issues were selected through an extensive consultation process. The Thai Health Report team sought suggestions from researchers, health workers, and members of the general public. Altogether, there were six rounds of consultation, involving 770 people.

**Section 3** presents this year's **special topic: "Facing the Challenge of Bird Flu"**

Bird flu has been a major public concern in Thailand, and will continue to be so for many years. As well as being a direct threat to people's health, bird flu has affected the poultry industry, international public health cooperation, the economy, society, and Thai people's way of life. Although it will be very difficult to avoid bird flu, we can nevertheless seek ways to protect ourselves from an epidemic. We can, for instance, reduce the opportunities for the virus to evolve rapidly. Success will depend on an appropriate policy response, and changes to farming practices.

Two thousand copies of the English-language version of last year's Thai Health Report have been distributed at international health conferences. Many delegates attending the conferences would like to use the Thai Health Report as a model for disseminating health information in their own countries. The Thai Health Report has been a very successful export.

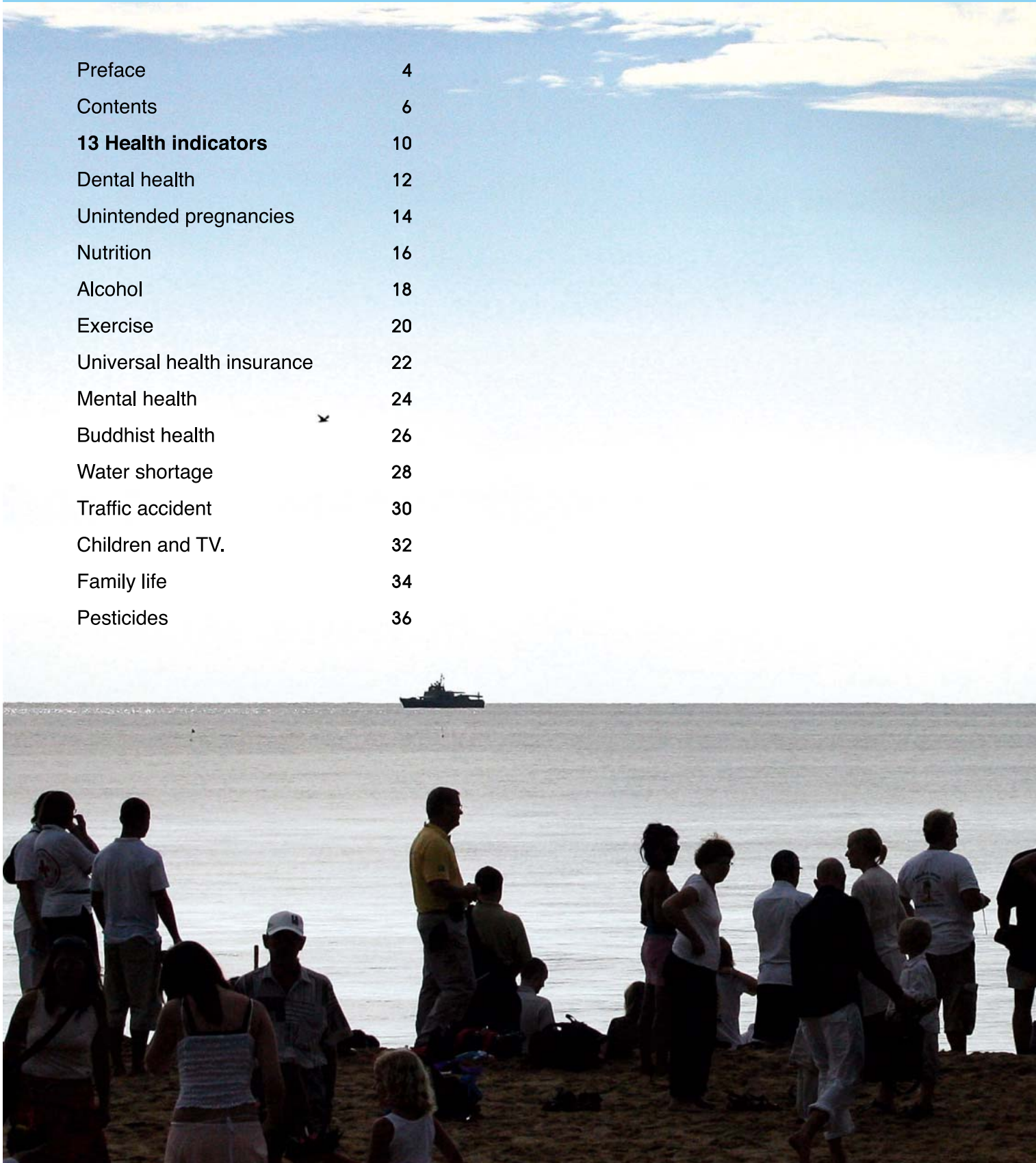
The Thai Health Report team is grateful for the many comments and suggestions it has received from readers. Input from readers helps enormously in the preparation of the report.

**Choose wisely Choose health**

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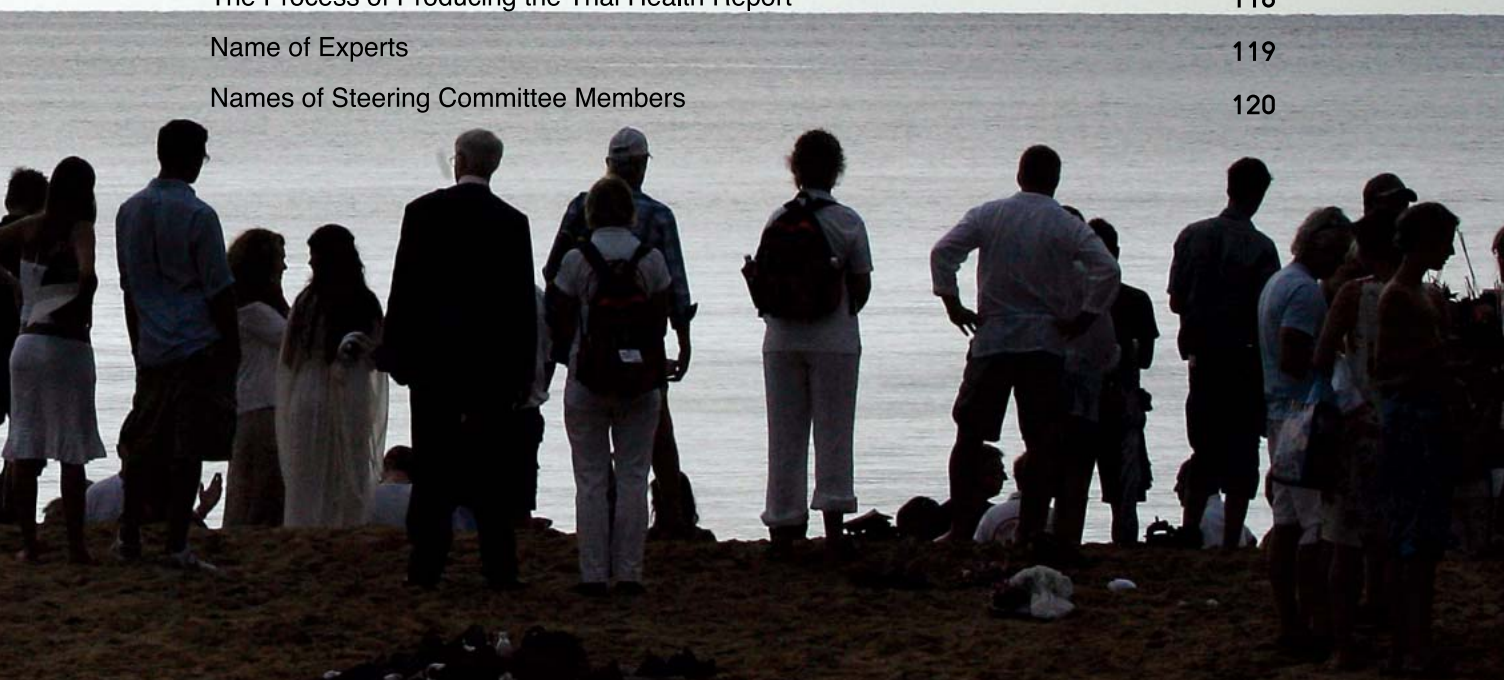
# 10+10 Health Issues

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# 13 Health Indicators

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# 13 Health Indicators

The 13 indicators provide an overall impression of the health of Thais today. The data on nutrition show that 8.1% of school children aged 6-14 are overweight. Many children eat fatty food with more calories than their bodies need. The sorts of foods that children prefer typically contain large amounts of starch, fat, and salt-particularly fast food. Children also drink large quantities of soft drinks. When children choose foods, they don't think about their health.

Sugary foods not only lead to obesity, but also to tooth decay. Many school-age children suffer from dental problems. These children eat excessive quantities of sugar, or do not brush their teeth correctly. In addition, many children have poor access to dental care. The number of rural children with dental problems is increasing, but most do not receive treatment.

Only one in three Thai people exercise sufficiently. Exercise does not necessarily require large amounts of time: the minimum is 30 minutes a day, three days a week. If people are very short of time, or do not have access to equipment and facilities, brisk walks are effective, provided people walk regularly.

Consumption of alcohol has become a major issue for Thai society. Data from The Administrative Committee of substance Abuse Academic Network show that the number of people consuming alcohol between 2001 and 2003, increasing from 1.5 million people to 1.8 million. This increase occurred despite new government policies limiting marketing and advertising. Many people who drink also drive, and accidents from drink driving are a leading cause of death. Alcohol advertising has a major effect on Thai lifestyles. The alcohol marketing industry has developed many strategies for encouraging Thai people to drink more. Many new types of alcoholic beverage have been introduced, and the purchase of alcohol has become more and more convenient.

Unintended pregnancy remains a serious problem in Thailand. Every year around 300,000 women become pregnant unintentionally, of whom 70% carry the pregnancies to term. The remaining 30% choose to have abortions. Lack of knowledge about contraception, and women's limited bargaining power in dealing with their sexual partners contribute to the high rates of unwanted pregnancies. This is particularly true for younger women, or for women who are sexually active but who are not yet ready for family life.



Mental health depends on the care that people receive from the time when they were children. It is important that families show love and attention towards children, and provide guidance to children when necessary. However, only one in three children report that their parents show sufficient love and attention. Many children believe that their parents are too distant, worry too much, or do not love them. One reason why children spend 4-6 hours per day watching television is that their parents are too busy to spend time with them. During the holidays, most children simply stay at home, and do not have any special activities to occupy themselves.

Although most Thai marriages are based on choice, around 3 million Thai women are in marriages where they did not choose their husband or their husband did not choose them. Most marriages begin with a social ceremony or formal registration. About one in ten couples argue frequently.

The report also examines the spiritual health of Thai Buddhists. The religious activity most frequently performed by Thai Buddhists is giving food to monks. Giving food to the monks is the main way in which Buddhists make religious merit in daily life. Making merit helps sustain Buddhism, and benefits both the people giving the food and the monks.

By taking care of their health, people can minimize the risk of illness. However, when illness occurs, Thai people now have universal health insurance, as a basic right. Universal health insurance means that everyone can receive the health care they need. Use of health services has increased markedly since the launch of the policy on 1 October 2001.

The environment is an important influence on the health of Thais. Attempts to boost agricultural exports and compete with other countries have led farmers to use more and more pesticides. Farmers lack sufficient knowledge about the safe and effective use of chemicals. Every year, more and more farmers suffer illnesses caused by pesticides. Water is also causing increased concern. Thai people face problems of water shortages, and droughts and artificial rainmaking are increasing in some areas, even as floods become more common elsewhere.



# 1

# Dental health

Prepare by Jantana Augchusak, Dental Health Division

## More than 6.6 million rural children under 12 years of age have experienced tooth decay, but most have not been treated.

Tooth decay among many children results from eating snacks and drinks that contain high amounts of sugar. Untimely tooth loss also results from not learning proper tooth brushing techniques when young.

As a general rule, all 20 primary or milk teeth will have developed by the time the child is three years old. However, by this stage, two out of three children will already have developed tooth decay, afflicting 3 to 4 teeth on average. Furthermore, compared to children in Bangkok, rural children are twice as likely to have tooth decay, 70% of which is not treated. In contrast, only 36% of children in Bangkok remain untreated.

The Dental Health Division, Department of Health, reports that since 2002, the overall number of children with tooth decay had decreased in all major regions of the country except the Southern region, where it has stabilized at 72.5%. The latest survey, in 2004, revealed that three-year-olds in Nakhon Pathom province had the least tooth decay. The highest number of children with tooth decay was found in the Southern-most provinces.

By the age of five or six, when children start to go to school, their milk teeth will have grown fully. Two out of three children of this age have already experienced tooth decay. In rural areas, the figure is five out of six. At age twelve, by which time 28 permanent teeth have developed, the number of rural children with tooth decay is similar to that for urban children, with an average of 1 to 2 decayed teeth per child. Only half of these cases are treated.

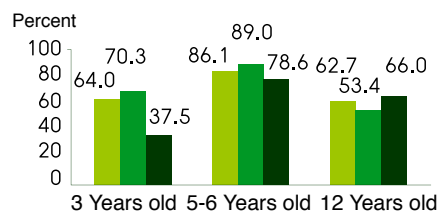
Every year, approximately 100,000 children develop new tooth decay. Major causes are improper eating behavior and lack of dental services for children, especially in rural areas. The influence of advertisements for sugary snacks and all forms of sugar supplements contribute to the problem. At present, elementary kids spend 13 baht per day on buying snacks and 19 baht per day during holidays. In other words, 6.7 million children aged 6-12 spend up to 40 billion baht per year on these harmful snacks.



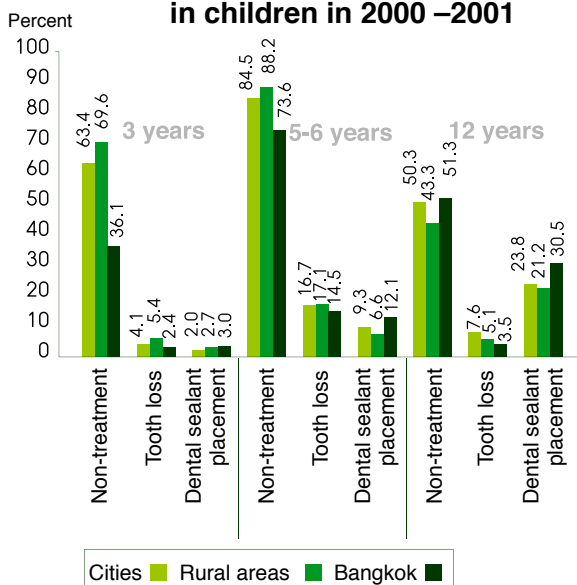
Many children develop cavities and lose teeth. Bad eating behavior and non-treatment of decayed teeth are to blame.



**Tooth decay in children in 2000 –2001**

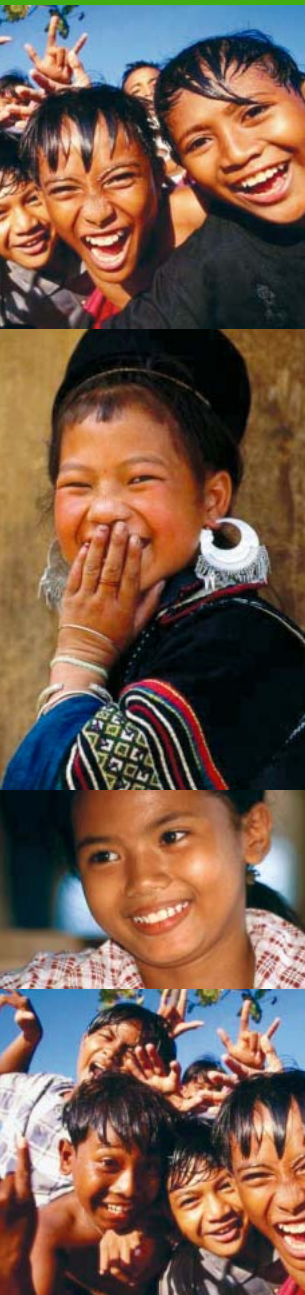


**Treated cases of tooth decay in children in 2000 –2001**

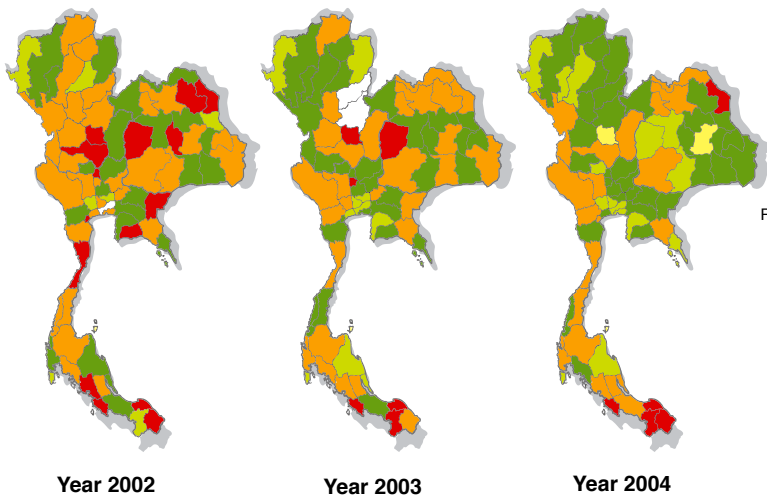


Cities ■ Rural areas ■ Bangkok ■

Source: The 5<sup>th</sup> National Oral Health Survey, Year 2000 - 2001, the Dental Health Division, Department of Health.

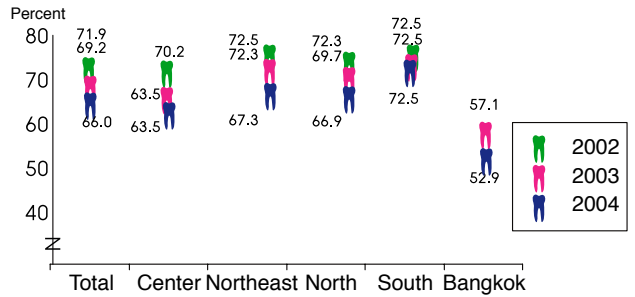


### Children under three years old with tooth decay



- Less than 60%
- > 60 – 70%
- > 70 – 80%
- More than 80%
- Survey not conducted

### Tooth decay in children under 3 years old



Source: The 2004 Report on the Situation of Children Aged 3 Years Old with Non-Decayed Teeth, Dental Health Division, Department of Health

### Tooth decay in children aged 5-6 years old

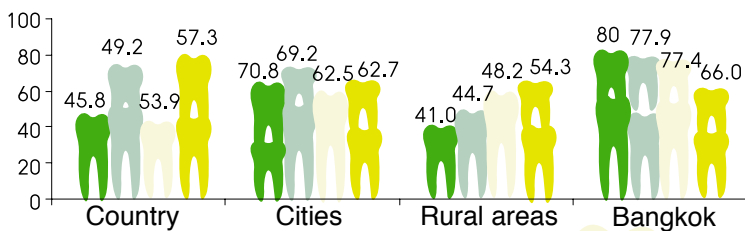


### Average number of decayed tooth (per child)

Age	1984	1989	1994	2000-2001
3 years	-	4	3.4	3.6
6 years	4.9	5.6	5.7	6.0
12 years	1.5	1.5	1.6	1.6

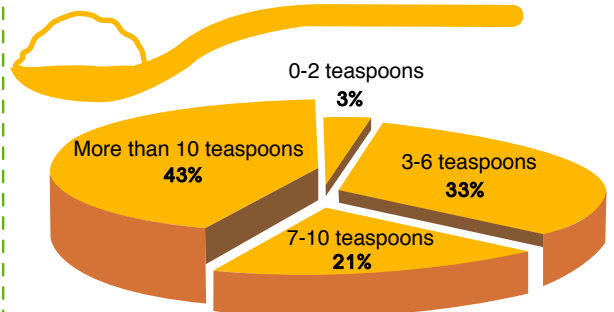
Source: The National Oral Health Survey No. 2,3,4 and 5, The Dental Health Division, Department of Health.

### Tooth decay in children aged 12 years old



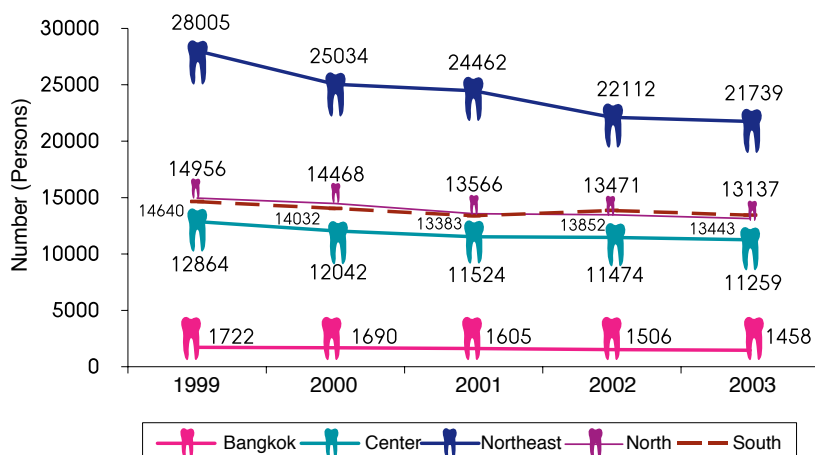
Source: The 5<sup>th</sup> National Oral Health Survey, Year 2000 - 2001, Dental Health Division, Department of Health.

### Amount of sugar consumption by children aged 3-5 years



Source: Jantana Augchusak et al., 2004

### Number of populations per a dentist



Source: Custom Tabulations from the Annual Report of Public Health Personal in 1999 - 2003 by the Department of Health, Thai Population Projection in 2000 - 2025, and Population Estimation in 1990 - 2020

### Dental treatment

Age group	Percent
0-4	7.1
5-9	8.9
10-14	6.3
15-19	11.0
20-29	20.5
30-39	17.5
40-49	13.3
50-59	7.6
60+	7.7
Total	100

Source: Study on the oral health service management situation on universal health insurance, 2002

# 2

## Unintended pregnancies

Prepare by The Women's Health Advocacy Foundation

Every year about 300,000 women have unintended pregnancies

“

Many women become pregnant unintentionally. Some of these women choose to have abortions. The remaining 70% or so carry their pregnancies to term.

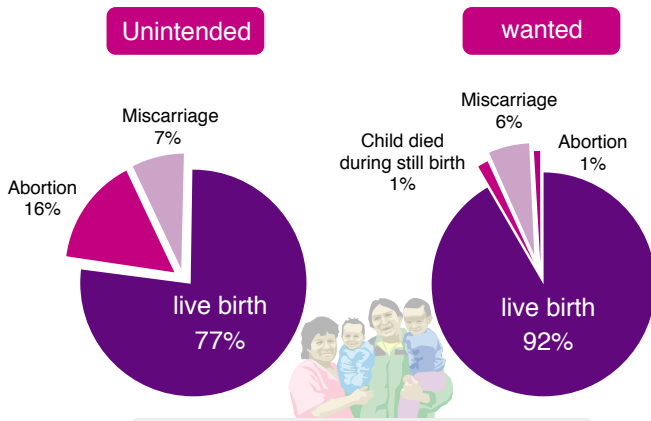
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The contraceptive prevalence rate among Thai women is high, and gradually increasing. However, 13% of women giving birth do not want to get pregnant, 20% want to get pregnant but at a later time, and a further 4% did not have firm views. Altogether, 33% of pregnancies each year are unintended. Women who do not want to get pregnant are 16 times more likely to have an abortion than women who want to get pregnant. Only one in four women with unintended pregnancies uses contraceptives. The remaining three in four are not being reached by current contraceptive programs, which are targeted at couples.

Unintended pregnancies have many consequences for society, including abortion, infant abandonment, and infanticide. Statistics on the extent of these problems are highly deficient. However, existing data from various sources allow some tentative conclusions. The Department of Health, Ministry of Public Health, states that in 1999, 13,090 women were treated at government hospitals for complications following abortions. The average cost per case for treating complications from abortions is 21,024 baht. Even though large numbers of women experience unintended pregnancies, these women are stigmatized and left to cope with the problems on their own. Government facilities lack policies to assist women with unintended pregnancies. This needs to work together to solve the problem.

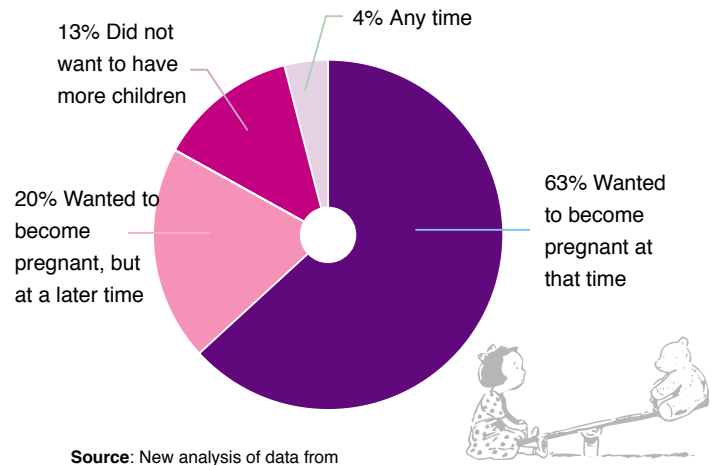


### Pregnancy outcomes, according to the status of the pregnancy



**Source:** Community Survey of Women's Health and Reproductive Histories, Population Council, 2002  
**Note:** Data obtained from two village censuses

### Status of pregnancies



**Source:** New analysis of data from Kritaya Archavanitkul et al 2005  
**Note:** Data from a representative sample of 2,800 women in Bangkok and Nakhon Sawan. The analysis is based on 630 women who had had births in the previous 5 years.

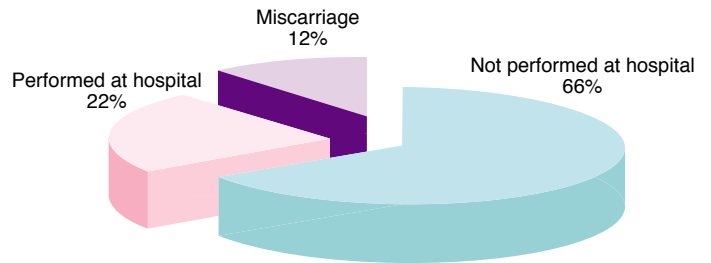
### Numbers of women consulting the NGO 'Friends of Women' about unintended pregnancy



Situation	2001	2002	2003	2004	2005
Not ready	-	25	26	49	44
Contraceptive error	-	4	9	15	6
Male partner refuses to take responsibility	-	7	31	37	54
Rape	-	5	-	5	7
All women seeking advice on unintended pregnancies	152	41	66	106	111
All women seeking advice on any issue	869	281	558	750	748

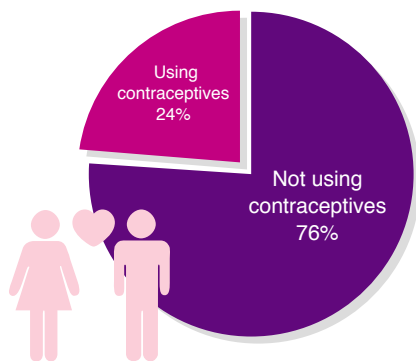
**Source:** Data Center, Friends of Women  
**Note:** Consultations are classified into four types: family problems, unintended pregnancies, social problems, other problems

### Sixty-six percent of abortions are not performed at a hospital



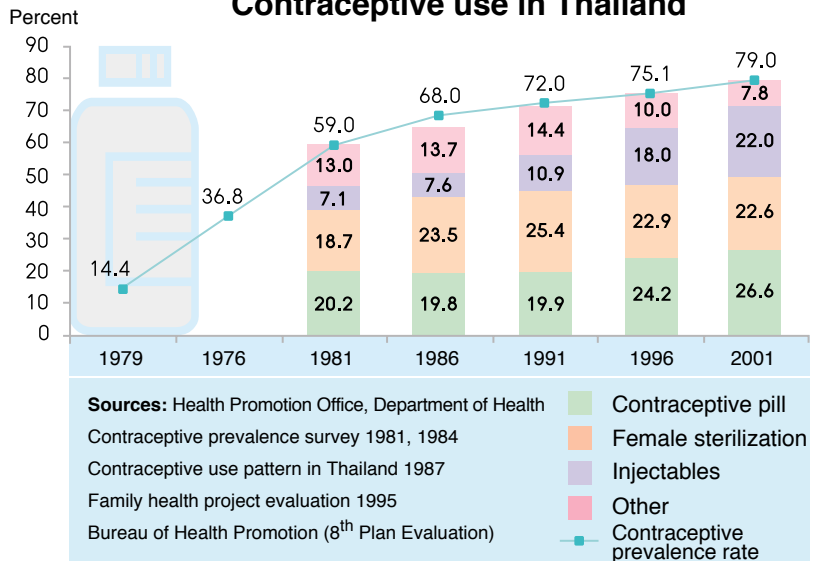
**Source:** Induced Abortion : Nationwide Survey in Thailand, 1999

### Twenty-four percent of unintended pregnancies occur to women using contraceptives



**Source:** Community Survey of Women's Health and Reproductive Histories, Population Council, 2002

### Contraceptive use in Thailand



**Sources:** Health Promotion Office, Department of Health  
 Contraceptive prevalence survey 1981, 1984  
 Contraceptive use pattern in Thailand 1987  
 Family health project evaluation 1995  
 Bureau of Health Promotion (8<sup>th</sup> Plan Evaluation)

**Note:** 'Other' contraceptives include IUDs, male sterilization, implants, and condoms.



# 3


## Nutrition

Prepare by Sangsom Seenawat, Department of Health

More than 100,000 children aged 6-14 in Bangkok eat Western fast food every day



Childhood obesity is 3-5 times more common in Bangkok than in other parts of Thailand. Children are becoming overweight because of fast food, soft drink, and sweet snacks, all of which taste good but are full of sugar and fat.



Western fast foods such as hamburgers, fried chicken, French fries, and pizza are very popular among children and teenagers. In Bangkok, 109,500 school children eat fast food every day, and 205,808 eat fast food at least once a week. Everyone knows that fast food has a high calorie and fat content, and that this is what makes it taste good. However, long-term consumption of these foods is a health risk. Excessive consumption of fat leads to high cholesterol, clogged arteries, and high blood pressure. Excessive consumption of sugar leads to tooth decay, obesity, and sometimes diabetes. Statistics on weights and heights show that obesity is 3-5 times more common among children in Bangkok than among children in other parts of Thailand.

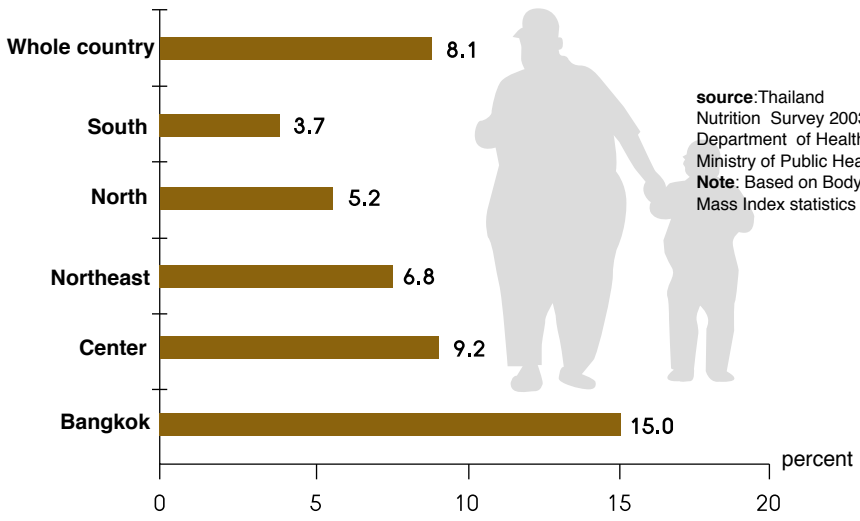
However, consumption of fast food is not confined to Bangkok children. Around 4-6% of children outside Bangkok eat fast food at least once per week. Overweight children are more common than underweight children in every region of Thailand, apart from the North.

### The Body Mass Index (BMI)

A person's BMI equals their weight in kilograms divided by their height in meters, squared. Normal BMI is between 20 and 24.9. Example: Weighted 45 kilograms and height 1.6 meters. A BMI equals  $\frac{45}{1.6^2} = \frac{45}{2.56} = 17.58$  kilograms per meters squared.

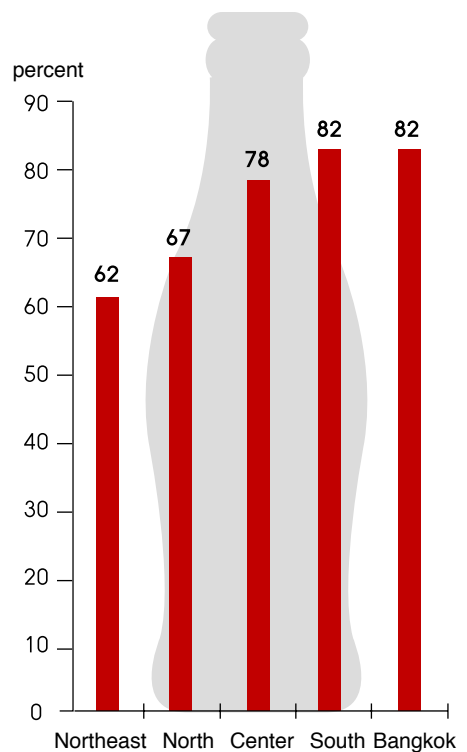


### Percent of children aged 6-14 years who are overweight



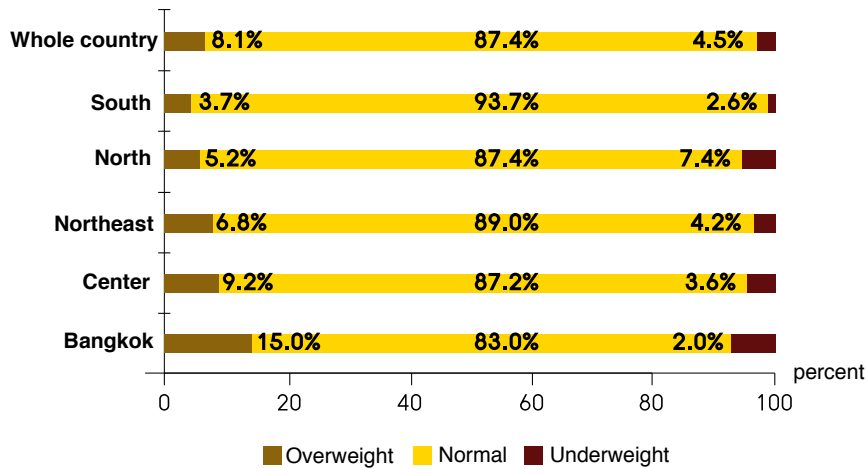
source: Thailand Nutrition Survey 2003-4, Department of Health, Ministry of Public Health  
 Note: Based on Body Mass Index statistics

### Consumption of Soft drinks and sweet beverage



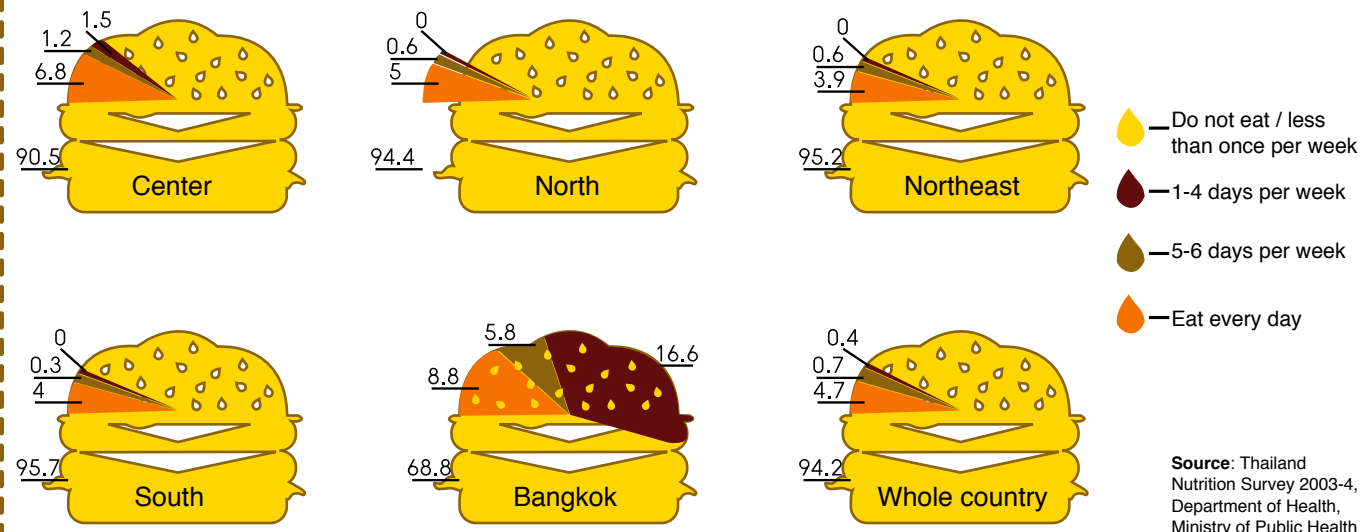
Source: The population health care behavior survey 2005, National Statistical Office.

### Nutritional status of children aged 6-14 years



Legend: Overweight (dark brown), Normal (yellow), Underweight (dark red)  
 Source: Thailand Nutrition Survey 2003-4, Department of Health, Ministry of Public Health  
 Note: Based on Body Mass Index statistics

### Percent of children aged 6-14 who consume fast food



Source: Thailand Nutrition Survey 2003-4, Department of Health, Ministry of Public Health

# 4

# Alcohol

Prepare by Bunditt Sornpaisarn, Center for Alcohol studies

Alcoholism has increased, with 4.1% of Thais now addicted to alcohol.

“

The government still has insufficient control over the advertising and distribution of alcohol. Acquiring a license to sell alcohol is easy, because the deposit required is small, and the excise tax is low. This has contributed to a rise in the number of Thais addicted to alcohol, which has increased from 1.5 million to 1.8 million.

”

There has been a striking increase in the problem of alcohol abuse. A survey conducted by The Administrative Committee of Substance Abuse Academic Network found that in 2001, somewhat less than 1.5 million Thais, or 3.5% of the population aged 12 to 65, consumed alcohol at least 20 days per month. Twenty days per month qualifies as alcohol addiction. By 2003, the number of Thais drinking 20 or more days per month had increased to 1.8 million, or 4.1% of the population. The number of traffic accidents in which alcohol was a contributing factor increased 5 times between 2000 and 2004, from 1,811 to 9,279. One of the reasons for Thai people's heavy consumption of alcohol is weak regulation by the government.

2004, there was a fall because of a Cabinet Resolution introduced in July 29, 2003, restricting the hours in which alcohol advertisements could be broadcast on television and radio. The Cabinet Resolution did not, however, restrict advertising through other media, such as newspapers or roadside boardings, and advertisements in these media increased rapidly.

The fees charged for licenses to sell alcohol are extremely low. The fees for Thai alcohol are currently only 110 baht per year, or 0.3 baht per day. The fees for imported alcohol are 1,650 baht per year, or 4.5 baht per day. Moreover, alcohol taxes are very low. This is particularly true for rice whiskey, where taxes have not even kept up with inflation. In fact, the government has reduced taxes on rice whiskey, on the grounds that it is a community industry. Rice whiskey has therefore become the drink of choice in rural areas. It is the easiest type of alcohol to buy and the cheapest way to get drunk.

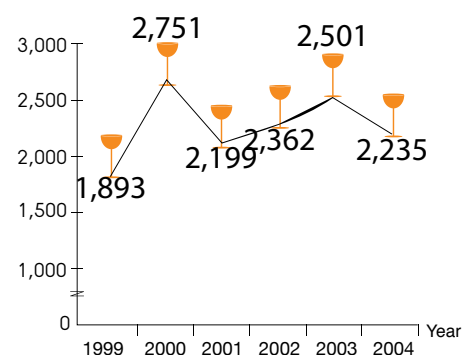
**Note:** In 2005, a Cabinet Resolution raised the tax on some forms of alcohol, but not rice whiskey and beer. The legal time during which alcohol can be sold was reduced from 12 hours per day to 10. It is important to monitor enforcement of the new rules.

## Tax rates for alcohol

Type of alcohol	Tax rates	Percent of value	Baht per liter
<i>Non-distilled</i>			
Beer		55	100
Wine		60	100
Traditional beverages		25	70
<i>Distilled</i>			
Lao khao (rice whiskey)		25	70
Mixed spirits		50	400
Special spirits		50	400
Brandy		40	400
Whisky		50	400

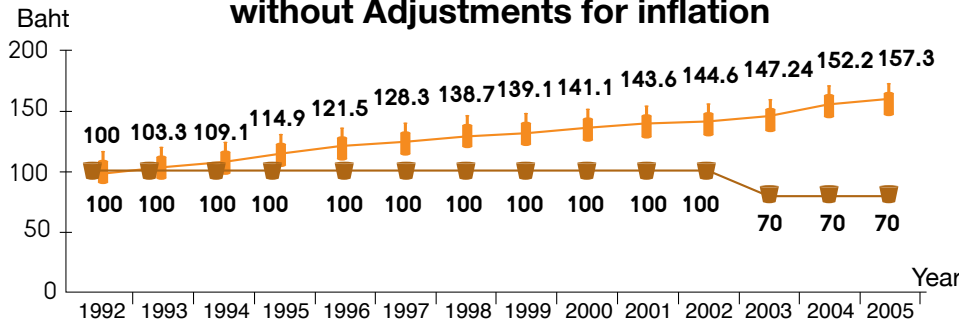
Source: The Excise Department, Ministry of Commerce, 2005

## The advertising budget of the alcohol industry



Source: A C Nielson 2005

### The tax on Rice Whiskey, with and without Adjustments for inflation



source: \* The Excise Department, Ministry of Commerce, 2005  
 \*\*Adjusted for inflation by the Center for Research on Alcohol Abuse, using data from the Ministry of Finance

■ Tax on rice whiskey \*  
 ■ Tax on rice whiskey with adjustments for inflation \*\*

### Regulations on the Advertising of Alcohol: Cabinet Resolution 29 July 2003

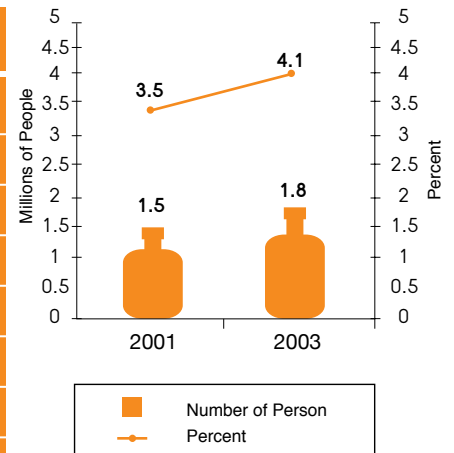
- Radio and television stations are banned from broadcasting advertisements for alcohol and tobacco between 5 am and 10 pm.
- There are controls over the content of advertisements played between 10 pm and 5 am
- No advertisements are permitted with 500 meters of a school or other educational institution.

### Alcohol advertising budgets, various media

	2003	2004	2005
Total	2,501	2,235	-10.6
Television	1,727	1,412	-18.2
Radio	172	87	-49.1
Newspapers	236	346	46.5
Magazines	61	69	13
Movies	222	239	7.6
Billboards	78	62	-20.7
Advertising from vehicles	2	12	582.8
Advertisements in shops and restaurants	3	8	147.8

Source: AC Nielson, 2005

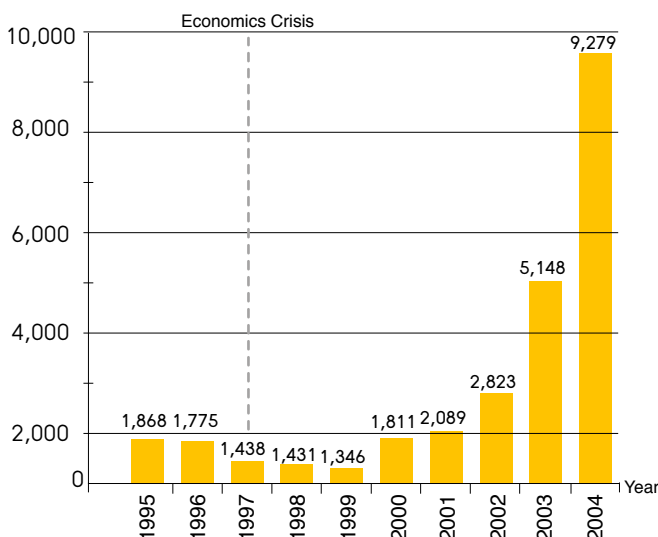
### Trends in alcohol abuse



Source: The Administrative Committee of Substance Abuse Academic Network, 2005.

Note: consuming alcohol at least 20 days per month.

### Statistics on Accidents Caused by Drunk Drivers



Source: Data Center, National Police Office

### Fees for Licenses to Sell Alcohol

Type of license	Type of distribution	License fee
1	Wholesale sales all types of alcohol, including Thai and imported alcohol	8,250 baht per year
2	Wholesale sales of Thai alcohol	1,650 baht per year
3	Retail sale of Thai and imported alcohol	1,650 baht per year
4	Retail sale of Thai alcohol	110 baht per year
5	Retail sale of Thai and imported alcohol, for period not exceeding 10 days	110 baht per year
6	Retail sale of Thai alcohol, for period not exceeding 10 days	55 baht per time
7	Sale of Thai alcohol in clubs Sale of imported alcohol in clubs	110 baht per year 220 baht per year

Source: Excise Department, 2005

# 5

## Exercise

Prepare by Thai Health Team

### In 2004, only one in three Thais exercised 3-5 days per week

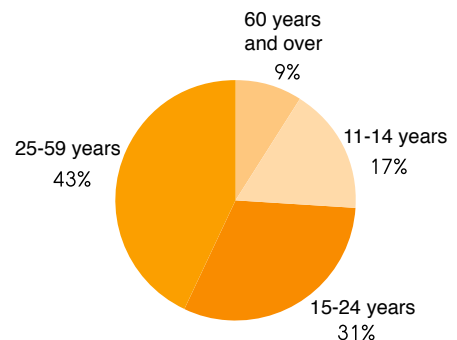


Thai people know that exercise is important for health, but they give greater importance to work and other matters, and do not have time for exercise.



In 2002, the Ministry of Public Health launched a five-point health promotion campaign. In 2005, the five points were increased to six. The campaign deals with exercise, food, healthy emotions, freedom from disease, a safe environment, and avoidance of vice. The objective is for Thais to exercise for at least 30 minutes at least three times per week. Unfortunately, only 23% of Thais meet this objective. More encouragingly, however, the number of Thais who exercise has increased in every region of the country. Altogether, 70% of Thais exercise for their health. Exercising because of invitations from friends is 1-3 times more common in the Northeast than elsewhere. Exercising because of health problems is most common among the elderly, 20% of whom cite this as a reason. Young people and older people are two groups that need to exercise for their health. However, only 17% of Thais aged 11-14, and 9% of Thais aged 60 and over exercise regularly.

The two types of exercise that showed the biggest increases between 2001 and 2004 were jogging and aerobics. Sports and walking actually decreased. Some people have limited time for exercise. However, anything that involves exertion—such as climbing the stairs instead of taking the lift, riding a bicycle to work, or doing housework—is a form of exercise, if performed in sufficient amounts.



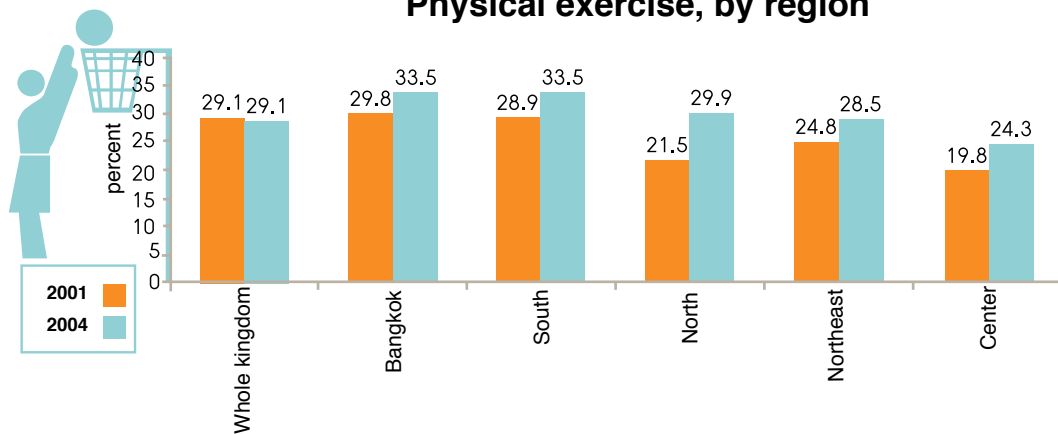
**Source:** Report on Survey of Physical Activity, 2004, National Statistical Office.

**Notes:**

1. The National Statistical Office defines an activity to be exercise if it involves some physical exertion, and is undertaken for the sake of health, pleasure, or society. It includes walking, running, skipping, and weight-lifting. It excludes exertion as part of a person's work, and exertion during daily activities.
2. The data refers to the month before the survey.
3. In 2001 the sample consisted of people aged 15 and over.
4. In 2004 the sample consisted of people aged 11 and over.



### Physical exercise, by region



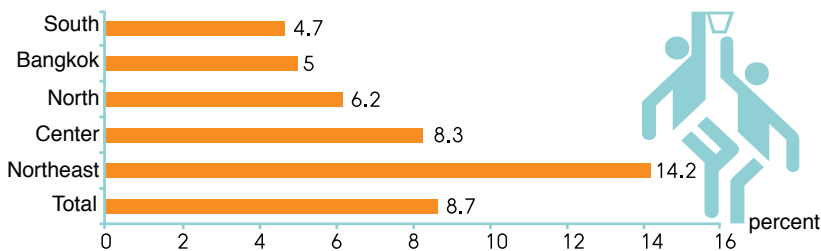
Source: Report on Survey of Physical Activity, 2001 and 2004, National Statistical Office.

### Reason for not exercising and Reason for exercising

Reason for not exercising	percent	Reason for exercising	percent
1. Don't have time, work, look after children or old people	76.7	1. For health	70.7
2. Physically incapable	12.7	2. Invited by friends	8.8
3. Don't want to, not interested, don't enjoy	6.0	3. Have health problem	5.2
4. Studying, no friends, teachers do not show how	2.9	4. Reduce stress	5.1
5. Lack sports fields, facilities, equipment	1.1	5. Loose weight	3.9
6. Raining, need to rest	0.7	6. Other	6.3

Source: National Statistical Office, 2004  
Source: Exercise Unit, Department of Health, 2004

### Exercise because invited by friends by region



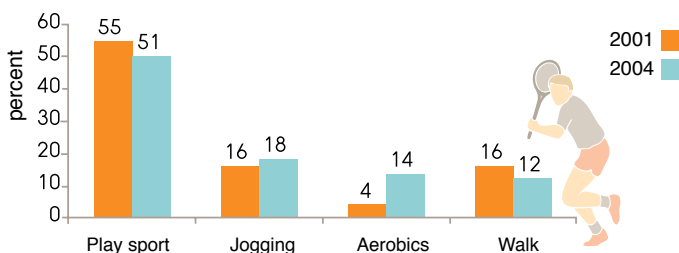
Source: Report on Survey of Physical Activity, 2004, National Statistical Office.

### Membership of fitness clubs

year	Number of Clubs	Number of members
2001	1118	57302
2002	12974	172103
2003	35532	4577277

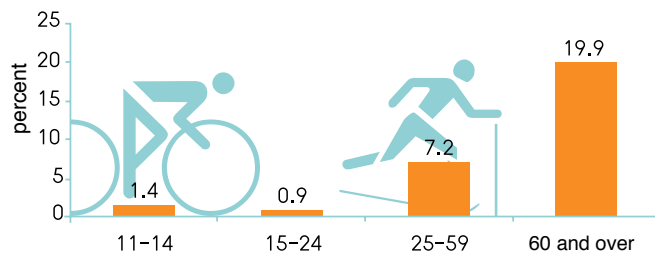
Source: Office of Health Promotion, Department of Health, Office of Health Education, Department of Health Administration

### Type of exercise



Source: Report on Survey of Physical Activity, 2004, National Statistical Office.

### Exercise because of health problems



Source: Report on Survey of Physical Activity, 2004, National Statistical Office.

# 6

## Universal health insurance

Prepare by Viroj Tangcharoensathien, International Health Policy Program

**More Thai people are using health services. Health resources are used more efficiently.**



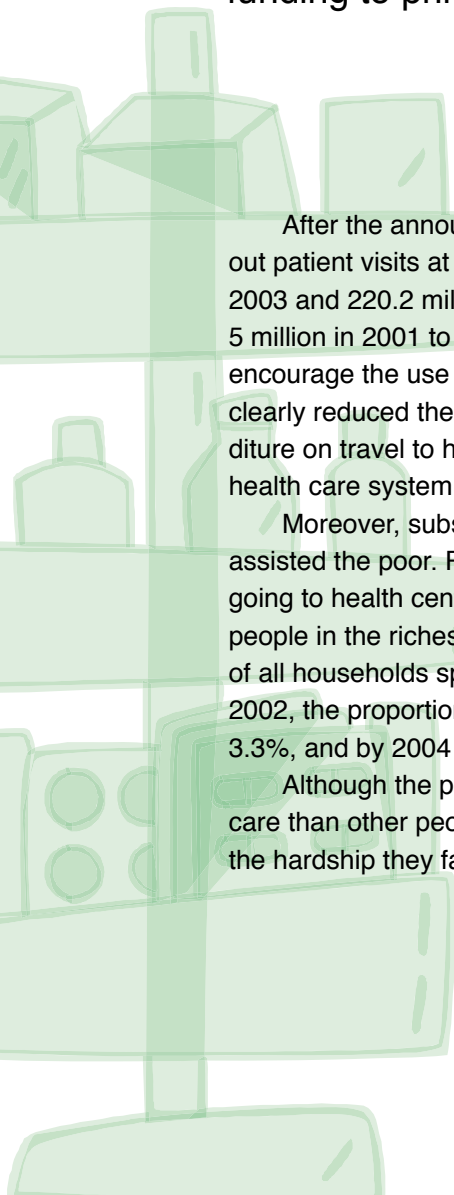
Universal health insurance has increased Thai people's access to health services. The poor benefit more than the rich because the poor do not pay the capital costs of their care, and because the government provides more funding to primary facilities and district hospitals.



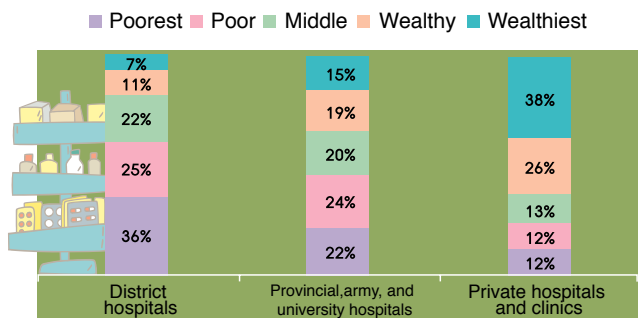
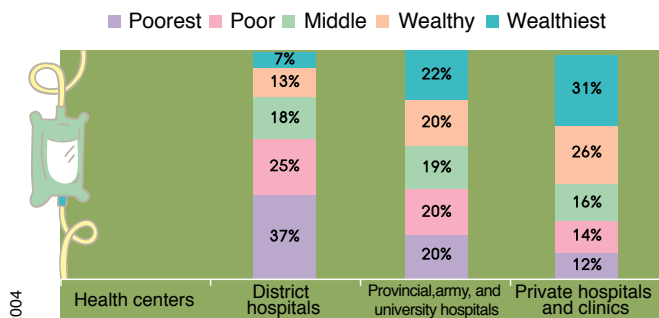
After the announcement of the universal health care policy, the number of out patient visits at hospitals increased from 172.5 million in 2001 to 213.0 million in 2003 and 220.2 million in 2004. The number of inpatient visits increased from 5 million in 2001 to 5.3 million in 2003 and 6.1 million in 2004. New policies to encourage the use of local-level facilities and to improve the referrals system clearly reduced the number of visits to provincial hospitals. Household expenditure on travel to hospitals also fell. The efficiency of all levels of the Thai health care system improved.

Moreover, subsidies given to health centers and district hospitals mainly assisted the poor. People in the poorest income quintile received 40% of funds going to health centers and 37% of funds going to district hospitals, while people in the richest quintile received, respectively, 4% and 7%. In 2000, 5.4% of all households spent more than 10% of their income on health care. By 2002, the proportion spending more than 10% on health care had fallen to 3.3%, and by 2004 it had fallen to 2.8%.

Although the poor spend a smaller proportion of their income on health care than other people, expenditure on health care nevertheless contributes to the hardship they face.



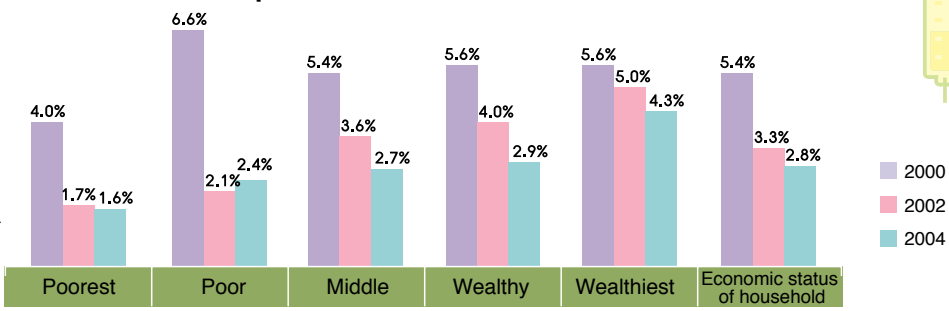
## Percent distribution of expenditure on outpatients    Percent distribution of expenditure on inpatients



Note: The estimates are based on the formula EXPENDITURE = NUMBER OF VISITS x (UNIT COST - OUT-OF-POCKET PAYMENTS)  
 Source: Viroj Tangcharoensathien and others, Report on the Household Socio-Economic Survey 2004

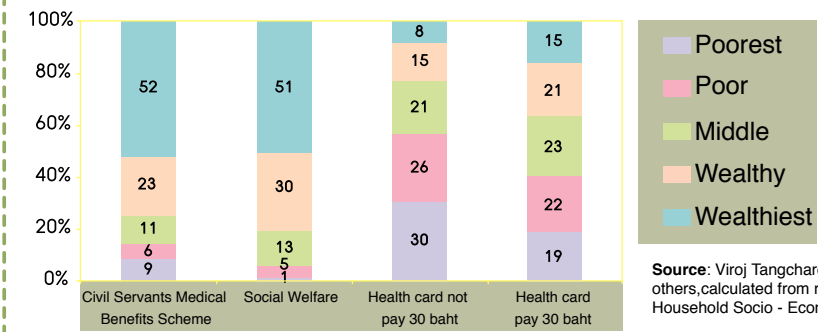
Source: Report on the Household Socio-Economic Surveys 2000-2004

### Proportion of households with high expenditures on health care



When it was announced in 2001, the universal health care policy was known as the 'thirty Baht, Treat All Illness' scheme. Four years later its name was changed to the 'Thirty Baht, Help Thais Avoid Illness' scheme. In 2004, 52% of members of the Civil Servants Medical Benefits Scheme, and 51% of members of the social welfare scheme, belong to the wealthiest income quintile. In contrast, 56% of members of the universal health care scheme where members do not have to pay any fees, 'The Health card not pay 30 Baht' scheme, belonged to the two poorest quintiles. Similarly, 41% of members of the universal health care scheme where members pay 30 baht fees, 'The Health card pay 30 Baht' scheme, belonged to the two poorest quintiles.

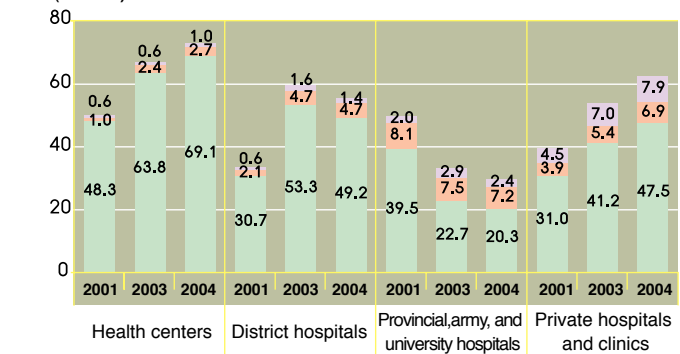
### Income distribution of members of health insurance schemes



Source: Viroj Tangcharoensathien and others, calculated from report on the Household Socio - Economic Survey, 2005

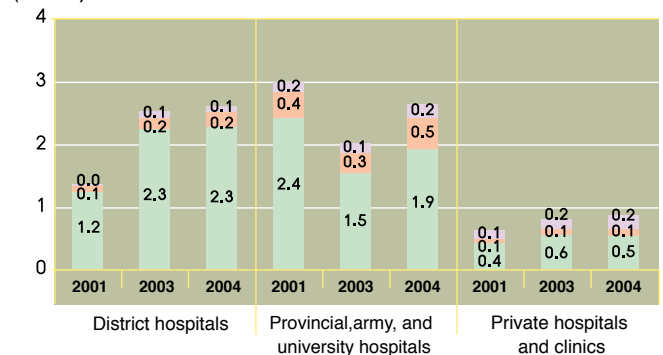
The categories 'Poorest', 'Poor', 'Middle', 'Wealthy' and 'Wealthiest' refer to income quintiles. People in the lowest quintile have household incomes in the lowest 20% of the income distribution, people in the second quintile have household incomes in the second-lowest 20%, and so on.

### Number of outpatient visits, by health insurance scheme and year



Source: Viroj Tangcharoensathien and others, calculated from report on the Household Socio Economic Survey, 2005

### Number of inpatient visits, by health insurance scheme and year



**Gold Card:** The figures for 'Gold Card' in 2001 refer to people who do not belong to the Civil Servants Medical Benefit Scheme or the Social Welfare Scheme, since the 'Thirty Baht, Treat All Illnesses' Scheme did not yet exist. The figures for 'Gold Card' in 2003 and 2004 refer to people who have Gold Cards or do not know what Scheme they belong to

Source: Viroj Tangcharoensathien and others, calculated from report on the Household Socio Economic Survey, 2005



# 7

## Mental health of Thai children

Prepare by Thoranin Kongsuk, Prasrimahapoh Hospital

Only 30% of children feel that their parents love and care for them, while more than 600,000 children have mental health disorders requiring treatment.



Thailand's future depends on the mental health and strength of today's children and teenagers. However, many of them, particularly those living in the South and in Bangkok, lack warm and close family relationships



A 2005 survey of the emotional and behavioral epidemiology of Thai children and teenagers showed that 5.1%, or 687,798 Thais aged 6 -18, experienced an "irregular level" of mental and behavioral disorders, such as anxiety, depression, suicidal tendencies, childishness, misbehavior, law breaking, aggression, and sexual problems. These disorders, for which psychologists or mental health experts were required, were found most in young girls. The highest prevalence was among girls in the Southern region, at 9.8%, followed by girls in Bangkok, at 7.7%. The survey also found that 6.2% of students were involved with various kinds of illicit drugs.

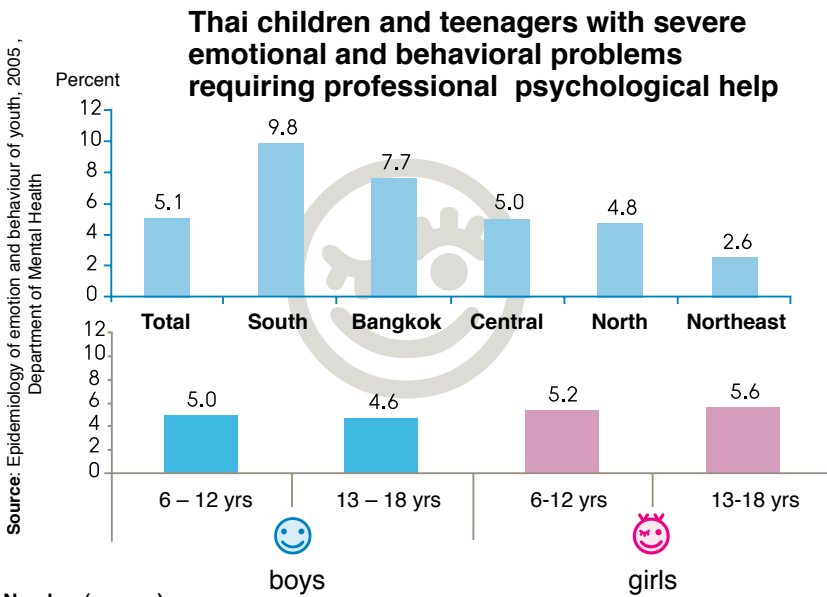
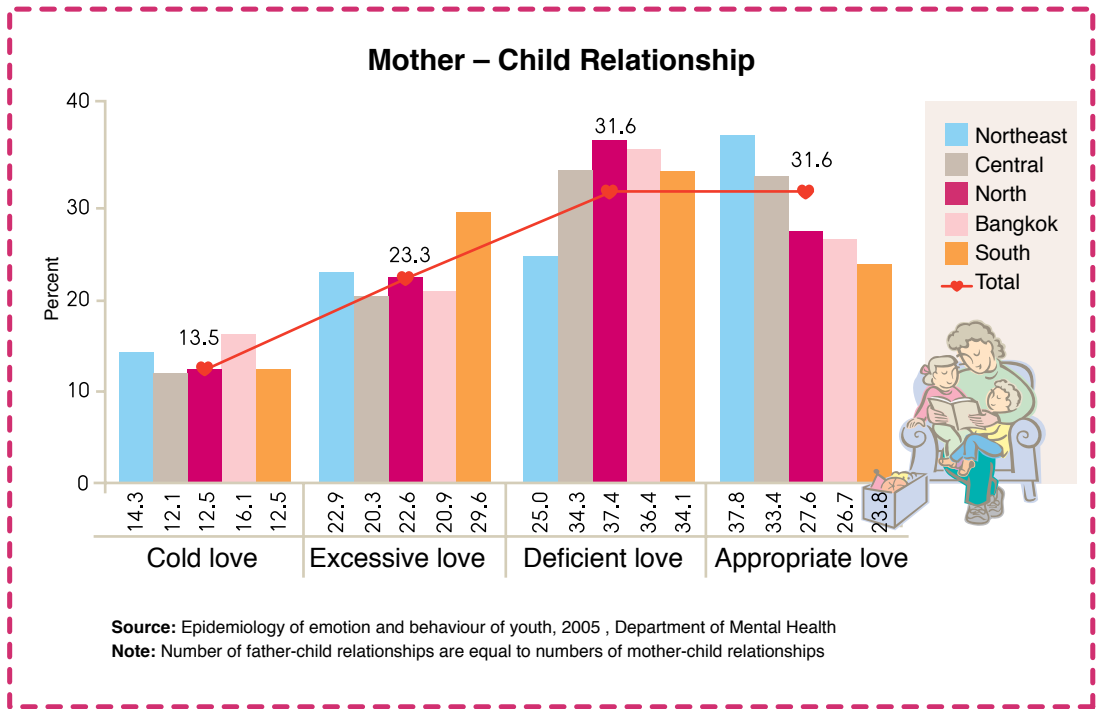
Despite the large numbers of children who need psychological treatment, the number of psychiatrists is growing very slowly. There are only 500 child psychiatrists in the whole country, most of whom work in Bangkok.

Good mental health is based on the creation of sound family relationships from infancy. The relationships can be categorized as follows :

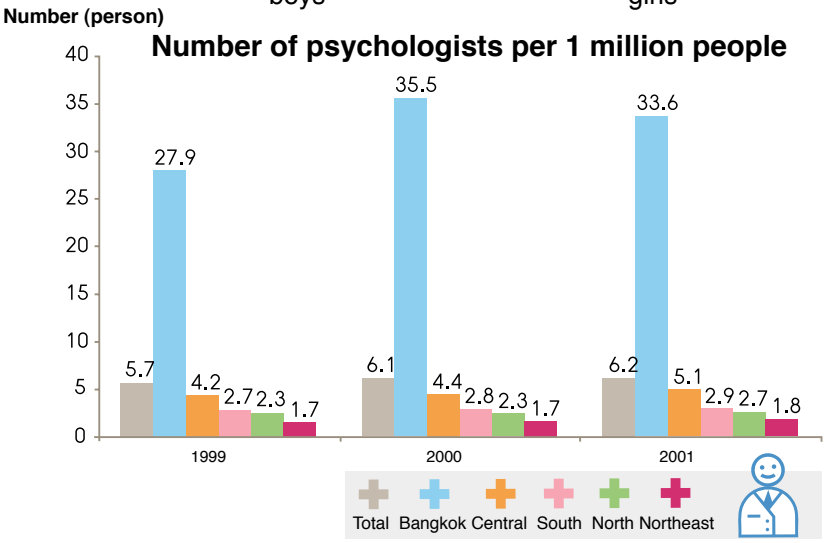
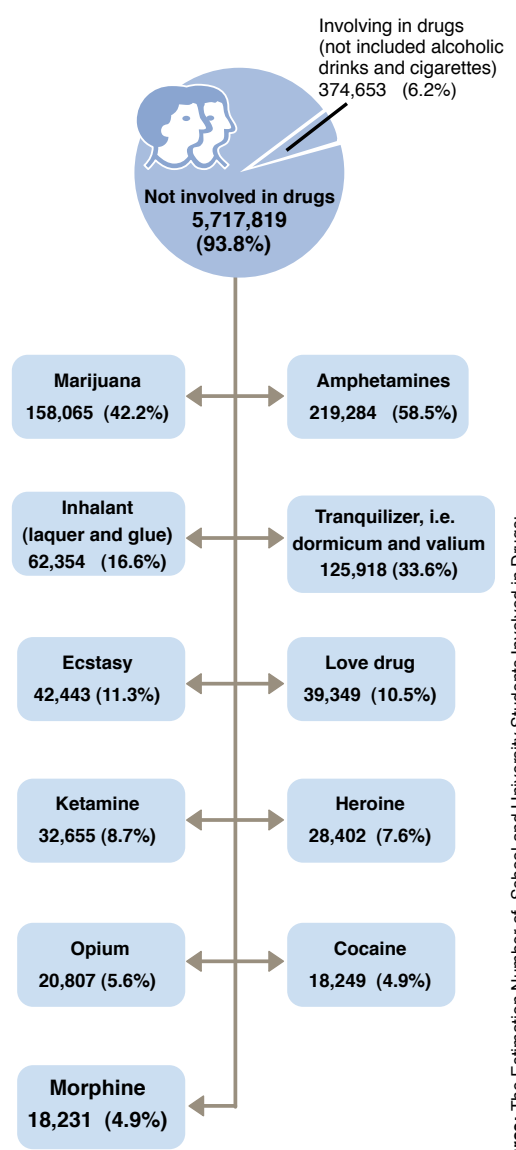
1. appropriate love (love with proper control) ;
2. excessive love (love with tight control);
3. deficient love (control without affection); and
4. cold love (a loveless relationship)

Sadly, it has become difficult in contemporary Thai society to create and sustain positive family relationships. "Deficient love" is found more than other types of love, throughout the country. In the Northeast, where the proportion of good family relationships, as well as poverty, is higher than in other regions, only three out of ten children feel their parents' love and care. Alarmingly, 14% of children state that there is no relationship at all. The creation of loving family environments needs to be made a priority in Thai society.





### Number of school and university students in 2001



**Source:** The Survey of the Department of Mental Health, Ministry of Public Health  
 Thai Population Estimation in 1990 – 2020, the National Economic and Social Board  
 Thai Population Projection in 2000 – 2025, the Health System Research Office and  
 Institute for Population and Social Research.

# 8

## Buddhist spiritual health

Supported text by Pra Kunchit Gunavaro, Nyanavesakavan Temple Arunee Vajjirapornitip, Faculty of Medicine Siriraj Hospital Churit Tengtrisorn, Department for Development of Thai Traditional And Alternative Medicine

**Thai people have a tendency to perform religion activities more, particularly meditation has increased three times**



The Buddhist concept of health is all-encompassing, and includes physical, social, psychological, and spiritual aspects.

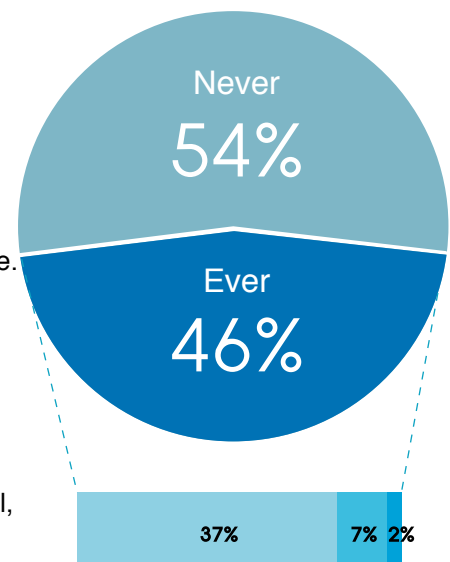


In Buddhism, health does not simply mean the absence of physical illness. Health encompasses knowledge, freedom, cleanliness, and peace, because the absence of any of these things can spoil one's life. Comprehensive health improvement therefore includes personal improvement, but also the improvement of society and the environment. Health indicators need to take account of all the four aspects of development psychological, spiritual, cultural, and physical.

In recent years increasing numbers of people have been making religious activities as part of their daily routine. This is particularly true for offering food to monks, prayer, and observing the five precepts. Two out of 10 Thai Buddhists aged 15 and over read religious books. People aged 60 and over are particularly active.

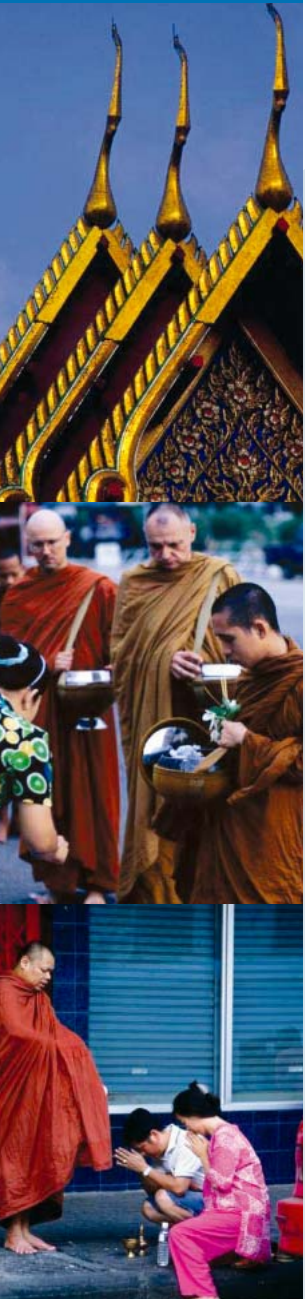
However, survey data show that almost one half of Buddhists in Bangkok are not satisfied with simply making merit. They make merit to avoid social disapproval, or from a feeling of guilt. One in four Thais in the capital hope to obtain peace of mind from making merit. They make the personal sacrifice in order to be happier in this life, or to avoid misfortune. Over one half of those surveyed believed that Thais act morally and base their lives on Buddhist doctrines such as karma, or the idea that good brings good and evil brings evil. This allows people to live together peacefully.

### Making merit to avoid social disapproval

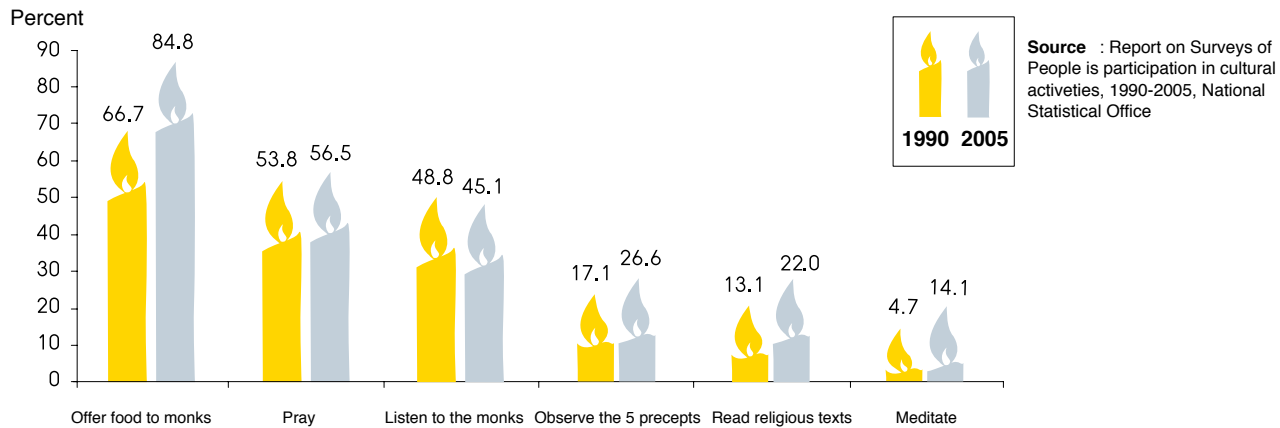


- Occasionally
- Often
- Always

Source: Thais and Merit-Making 2005, Bangkok Poll Research Center

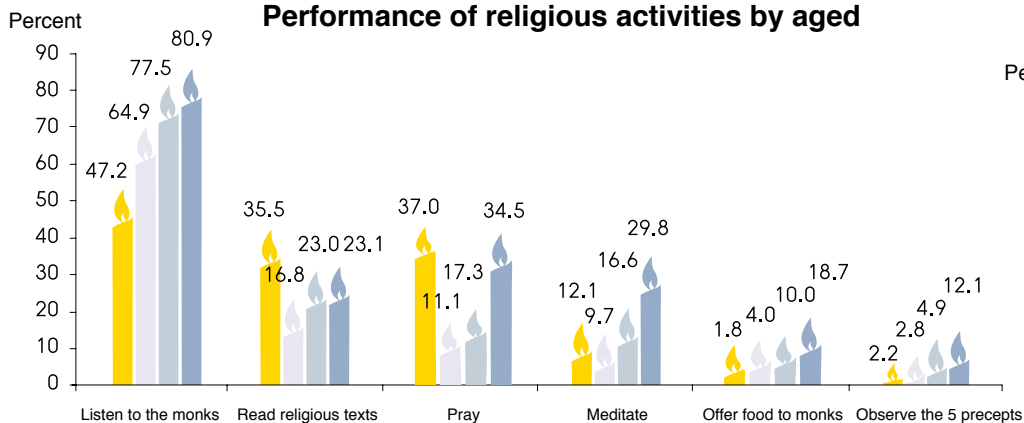


### Performance of religious activities by Thais



Source : Report on Surveys of People's participation in cultural activities, 1990-2005, National Statistical Office

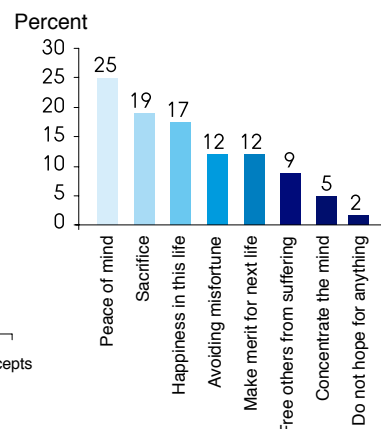
### Performance of religious activities by aged



Source: Report on Surveys of People's participation in cultural activities, 1995, National Statistical Office

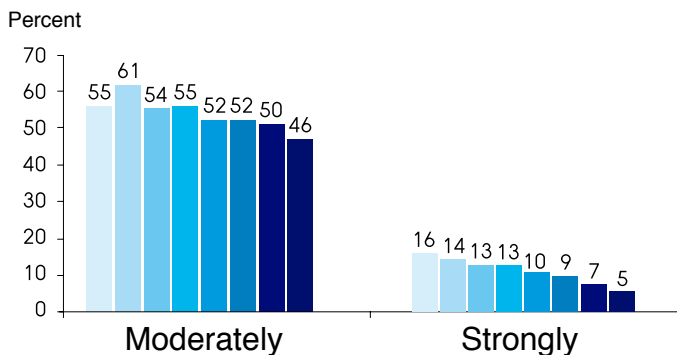


### Reasons for making merit



Source: Research Institute of Bangkok University, 2005.

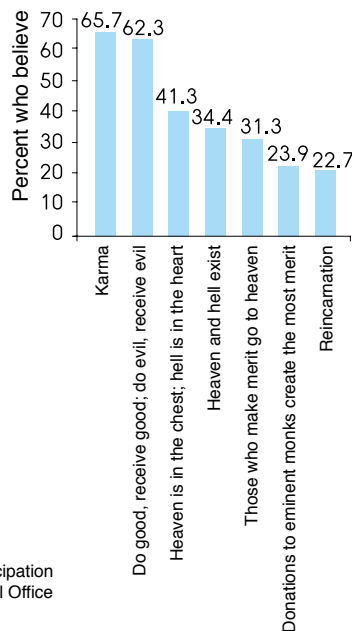
### Believe in Thais act morally



- Appreciative
- Compassionate
- Enduring
- Trustworthy
- Hardworking
- Charitable
- Law-abiding
- Responsible

Source: Report on surveys of People's Participation in Cultural Activities, 2005, National Statistical Office

### Belief in religious doctrines



# 9

# Water shortages

Prepare by Health Public Policy and Health Impact Assessment Program

Although northern and southern Thailand experienced floods in 2005, Thailand faces an increasing problem of water shortages



If Thais simply seek new sources of supply, and do not address the ever-increasing demand for water, or consider the natural resource base, then Thailand will face severe water shortages.



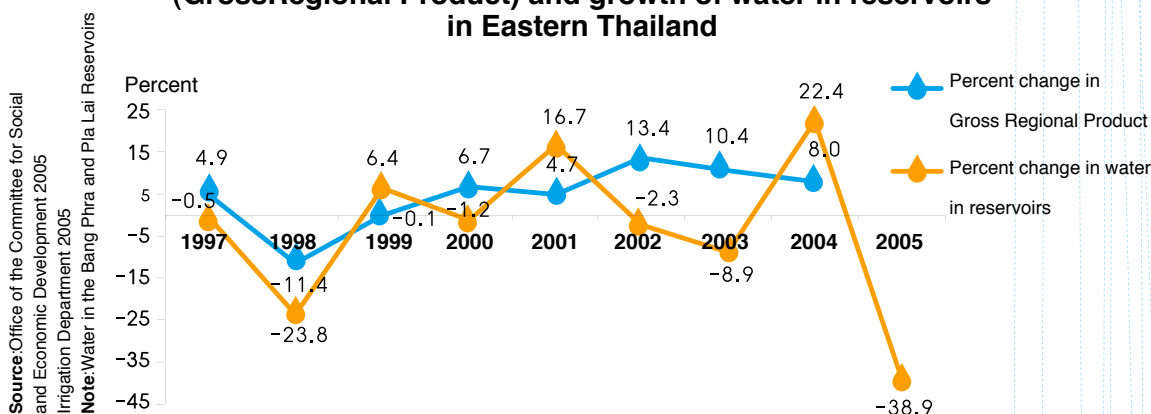
The question of water shortages has two sides supply and demand. The source of supply is rainfall. Over the last 50 years, the quantity of rainfall has been declining. In response to the decline in naturally-occurring rain, the government has resorted to artificial rain-making. In the year 2005 alone, there were 3,118 attempts at artificial rain-making, which was 2.5 times higher than in 1996. The demand for water increased 15% between 1996 and 2006, leading to a likely shortfall of 12,560 million cubic meters in 2006.

Eastern Thailand is a clear example of water shortages leading to social conflict. Regional economic output increased by 10.4%, but water levels in the Bang Phra and Nong Pla Lai dams were 8.9% below their usual levels. The government decided to divert water from neighboring areas to address the problem, but then faced protests from people in the neighboring areas, who were also experiencing water shortages.

When faced with the ever-increasing demand for water, is the government capable of managing water equitably? Could it effectively enforce water rationing? If the answer to these questions is no, then we should prepare ourselves for severe water crises in the near future.

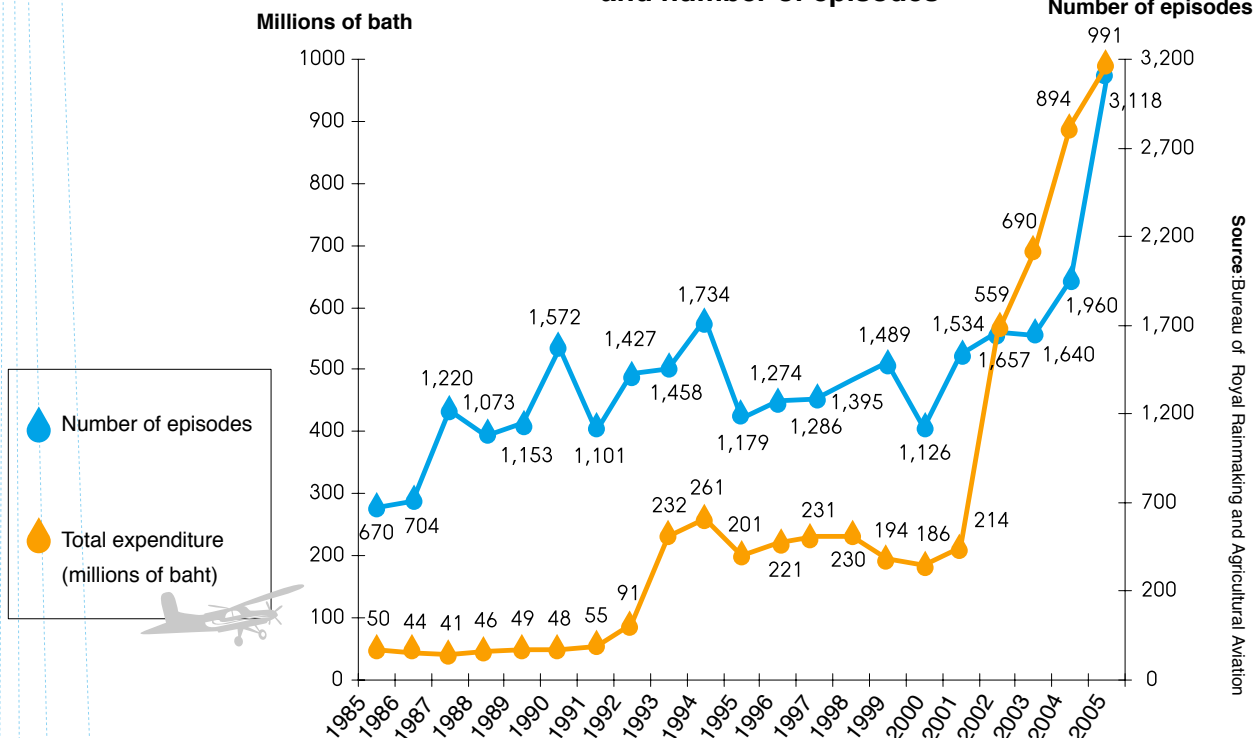


**Comparison between growth in regional output (Gross Regional Product) and growth of water in reservoirs in Eastern Thailand**

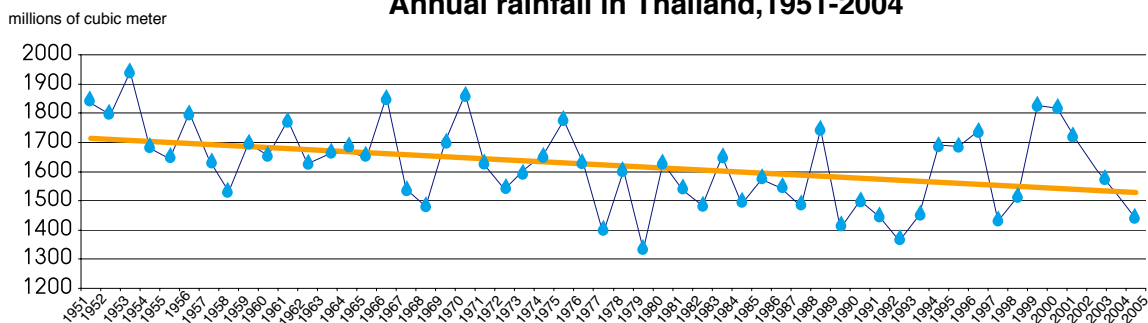


Source: Office of the Committee for Social and Economic Development 2005  
Irrigation Department 2005  
Note: Water in the Bang Phra and Pla Lai Reservoirs

### Expenditure on rain-making, and number of episodes



### Annual rainfall in Thailand, 1951-2004



### Demand for water, by river basin, 1996 and 2006

River basin	Demand for water		%	Shortfall		%
	Millions of cubic meters per year			Millions of cubic meters per year		
	1996	2006	increase	1996	2006	increase
North	10,655	13,065	22.6	1,408	2,792	98.3
Center	45,613	47,336	3.7	2,179	3,089	41.8
Northeast	8,409	11,814	40.5	1,003	2,637	162.9
East	4,761	5,935	24.6	591	756	27.9
South	6,282	9,345	48.7	1,132	3,286	190.3
Overall	75,720	87,495	15.5	6,313	12,560	98.9

Source: Department of water resources, 2004

# 10

# Traffic accidents

Prepare by Pibul Suriyawongpisan , Ramathibodi Hospital

## Traffic accidents claim the lives of at least 40 Thais a day



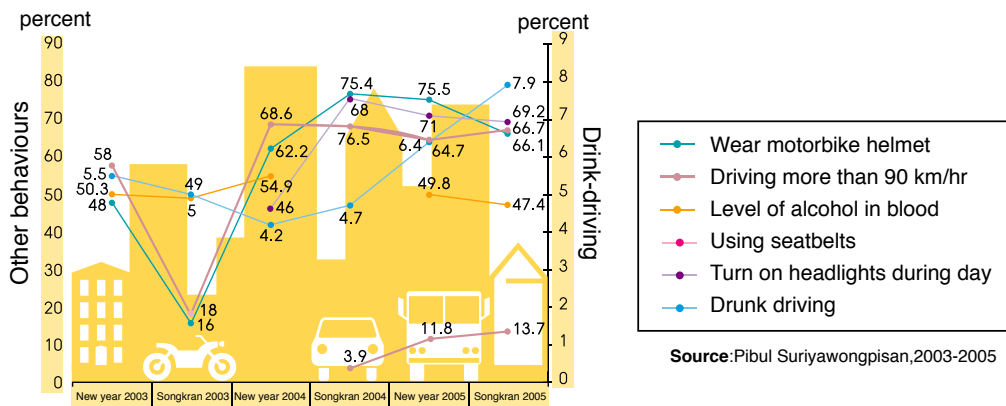
Most Thais spend so much time on the road that they are interested only in convenience, and neglect safety. This reduces the effectiveness of attempts to reduce the number of tragedies on the roads.



Traffic accidents cost the Thai economy 100 billion baht per year. The more the government spends on roads, the greater the number of accidents. The biggest group of victims is young men and women. Despite the risks from motor vehicles, Thais are used to speeding everywhere in their metal armor. Pedestrians are the most suffer as a result. Walking at night is especially dangerous. Solutions to the problem of road accidents must consider individuals and structures. Encouragingly, there have been increased campaigns to reduce accidents at major holidays. It is also now common for motorbike riders to turn their headlights on during the day, even it is not legally required.



**Behaviors leading to traffic accidents**

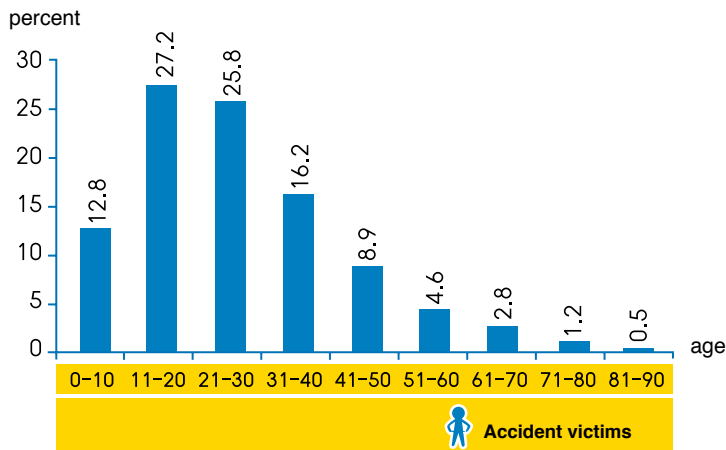


**Percentage distribution of traffic accident victims (Total accident victims 118,501 persons)**

	Pedestrians	Drivers	Passenger	Total
All accident victims	6.0	64.0	30.0	1000.0
All deaths	2.5	1.3	1.1	1.3
All people treated at hospital	36.0	39.0	34.0	37.3

Source: Pibul Suriyawongpisan, 1995-1998

### Age distribution of traffic accident victims.



Source: Pibul suriyawongpisan, 1995-1998

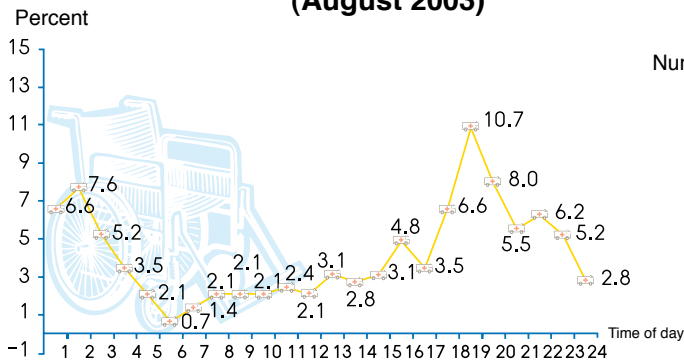
### Losses to Thai society attributable to traffic accidents



- Economic losses of 107 – 116 billion baht <sup>1, 2</sup>
- 65,000 disabilities in 2002 (accumulate figure) <sup>3</sup>
- 14,000 deaths per year <sup>4</sup>
- 0.95 -1.0 million accidents per year <sup>5</sup>

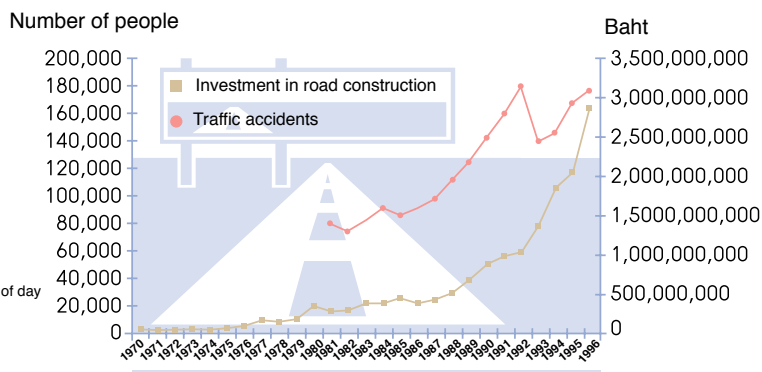
Sources: 1 Center for Policy Research, Faculty of Economics, Chulalongkorn University, 2005  
 2 ADB-ASEAN Regional Safety Program, 2004  
 3 National Statistical Office, 2002  
 4 National Police Office, 2003  
 5 Ministry of Public Health

### Distribution of accidents by time of occurrence (August 2003)



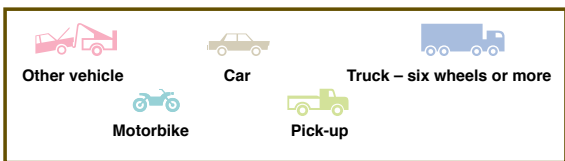
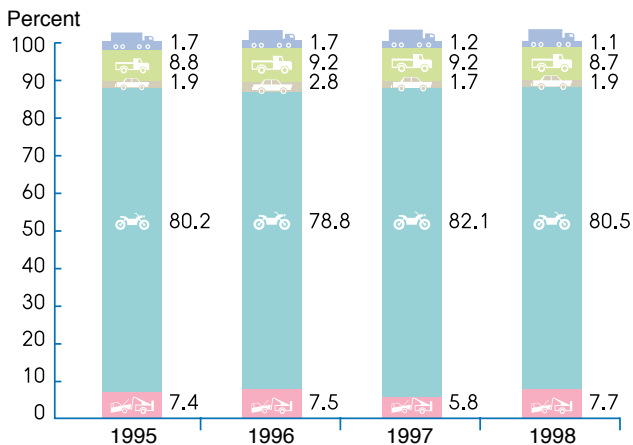
source: Penprapa Siviroj et al., 2003

### Investment in road construction and number of traffic accidents



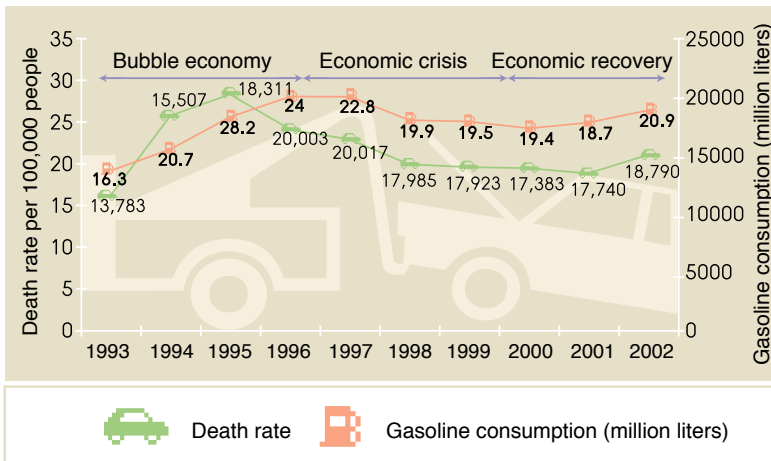
source: Tousutho R ECONOMIC LOSS AND ROAD ACCIDENT RELATED FACTORS, 1997

### Injuries and deaths, by type of vehicle



Source: Pibul Suriyawongpisan, 1995-1998

### Gasoline consumption and the death rate from traffic accidents



Source: National Police Office and the Department of Alternative Energy and Energy Conservation, 1993-2002



# Children, television, and education

Prepare by Foundation for Child Development

## Children spend 4-6 hours per day watching television programs with no educational content



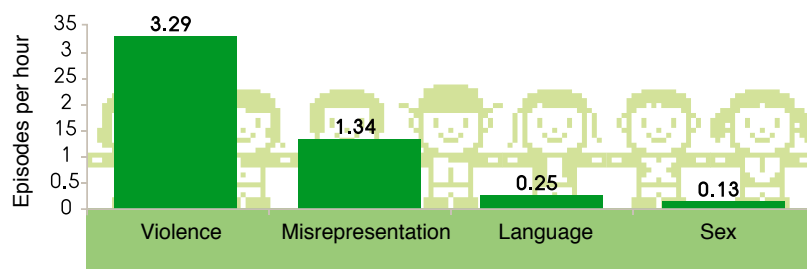
Thai children and young people spend many hours watching television. The programs that children and young people watch are full of violence and bad language, and do nothing to help children develop themselves. In addition, children spend little time on worthwhile activities, because they lack appropriate facilities.



Television is a cheap source of entertainment for everyone in the family. Thai children watch an average of four hours a day on weekdays, and six hours a day on weekends. Television programs screened between 4 pm and 10 pm, when children and families are watching, are filled with bad language, sex, and violence. A survey in 2005 by Media Monitor found that the programs with the most violence were dramas and soap operas, 88% of which contained violence. Some programs had an average of 11 acts of violence per hour. Thai regulations state that television stations may not screen more than 12 minutes of advertising per hour. However, 70% of dramas exceed this limit. Some contain as much as 19 minutes of advertising per hour. A survey in 2004 found many examples of open and concealed advertising. The survey identified 487 advertisements in only 3.5 hours of children's programs, or one advertisement every 26 seconds. Most advertisements were for unhealthy snacks. Children also lack places where they can spend time constructively. Most provinces have ten times as many places for entertainment than children's playgrounds or sports fields. It is therefore not surprising that, during school holidays, most children spend their time watching television.

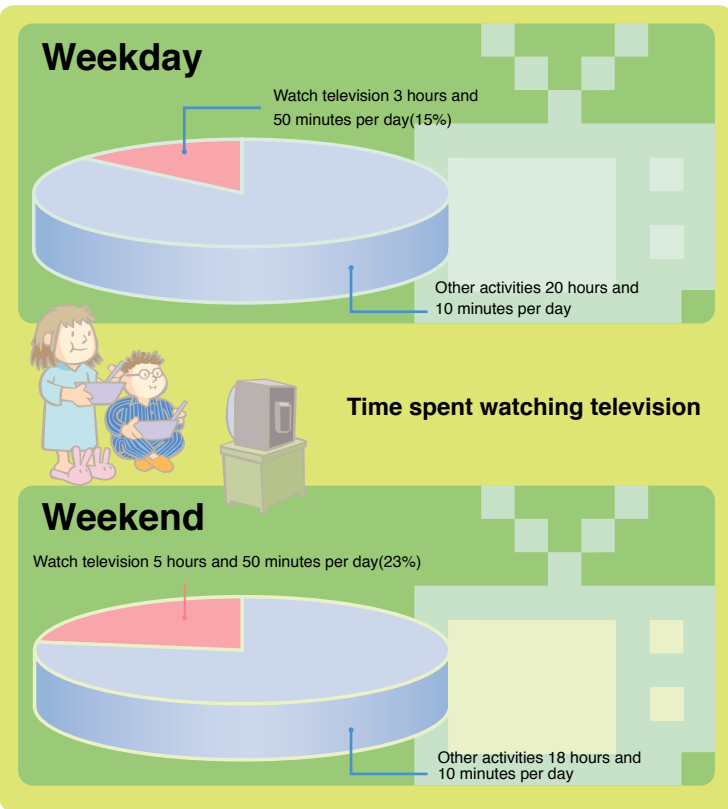
## Screening of Inappropriate Material During Times When Children Watch Television

Number of inappropriate episodes per hour, all programs combined



Source: Media Monitor 2005





Source: Research on the Effects of Television on Children's Behavior, ABAC Poll, Assumption University, 2003

**Expenditure by Advertisers Compared to Expenditure by the Department of religious affair**

During the first four months of 2005, Thai television stations Channel 3, Channel 5, Channel 7, Channel 9, and ITV earned 11,051 million baht from television advertising. This exceeded the budget of most child development organizations. For instance, the Religious and Cultural Plan of the Department of Religion had a total budget in 2005 of 230 million baht.

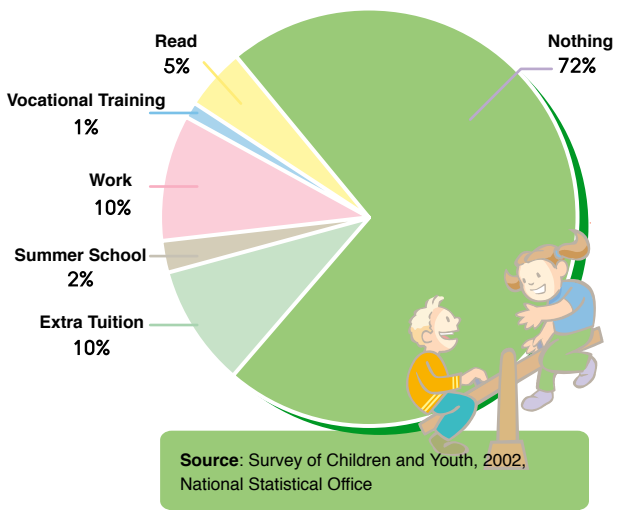
Source: Nielson Media Research, 2005

**Sources of Learning**

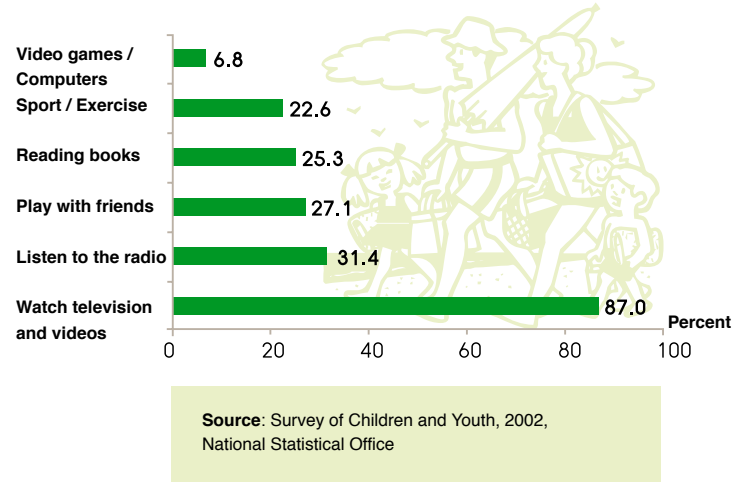
There are far fewer places for children to develop themselves than there are to entertain themselves. Each province has more than 200 places of entertainment, but each province has only 20 sports fields and public parks.

Source: Thai Research Fund, Child Watch Program, 2002

**Holiday Activities of Students Aged 3-24**



**Activities during Free Time, Children and Youth Aged 6-24**



**Children and Reading**

Number of children and youth aged 6-24	Number of children and youth aged 6-24 who read	Number of children and youth aged 6-24 who do not read
20,893,420 (100%)	17,806,592 * (85.22%)	3,086,828 (14.78)

Note: Of those who read, 2.3 million read on the internet  
 Source: Preliminary Report from the survey of Reading Behavior, 2005, National Statistical Office

# Family life

Prepare by Thai Health Team

Seventeen percent of married women, or about 2.9 million women, are in marriages where the partners did not choose each other freely.

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Most people dream of having a happy marriage. However, marriage is often not founded on free choice. People are not able to choose their spouse, to register, or to live together.

”

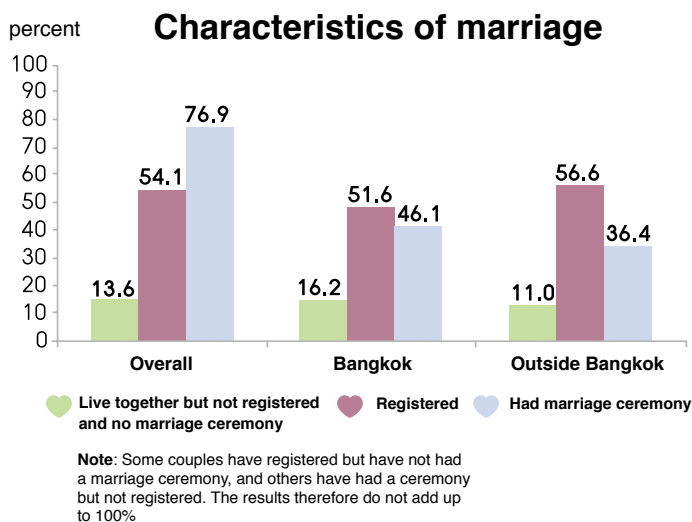
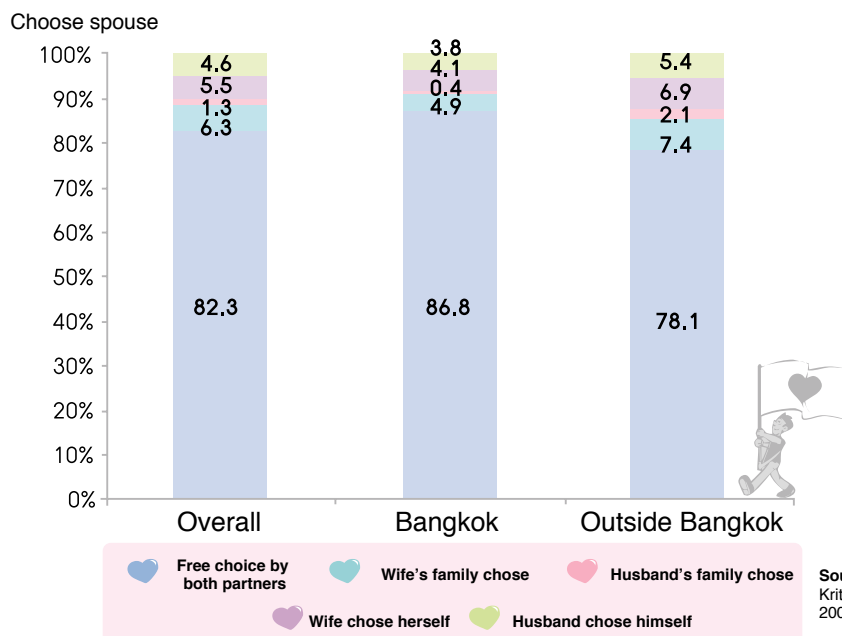
Most Thai marriages result from free choices by both male and female partners. However, in 7.1% of cases the decisions were by the families instead. In most such cases, it is the bride's family that makes the decisions. Among all couples living together, 13.5% have never had a marriage ceremony or officially registered. About one in three couples live with the parents or other relatives of the bride.

In 2004, there were approximately 18,905,400 households in Thailand. One third of these were composed of a father, a mother, and one or more children. Another third had at least one relative from another family living in the same household. Only 13.5% of households consisted of a husband and wife on their own. Only 11.6% consisted of a person on their own. Finally, 7.8% consisted of mothers or fathers living with children but no spouse. Data on high school children show that children living with only one parent are more likely to live with the mother than the father.

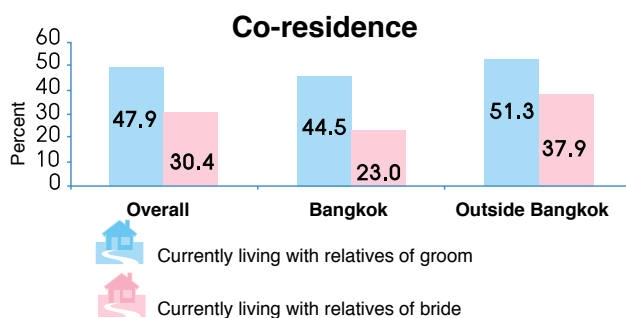
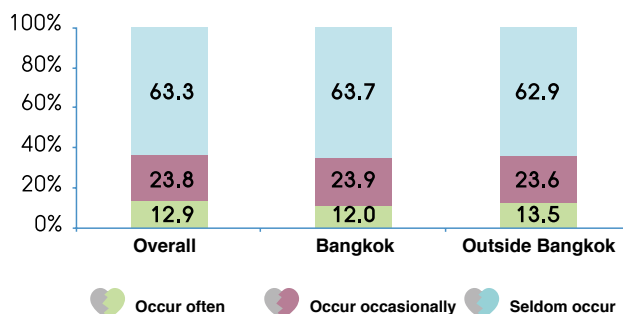
Only two - thirds of married or cohabiting women live close to one or more relatives. Three percent never see their relatives at all. Thirteen percent of women in partnerships have frequent arguments with their partners.



## Choice of marriage partner (percent of women aged 15-49 years)



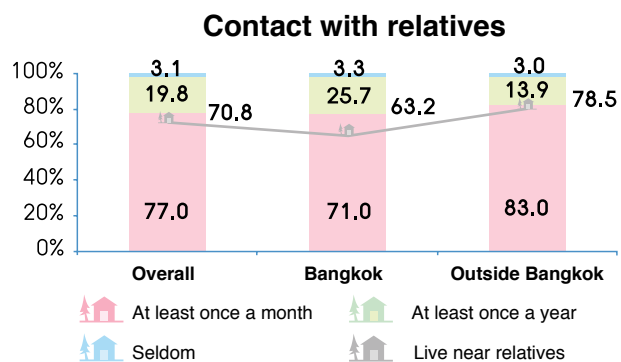
## Arguments between husband and wife



## Characteristics of households

	Percent			
	2001	2002	2003	2004
<b>Nuclear family</b>				
Husband and wife	12.5	13.4	13.5	13.5
Husband, wife, children	35.4	34.4	33.2	33.2
Husband or wife, children	8.3	7.7	7.8	7.8
<b>Single person</b>	11.5	11.8	11.6	11.6
<b>One nuclear family, plus relatives (an extended family)</b>	31.7	32.1	33.3	33.3
<b>Unrelated individuals</b>	0.6	0.6	0.6	0.6

Source: Household Labor Force Surveys, 2001-2004 National Statistical Office,



Source: New tabulations from Kritaya Archavanitkul and others, 2000  
Note: Only married woman

# Pesticides

Prepare by National Health Systems Reform Office

Pesticide imports have been increasing rapidly. Farmers are subject to intensive advertising campaigns, with little regulation of advertisers.



Farmers face ever-increasing risks from pesticides. At the same time, consumers have no choice but to buy vegetables and fruit containing pesticide residues. Pesticides are an important health risk, contributing to many deaths and illnesses among the Thai population.



The volume of pesticides imported into Thailand increased by a factor of four in the ten years between 1994 and 2004. The increase was caused by policies to rapidly expand agricultural exports and make Thailand the kitchen of the world. The Office for Agricultural Economics notes that, although agricultural production per hectare has been increasing at only 2.5% per year, pesticide use per hectare has been increasing at 13.2% per hectare. Of the 20 most-commonly imported chemicals in 2003, four have a '1a' rating, meaning that they are highly dangerous.

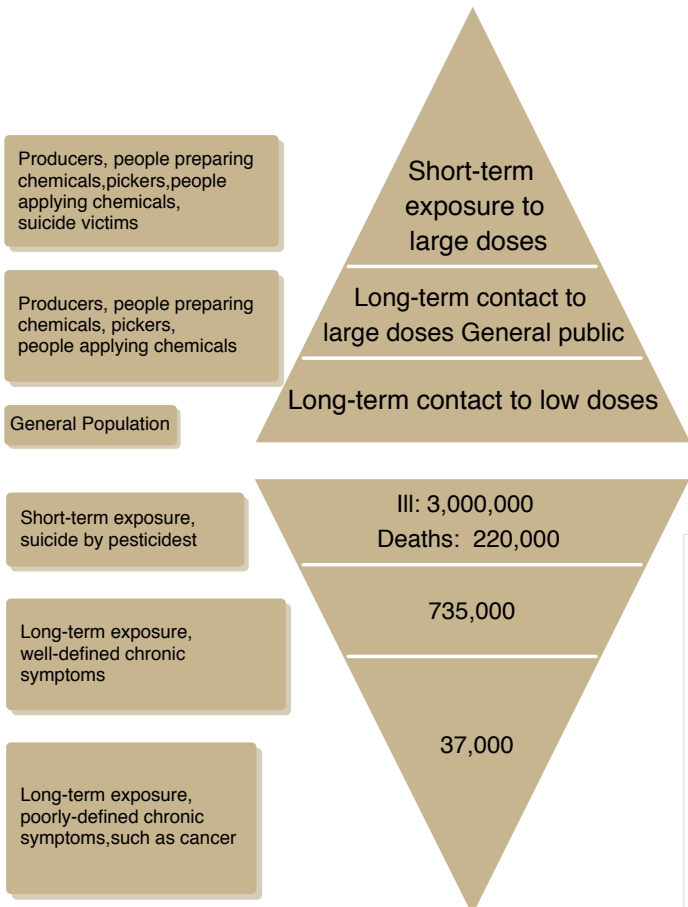
The main reason for misuse of pesticides is misinformation, originating from many sources. Because some chemicals have over one hundred trade names, farmers sometimes unknowingly apply the same chemical more than once. Many farmers still like to prepare drug 'cocktails' of many different chemicals, which leads to overuse of some chemicals. The chemicals industry is highly competitive, and producers advertise their products heavily. There are no clear regulations controlling advertising of agricultural chemicals (National Health Council, 2004). The result is a land 'awash with chemicals' (Prawes Wasi 2003).

Surveillance data from blood tests of farmers indicate that health risks to farmers have increased almost every year. The proportion of farmers at risk increased from 15.96% in 1997 to 29.41% in 2002. Data from the Ministry of Public show that, over the past 10 years, 3-4 thousand people were admitted to hospital each year because of illnesses caused by pesticides. Eighty percent of these people were farmers. In most years, the region with the highest number of cases was Northern Thailand. The official statistics understate the true number of cases, because farmers with mild symptoms do not seek medical treatment.

The Department of Agricultural Science found in 2003 that the vegetables with the largest pesticide residuals at point of sale were cabbage, kale, snake beans, eggplants, and coriander. Residuals were also found in the soil and water where the vegetables were grown.



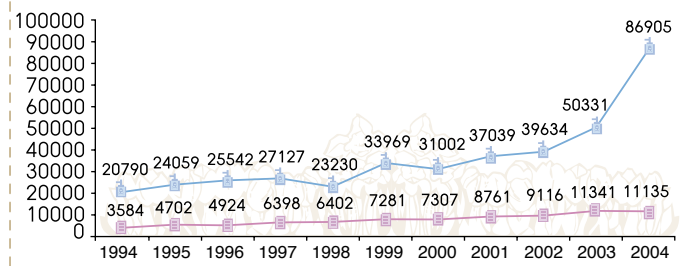
### Groups at risk of pesticide-related illnesses



Source: WHO, cited in Study of the Health Effects of Pesticides, 2005

**Estimates of the number of people across the world affected by pesticides each year**

### Imports of pesticides

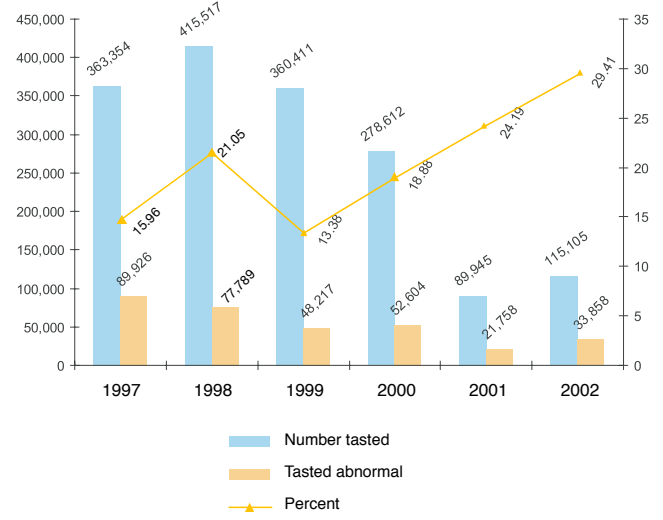


Source: Poisons Section, Office for Pest Control and Agricultural Materials, Department of Agriculture

Value (millions of baht)  
Volume (tons)

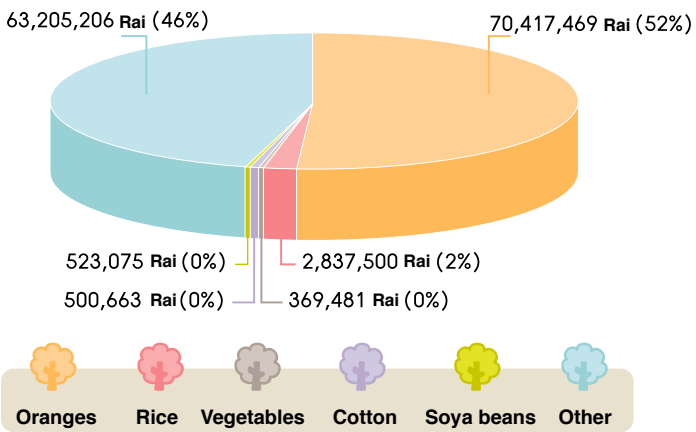
Note: The figures for 2003 do not include pesticides for a few species. These extra pesticides have a combined volume of 127 tons, and a value of 39 million baht.

### Number of farmers facing health's cholinesterase level 1997-2002



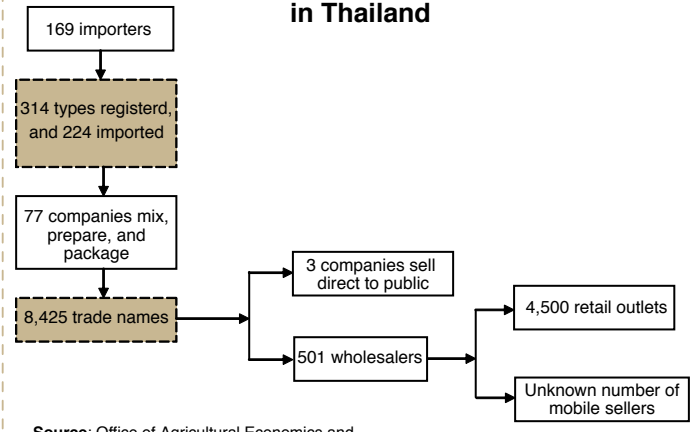
Source: Division of Occupational Health, Ministry of Public Health

### Area of land (in rai) where pesticides are applied



Source: Division of Entomology and Zoology, Department of Agriculture, 1994

### The Distribution and Sale of Pesticides in Thailand



Source: Office of Agricultural Economics and Department of Agriculture, 2001





# 10 Health Issues



# 1

## The Crisis in Southern Thailand: The National Reconciliation Commission and the Emergency Decree

Thansrethakij Information Center

“

Since late 2003, there has been continuous violence in Pattani, Yala, Narathiwat, and some areas in Songkhla, the four provinces on Thailand's southern border. In 2005, after previous attempts at resolving the crisis had failed, the government tried two new approaches, appointing an Independent Committee for National Reconciliation and issuing an Emergency Decree. However, the new approaches have not yet ended the violence.



## Starting Out on the Path to Peace

After three years of insurgency, there are still no signs of peace in the southernmost provinces, and the number of casualties continues to rise. A poll carried out by Assumption University found that Thai people believe peace in South to be the most important challenge facing the government.

Following a meeting with academics in late 2004, the Prime Minister announced a plan to establish a National Reconciliation Commission (NRC). The NRC was launched on March 28, 2005, with Mr. Anand Panyarachun as chair, and Dr. Prawes Wasi as deputy chair. The NRC had 48 members from all sectors of society. Also in March 2005, the Prime Minister announced that the government would reduce the emphasis on armed suppression, and instead concentrate on law enforcement. A Cabinet Resolution was issued, establishing a 30 million baht fund to compensate victims of the Tak Bai incident of October 25, 2004. Many people were optimistic that the new approach would bring positive results.

However, on April 3, 2005, only six days after the announcement of the new approach, and before the NRC members had assumed their posts, three bombs exploded simultaneously in the airport, a hotel, and a department store in Hat Yai, Songkhla province. One person was killed and 73 injured. The United States and Australian governments issued travel warnings, recommending against travel in the three southernmost provinces. The government reorganized the security forces, appointing Lt. Gen. Kwanchat Klahan to the position of Commander of the Royal Thai Army Region 4, and Director of the Southern Border Provinces Peace-Building Command.

The Hat Yai bombings severely damaged the economies of the southern provinces. Tourism was particularly affected. Tourists ceased coming and hotel reservations were cancelled. According to the Bank of Thailand, in the first quarter of the year 2005, all sectors on the economy experienced reduced growth.

After the Hat Yai incident, NRC members visited the southern provinces to meet local Muslim people, particularly those affected by the insurgency. The aim was to identify the problems and seek people's opinions.

The NRC members discovered that the people were just as frightened of the state officials as they were of the militants. Local people were unsure whether it was the officials or the militants who were responsible for the violent incidents.

The NRC requested that the results of the investigation into the incidents at Krue Se and Tak Bai be released publicly, to help build trust between local Muslims and state officials. The NRC urged the government to accept responsibility for the mistakes and to show willingness to correct them. The government generally accepted these recommendations. However, it has still not responded to the request to dismiss the cases against 58 protestors involved in the Tak Bai rally. The military has also opposed the suspension of martial law, on the grounds that it is only applied in some areas.

The NRC faces many difficulties. Some programs on government-run radio stations have hardened separatist feelings among southern Thai Muslims, despite NRC recommendations about promoting religious and cultural diversity. After an NRC meeting on June 6, 2005, Mr. Surichai Wankeaw, a prominent NRC member, stated that the Prime Minister should act decisively against anyone who obstructs the peace process, whether they be politicians, ministers, state officials, or members of the mass media.

## The National Reconciliation Commission Opposes Implementation of the Emergency Decree

On July 14, 2005, 23 attacks were carried out simultaneously in Yala Municipality, targeting police officers, power pylons, and commercial areas. Two people were killed and 17 injured. In response, on July 16, 2005, the cabinet approved an Emergency Decree on Public Administration under Emergency Conditions. The decree included the following:

1. A Royal Order to cancel martial law in the three border provinces
2. The appointment of Police General Chidchai Wannasathit as Chair of the Committee on Emergency Administration

3. Authorization for Police General Chidchai Wannasathit to give orders in compliance with the Emergency Decree, in place of the Prime Minister, and authorization for the Deputy Prime Minister, Mr. Chaturon Chaisaeng, to take charge of legal measures and for Mr. Wisanu Krea-ngam to act as advisor.

4. Declaration of a state of emergency in the three southernmost provinces, with the exception of three districts in Songkhla Province where the situation was deemed to be less serious.

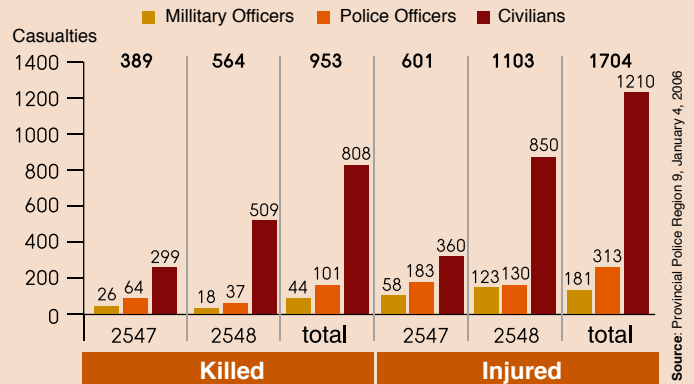
Under the cabinet resolution, some articles of the Emergency Decree were not applied. However, the plenary powers given to the Prime Minister affected the rights and freedoms of Thai people. The Journalist Council of Thailand, academics, the National Commission on Human Rights, and other groups put forward objections. Some members of the NRC suggested that the NRC be dissolved, as the Emergency Decree undermined the basic principles of the NRC.

Mr.Panyarachun proposed an alternative solution and met with the Prime Minister to express his objections. This led to a televised discussion between the Prime Minister and Mr.Panyarachun, and to the submission of 14 proposals by the NRC to be implemented in conjunction with the Emergency Decree. The NRC proposals were adopted as guidelines for a strategy to permanently eradicate violence in the southern provinces. The strategy, which is discussed later in this article, covers the individual, structural, cultural, and justice aspects of the conflict and is based on four principles. (See the chart at the end of this article)

### Ordinary People Caught Up in the Crisis

Violence has become endemic in southern Thailand. According to the Thai police, there were 1,455 insurgency-related attacks in the three border provinces in 2005, an increase of 480 over the year before. Altogether, 564 people were killed in 2005, compared with 389 in 2004, and 1,103 were injured, compared with 601 the year before. The number of police officers injured and killed decreased, while the number of civilians injured and killed increased dramatically (see chart.)

### Deaths and Injuries from the Conflict in the Southernmost Provinces 2004 and 2005



In response to the violence, 2,700 teachers in the three southern provinces requested transfers. The Ministry of Education's answer was to distribute bulletproof vests. Some teachers asked for guns to defend themselves. Officers were assigned to protect Buddhist monks collecting alms in the morning. Fifty Buddhist temples were unable to find sponsors for the Kathin ceremony occurring after Buddhist lent, and all religious ceremonies were held during daytime to reduce security risks. Militants distributed leaflets demanding that Muslims not work on Fridays. The government responded by holding low-price goods markets and concerts on Fridays, at which people were urged to go to work as normal.

In August and September 2005, the conflict acquired an international dimension. A group of 131 Muslim Thais crossed the border from Narathiwat Province in Thailand to Kelantan State in Malaysia, claiming that they were at risk from Thai officials. The Thai government announced that the Narathiwat Provincial Court had issued arrest warrants for some members of this group, because of their actions in the insurgency. As of February 2006, the situation has not been resolved, though some sources claim that the group members will soon return to Thailand.

Following frequent attacks on vehicles, officials were issued guidelines on how to avoid bomb attacks. The government has asked insurance companies to extend the life and property insurance of people in the three southern provinces so that it covers riots and terrorism.



### Tragedy at Tanyong Limor

On the night of 20 September 2005, an incident occurred that became a nightmare for all Thai people. A group of militants opened fire at a tea shop in the village of Tanyong Limor, Narathiwat Province. Two villagers were killed and four injured. In response, the villagers took as hostages two marines from Chulabhorn Camp, Lieutenant Winai Nakbut and Chief Warrant Officer Kamtorn Thongeiad, and later killed them. Both soldiers were well known to the villagers and were willing to accede to the villagers' demands.

After the tragedy, some commentators called on the government to take strong counter-measures, claiming that a conciliatory approach was not working. The NRC issued a statement proposing measures to eradicate violence from Thai society. The commission suggested that a committee be set up to act as an intermediary between the government and local people, and to restore mutual trust.



### Renewal of the Emergency Decree

On October 6, 2005, shortly before the Emergency Decree was due to expire, a group of militants attacked the Phrom Prasit Temple in Pattani Province, killing three monks and boys and burning the ordination hall and monks' residence. This barbaric incident was condemned by many groups, including the media, academics, politicians, the NRC, the National Commission on Human Rights, the Islamic Commission of Thailand, and the Southern Border Provinces Peace Building Command. A Buddhist organization in Pattani demanded that the NRC be dissolved, claiming that its actions were not leading to reconciliation and that it was treating Buddhists unfairly.

On October 18, 2005, the cabinet extended the Emergency Decree for three months, until January 19, 2006. The cabinet argued that the attacks on officials undermined the government's ability to protect innocent victims. In January 2006, the cabinet extended the decree for a further three months, despite claims that the Decree was not assisting efforts at peacekeeping.



In late 2005, the government transferred command of Army Region 4 from Lt. Gen. Kwanchat Klahan to Lt. Gen. Ongkorn Thongprasom. Critics argued that frequent changes in command were undermining attempts to deal with the insurgency.

### **Responses to the National Reconciliation Commission's Proposals**

The guidelines proposed by the NRC to solving the crisis are summarized in the chart at the end of this article. One proposal was to allow plea-bargaining, so that accused who plead guilty can have their sentences reduced (though not removed entirely). On December 27, 2005 the cabinet ordered that legislation implementing this proposal be drafted.

The cabinet also established two new bodies. The first was the Independent Committee for the Promotion of Justice, Rights, and Freedom in the Three Southern-Border Provinces, chaired by Mr. Ukrit Mongkolnavin, a former House Speaker. The second was the National Commission on Rights and Freedom and Justice (NCRFJ), chaired by Mr. Kramol Thongthammachat.

Most members of these two bodies came from the government sector. The high proportion of officials was criticized by Mr. Panyarachun, the NRC Chair, who said that it implied that the government sector was more important than other sectors. It could also, according to Mr. Panyarachun, lead to unfair treatment of local people, and reduce the prospect of a just outcome. Mr. Panyarachun suggested that the majority of members should come from civil society, because it is ordinary people who suffer the worst effects of the crisis. The government disagreed.

The NRC, the National Commission on Human Rights, and the Lawyers' Council of Thailand coordinate a Rule of Law and Reconciliation Center, which provides legal assistance to people in the three southernmost provinces.

The Center has cooperated with the Forensic Science Institute, in the Ministry of Justice, to search for missing persons in the south. There are rumors of many such cases.

The search for missing persons has three components. The Lawyer's Council, Region 9, collects information on disappearances. Forensic investigations are being carried out with 300 unidentified corpses buried in a graveyard in Pattani Province. It is widely believed that the bodies belonged to migrant workers, but the investigations will establish whether this is correct. Identifications are also carried out for other unidentified bodies.

### **Eradicating Violence will be Difficult**

It is impossible to know when peace will return to the southern provinces. Local people have little faith in government officials. Attacks continue to kill and injure people of all ethnic groups, religions, and occupations. According to General Chawalit Yongchaiyuth, a former Prime Minister and now chair of the Prime Minister's Council of Advisors, "local people in the southern provinces have suffered so much, that everyone is now an insurgent." He cited a case where officials told villagers that they would be taken for training with a 100 baht per diem; instead, the officials subjected the villagers to interrogation and announced on television that they were suspects surrendering to the authorities.

On 4 January 2006, Amnesty International announced that Thai government was detaining people in the southern provinces without reasonable grounds, and was using torture during interrogations.

Mr. Thirayuth Bunmi, a prominent scholar and political critic, has argued that the insurgency in the southernmost provinces is one of four most difficult challenges facing Thai society, since it involves complex issues of identity, religion, and ethnicity. However, Mr. Bunmi has welcomed the participation of General Prem Tinasulanond in the peace process. General Tinasulanond played a key role in the successful campaign to resolve conflicts between the Thai government and the Communist Party of Thailand. According to Mr. Bunmi, the government must increase the budget allocated to intelligence and protection against terrorism. All parties must show the same determination as was shown in the campaign to end the conflict with the Communists.

The NRC will soon submit its final report to the government before dissolving. No matter what happens in 2006, a tangible start has been made in the approach based on peace and reconciliation. The basic assumption of this approach is that the problems in the South can only be resolved through peaceful means.



### National Reconciliation Commission (NRC) Proposals for a Permanent Solution to Insurgency in the Southern Provinces

#### Dimensions and strategies Methods

##### Structural:

Promulgate an Act on Reconciliation in the Three Southern Provinces

- Establish a special local administrative organization, run by local people with support from the military and police
- Issue an amnesty law
- Issue a law on the rights of communities to resource management based on religious belief
- Eradicate unfairness and create security of life and property
- Reduce economic disparities
- Encourage tolerance for ethnic diversity throughout the country
- Establish a Council on Culture, Economics, Society and Security in the three southern provinces

##### Cultural:

Reconciliation among diverse cultures

- Use Melayu as a second language or working language
- Design the educational system so that separation of students along lines of ethnicity is avoided
- Avoid threats to people's identities
- Set up a religious forum against violence

##### Individual:

End violence through peaceful methods

- Treat the insurgents who surrender or who are arrested with friendship, and prepare them for a new life
- Establish a "Peace Army", consisting of Muslim and Buddhist religious leaders, to find a solution to religious conflicts
- The government and local people exchange ideas on politics, economics, socio-cultural issues

##### Justice:

Rule of law with public participation

- Establish a Justice Protection Unit and a "Justice Youth Unit"
- Avoid discrimination and give legal assistance to accused people with low incomes
- Investigate disappearances
- Allow detained suspects to practice religious rites correctly
- Return exhibits as soon as possible after the completion of trials
- Expedite trials and monitor the progress of investigations

Source Based on "Two draft documents submitted by the NRC", <http://www.tjanews.org/cms/>, accessed January 17, 2006

# 2

## Do we let television determine the future of Thai children?



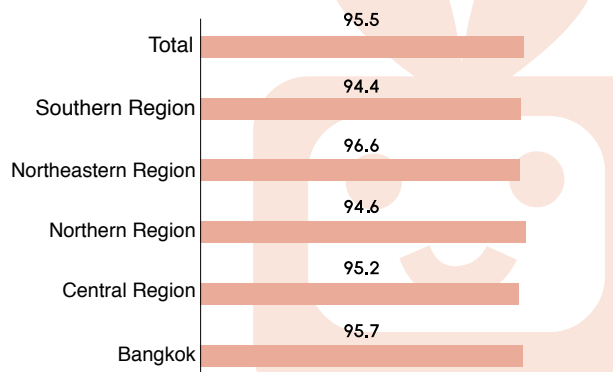
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Television is an amazing communication device. The user inserts a plug, presses the “on” button, and images appear on the screen from every corner of the earth. However, the benefits television brings depend on the content created by the program producers, especially in the case of children, who cannot judge the value of the material they are watching.

Television has an enormous influence on the thoughts, beliefs, and behaviors of people of all ages. Because television is so ubiquitous, the quality of the message is vital. Television should ideally develop people’s minds. Low-quality television is like a toxin that misleads people and weakens society. This is especially true now that 95.5% of Thai households own a television (see chart).

Television plays an increasingly important role in the education of children and young people. If adults continue to ignore the risks associated with television, there will inevitably be consequences for the nation’s future adults.

### Percent of Thai households with a television, by region, 2003



Source: Research on TV Media 2003, Report, National Statistics Office, 2003

### Using television to educate children

In 2003, Assumption University, the Family Network Foundation, the Children's Development Foundation, and the Office for Health Promotion undertook a joint research project on the "Impact of Television on Children and Young Persons." They found that most children spend the majority of their leisure time watching TV. Watching TV is the most popular family activity, carried out by 98% of households. From Monday to Friday, the average child spends 3.5 hours per day watching television. This increases to 5.5 hours per day on Saturday and Sunday. The most popular time for watching television is from 4 pm to 8 pm, and the second most popular is from 8 pm to 10 pm.

The study analyzed the content of TV programs on the five free TV channels in August 2005, at the peak viewing time, 4 pm–10 pm. Incidents involving sex, violence, and discrimination were found to be extremely common. Channels 3 and 7 broadcast the most soap operas with 1,470 and 1,480 minutes per week, respectively. Soap operas generally emphasized relationships and revenge. Those broadcast between 4 pm and 8 pm were more violent than those broadcast between 8 pm and 10 pm.

Between 1993 and 2003, the number of TV programs aiming to provide education to children, young people, and families decreased by 4.75%.

In July and August 2003, TV programs for children accounted for only 45 hours 22 minutes, or 4.94%, of the almost 1,000 hours of broadcasting.

If children are allowed to watch TV alone, they are often strongly affected. They can begin to regard violence as normal. In addition, a violent incident on television can frighten a child for several weeks.

### Temporary improvement

Concern about the influence of media on children led to a Cabinet Resolution on November 4, 2003 stipulating guidelines on children's programs on state television and radio stations. The resolution requires that "10-15% of radio and TV broadcast time be for children, young persons, and families. There must be at least half an hour between 4 pm and 6:30 pm and at least one hour from 4 pm to 10 pm."

Television production companies, foreign program importers, TV stations, sponsors and agencies modified their television schedules to comply with the Cabinet Resolution.

Channel 3 broadcast the Thung Saeng Tawan and Nong Mai Rai Borisut documentary programs about children's and young people's lives, and Dao Achariya, a game show for children. Channel 5 launched the Su Puea Mae (Fight for Mum) series, Darun Dharma (Morals for Young People) and World Discovery. Channel 7 launched the Ja Ting Ja cartoon, Krob Krua Onlaweng, variety show Por Krua Tua Noi and Kling Wai Kon Por Sorn Wai. Channel 9 had the Super Jew, and Tosakan Dek game shows, and the Bandit Noi and Poed Lok Wai Son documentary programs. ITV had Wai Son Khon Mahasachan and Hed Hunsu. All of these, according to Dr. Wilasinee Phiphitkul, a lecturer in the Faculty of Communication Arts, Chulalongkorn University and a scholar member of the Project on Media Research and Monitoring for a Good Society, met the guidelines for quantity, though not for quality.



However, after a short time, television schedules were revised, and many children's programs were dropped. The period after 4 pm, which was supposed to include children's programming, was once again dominated by soap operas and game shows.

### **TV4Kids – A More Positive Result from the Cabinet Resolution**

A more positive outcome from the Cabinet Resolution of November 4, 2003 was TV4Kids, an organization that produces and collects research on television programs for children, young people, and families. The objective of TV4Kids is to address the problems that television poses for Thai society.

TV4Kids seeks participation from all sectors of society. It uses networks of people, including television professionals, to monitor and develop television programs. It also produces policy recommendations. Its website [www.tv4kids.org](http://www.tv4kids.org) disseminates research findings and information, news, articles, and interviews relating to television. It provides groups with an interest in children's television with a forum for presenting their views.

Mr. Ittipol Pritprasong, the researcher of TV4Kids, cites some major obstacles to the development of children's programs. For example, he claims that people rely too much on government regulations and policies, that academics and producers of children's programs misunderstand the business sector, and that people trying to develop suitable programs for children, young persons, and families work independently, without proper coordination. Instead, the various stakeholders need to work together in order to succeed.

### **Ratings and Profits: The Reason Children's Television Programs have Disappeared**

Television companies regard the production of children's television programs as commercially dubious. Children's television is difficult to produce and difficult to sell. Television programs must compete to find commercial sponsors, and sponsors are generally not interested in programs for children.

Because of the low incomes that children's programs generate, it is difficult to find money to pay for equipment, studies, and fees. High-quality children's programs are expensive to make. The income rarely justifies the expense.

Samosorn Pueng Noi, a program that was very popular among Thais aged 10-20, is a good example of a program that was unable to survive. The program was unable to find a commercial sponsor, but still paid the same tax as other programs. Producers of television programs hope only to survive not to make large profits.

Mr. Wira Suwannachot, director of the Thai Youth News Center, and former producer of children's programs Nu Di Mi Rueang Lao and Jiu Jaew Jo Lok says that children's programs cannot survive commercially. Although his programs had reasonable ratings, no companies were interesting in sponsoring them, and broadcast fees were very high. Another one of his programs has recently been cancelled after four years of production.

Many people have argued that the production of television programs for children and young people should receive assistance from the government. The government needs to provide financial support, to introduce regulations on timing of programs, and to give tax concessions. If television is totally determined by market forces, then television programs for kids will never eventuate.

## Proposed Changes to the Rating Process

In Thailand, television programs and movies are subject to the Act on Prevention and Suppression of Obscene Material Distribution and Trade. The criteria for approval are social and state security. For business, the main criterion for broadcasting a program is ratings. Measurement of ratings is done by a reputable international company. High ratings are like oxygen they are crucial to survival.

Doubts can be raised about the ratings process, as the surveys may not cover all population groups. In particular, the procedure of asking adults about the popularity of children's programs is highly dubious.

Thai society needs to find a new way of rating television programs. The new method should rate programs in terms of their quality, which would surely lead to higher-quality television.

## The New Hope: ETV

One bright spot for struggling television producers and parents concerned with children's programs is a new mega project being run by the Ministry of Education. In collaboration with the Thai Health Promotion Foundation (THPF) and the Media for Children Network, the Ministry of Education is launching the ETV free television station, concentrating on educational programs.

The Ministry of Education and THPF selects organizations that are eligible for support. It also lobbies for other long-term measures that may lead to the establishment of a sponsorship fund and tax concessions.

The program schedule is broken into four parts, based on age groups. Programs screened between 6:30 am and 8:00 am are aimed at 3-5 year old children; programs screened between 3:00 pm and 4:30 pm are aimed at small children; those screened between 5:00 pm and 6:00 pm are aimed at 6-12 year olds; and those screened between 6:00 pm and 10:00 pm are aimed at young people and families. Between 10:00 am to 1:00 pm, some material will be re-broadcast.

Since ETV is managed by the Ministry of Education, the aim is for children to watch programs outside school hours, though children may also watch programs at school when, for instance, they are waiting for their parents. ETV is broadcast on Channel 96 of UBC, through local cable stations, through satellites, or via broadband at [www.etvthai.tv](http://www.etvthai.tv). The variety of formats increases access to ETV. However, it is important to promote the channel among parents.

Mr. Soontorn Promrattanapong, director of the Education Technology Center, which runs ETV, states that ETV programs are provided by THPF, imported from abroad, and produced by the station. The contents include English language, Thai language, science, and history, with the aim of broadening children's knowledge and experience.

Many children dream of having access to good-quality television programs. To achieve this, coordination between adults, with participation for children, is necessary. Programs with appropriate messages will help children develop properly, so that in the future they can create a strong society. ETV is an important step towards this goal, and it deserves close attention.



# 3

## The High Price of Oil and the Search for Energy Security

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In mid-2005, the government decided to allow the diesel price to float freely. Higher prices have, however, had little effect on energy saving. Thailand must find alternative energy sources.



### Responding to high oil prices with subsidies

In 2005, Thailand's energy situation reached a crisis, with the population bearing the costs of price setting by the government. Oil prices began reaching record levels in starting in late 2003. At that time, the international price of crude oil rose from 1,200 baht per barrel (1 Barrel = 159 Liters) to 2,000 baht per barrel on 10 January 2004. In response, the Thai government decided to freeze the price of gasoline and diesel. The cost of this policy, which encouraged Thai people to over-use oil, was 80 million baht per day. The government was criticized for distorting the market, discouraging energy saving, delaying efforts to find a durable solution, and running up enormous debts.

On 21 October 2004 the government decided to allow the price of gasoline to float freely, but to continue fixing the price of diesel. The issue became highly political, and the government was accused of buying popularity while hiding the true hosts of the subsidy. Sixteen days after the general election on 6 February 2005, the government began increasing diesel prices. On March 24, 2005, the price rose by 3 baht per liter in a single day.

According to Mr. Sophon Suphaphong, a senator and former executive of the Bang Jak Petroleum Public Company Limited, an unnamed party with 2,000 million liters of stored diesel illegitimately gained 6,000 million baht out of the price rise.

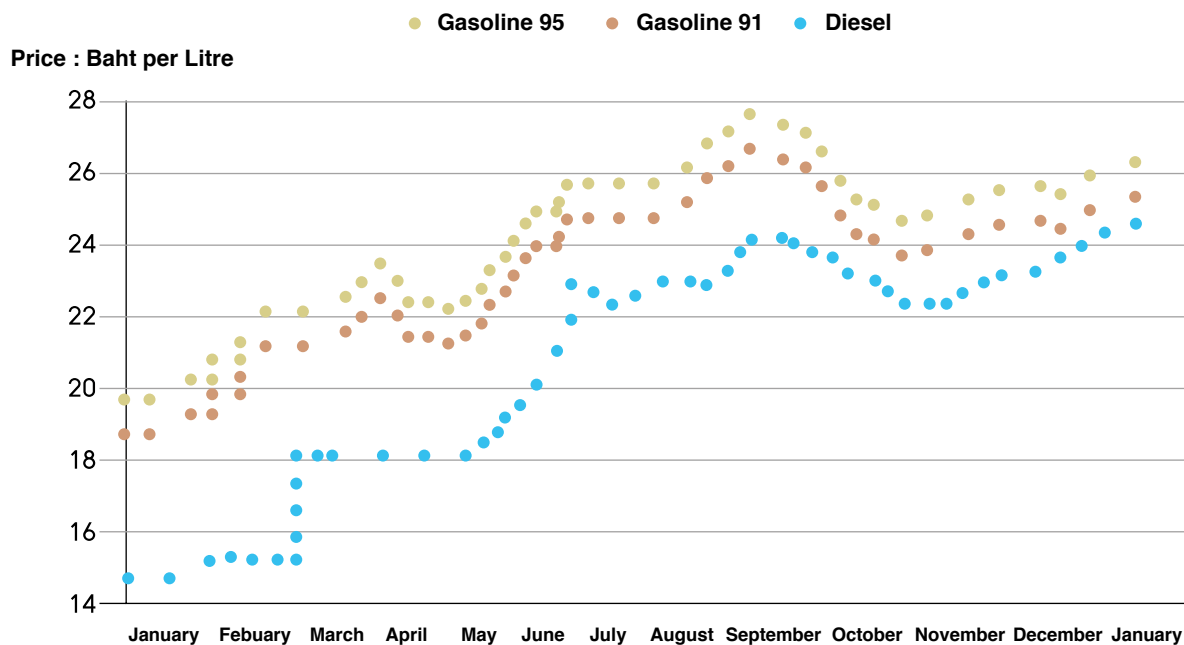
Mr. Suphaphong also cited the case as an example of the costs of privatization. He claimed that, after privatization, the PTT Public Company Limited, which has almost half of the Thai market, focused entirely on benefiting shareholders, to the detriment of consumers. These claims were, however, denied by all the major actors, including the Prime Minister, the Minister of Energy, and the major oil companies including PTT. The issue was eventually forgotten by the public.



### Rising Oil Prices and Rising Living Costs

Eventually, on July 13, 2005, the government announced that it would allow the price of diesel to float, though it would also reduce the excise tax and municipal tax by 1.1 baht per liter. The total cost of subsidizing gasoline and diesel was 92,070 million Baht. (Altogether, gasoline was subsidized for 286 days and of diesel for 551 days). To fund these expenditures, the government issued the bonds worth 80,000 million Baht with an interest rate of approximately 5% per year. This means that tax payers must pay 4,000 million baht per year for 5 years, for a total of 20,000 million baht.

### Monthly Oil Retail Price, January 2005 - January 2006



Source : PTT Public Company Limited

According to the Department of Commercial Energy, oil consumption increased in reaction to the government's intervention in the market. Imports of refined oil rose from 9 million liters in May 2003 to 245 million liters in May 2004, or from 72 million baht to 2,206 million baht. The Bank of Thailand estimates that increases in the price of oil reduced economic growth in 2005 from an expected range of 5.25 – 6.25% to a range of 4.5 – 5.5%.

When the government removed subsidies on diesel, the price rose from 14.6 baht per liter to 24 baht, which fed through to the cost of living. The prices for public buses in Bangkok, for intercity buses, and for airplanes all increased. Manufacturers of consumer items with regulated prices reduced product quantities. Fishermen and transportation companies in many provinces stopped working because of the high price of fuel.

The government raised the legal prices for essential products such as soap, detergent, fish sauce, milk, cement, paint, and chemical fertilizers. Without price increases, a black market would probably have emerged.

### **Searching for Responses to High Oil Prices that Do not Harm the Economy**

In response to the high oil prices, the government issued a Cabinet Resolution on July 12, 2005, containing three measures:

1. Gas stations were to be closed and prevented from selling any kind of fuel between 10pm and 5am, except for gas stations on major transport routes.
2. Lights on billboards and shop fronts were to be turned off between 7pm and 10pm.
3. Government agencies were not permitted to claim fuel reimbursements, except for gasoline. This measure was expected to save 6,680 million baht per year.

Following the Cabinet Resolution, the price of oil continued to increase. Every increase led to new policy proposals, though few led to actual policies. For instance, in September 2005, the price of gasoline increased by 160 baht per barrel in a single day. The Prime Minister ordered the Ministry of Energy to consider the following energy-saving measures:

1. Close the petrol stations 1 or 2 hours earlier
2. Limit car speeds to 100 km/h
3. Increase taxi stop points from 200 points to 400 points
4. Instruct the Industrial Product Standard Office to issue more standards for energy-saving products.

None of these measures were implemented. The government continued to be concerned mainly about economic growth. An example of this concern was the cancellation of the order to reduce opening hours for department stores. The government asked people to reduce speeds to 90 km/hr, turn off air conditioners from 12pm to 1pm, and turn off one light per household. However, these requests were eventually forgotten as was the policy for cabinet ministers to cease wearing jackets at cabinet meetings, to save on air conditioning.

Thailand also faced an energy crisis in 1980, during the premiership of Gen. Prem Tinsulanond. At that time the government passed an Emergency Decree to Prevent a Shortage of Fuel Oils. Many measures were implemented. For example, television broadcasts were prohibited between 6.30pm and 8.00pm, gasoline stations were closed between 6.00pm and 6.00am; entertainment venues were allowed to open only between 9.00pm and 1.00am; and billboard lights were turned off. The Thai government also launched a concerted effort to find new sources of energy for the country. This led to the discovery of natural gas sources in the Gulf of Thailand. The natural gas was used for electricity generation, reducing dependence on fuel oil imports.

## A New Energy Source with New Problems

According to Prime Minister Thaksin Shinawatra, it is impossible to control the price of fuel oil, so Thailand should turn instead to bio-diesel and ethanol. On May 17, 2005 the government passed a Cabinet Resolution on the Strategy for Solving the Energy Problems. The Cabinet Resolution called for a 13% reduction in total consumption of energy in the year 2008 and a 20% reduction in 2009. It also called for the use of alternatives to imported fuel. It proposed that by December 2008, 10% of gasoline imports should be replaced by natural gas. By January 1, 2007 Gasohol 91 and 95 should be available nationwide, and sale of Gasoline 95 should be prohibited. By 2012, 8.5 million liters of bio-diesel should be used per day, and oil palms should be planted urgently to meet supply needs.

Government public relations campaigns have urged motorists to replace gasoline with new sources such as gasohol. This has contributed to a 900% growth in sales and, consequently, shortages of ethanol, the main ingredient in gasohol. Extra supplies of ethanol have been imported, contrary to the objective of reducing energy imports. Moreover, there have been conflicts between retailers and suppliers, since the production cost of molasses is 20 baht per liter, while the legal selling price is 15 baht per liter. Licensed ethanol factories have ceased operations, further contributing to the shortages.

The use of oil palms for bio-diesel is new, and the promotion and management of plantations is important. Promoters of bio-diesel are keen to avoid the supply problems experienced by gasohol. The Ministry of Energy and Ministry of Agriculture and Cooperatives have worked together to manage the raw materials used to produce bio-diesel, cooperating with plantations in Thailand and neighboring countries. There have been rumors of about problems in the natural gas promotion scheme, as PTT is the only company licensed to distribute natural gas in Thailand.

## Sustainable Solutions: Energy Self-sufficiency

Despite rises in the world price for oil, many large energy companies have increased their profits. Many programs to address the problem of rising prices led to conflict. Thailand's current energy system creates risks for Thai society. According to energy experts, the government can reduce these risks by implementing the following policies.

1. Emphasize energy self-sufficiency
2. When privatizing, allow more openness and fairness, and avoid the monopolies and excess profits of previous privatizations
3. Introduce a rotating energy market in order to avoid dependency on the importation of fuel oil
4. Allow the public to participate in the planning and management of energy policy at every level.

Collaboration between all groups is essential. People should adapt their lifestyles to the higher energy costs, and introduce energy-saving measures. Alternative source of energy already exist. What is missing is measures to increase people's motivation, for the sake of the country's energy security.

The Ministry of Energy has labeled 2006 the year of alternative energy. The price of electricity is set to rise. It will be interesting to see how the government will adjust to the era of high oil prices. Many experts agree that the time of cheap oil has now passed.

### **Will Thailand be able to achieve energy security through self-sufficiency?**



# 4

## Patients Suing Doctors: Jeopardizing the Doctor-Patient Relationship

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The number of patients suing their doctors has been increasing in Thailand. Some cases have been brought to court, others have been brought to the Medical Council of Thailand, and others have been pursued in the media. Accusations of medical malpractice inevitably jeopardize the relationship between health workers and patients. It is currently unclear how the rise in malpractice suits will affect Thailand.

### Complaints to the Medical Council of Thailand

According to a Medical Council of Thailand report on January 2006, 258 cases of possible medical malpractice were submitted to the Medical Council from 1993 to 2005. This is 8 cases per 1,000 doctors or 4.1 per 100,000 members of the general public. The issues most frequently raised were professional standards and advertising (see chart).



## Medical Malpractice Cases Brought to the Medical Council of Thailand 1993 to start of 2005

Issues	Number	Percentage
Medical Profession Standard	149	57.7
Medical Profession Advertisement	66	25.6
Professional Dishonor	11	4.3
Negligence of Patient's Safety and Unnecessary Loss	8	3.1
Infraction of Laws	8	3.1
Issue of false certification and comments in bad faith	5	1.9
Support of illegal profession	4	1.5
Lack of respect toward professional colleague	3	1.2
Discourtesy to patient	2	0.8
Refusal to provide patient with assistance	1	0.4
Experiment on humans without consent	1	0.4
<b>Total</b>	<b>258</b>	<b>100.0</b>

**Source:** Medical Council of Thailand.,2006. Issues brought to sub-committee of the Medical Council of Thailand from 1993 to present. Photocopy.

According to Dr. Somsak Lolekha, President of the Medical Council of Thailand, malpractice suits have a number of causes: a decline in professional standards; a deterioration of the relationship between doctors and patients, which results in poor communication; inappropriate promises to patients; unrealistic expectations among patients; treatment costs that are too high for patients to pay; and doctors' failure to seek patients' views. In some cases, doctors intentionally mislead patients, which leads the patient to mistrust the doctor once the truth is known.

In January, 2005 there were 353 complaints pending before the Medical Council 218 from the period before 2005, and 135 from the year 2005. Of the 218 complains from the period before 2005, the Medical Council upheld 76 (36%) and rejected 138 (65%).

Since the establishment of the Medical Council of Thailand in 1968, only 2 doctors have had their licenses revoked. It is easy to understand why people choose instead to pursue their cases through the media.

### From the "Case of Dolaporn" to the "Case of Dokrak"

Medical malpractice had a high profile during the year 2005. The Nonthaburi Provincial Court ordered the Office of the Permanent Secretary to pay Mrs. Dokrak Phetprasert 800,000 baht damages plus interest at the rate of 7.5% per year for a 6-year period (2,000,000 baht in total). Mrs. Phetprasert became completely blind after taking drugs prescribed to her by a doctor at Nakhon Sawan Pracharak Hospital.

Even though it was not the first time a patient had been to court to defend his or her rights, the "Dokrak" case received a great deal of attention from medical personnel in Thailand.

Ten years ago, Mrs. Dollaporn Lorsermwattana, President of the Medical Victims Network, filed a lawsuit against Phya Thai 1 Hospital, over a incident during childbirth that caused her son to be disabled. She pursued the case for 13 years, but it was eventually dismissed by the court because too long had elapsed since the time of the incident.

Many victims of medical malpractice are not able to seek justice because of a lack of medical and legal knowledge. Sometimes the legal procedure can add to the suffering of the victim, who therefore chooses to withdraw charges or seek a compromise, rather than reaching the same outcome as the Dollaporn case.



## Examples of Malpractice Suits Reported in the Media during 2005

“Pyelic Calculus”—Mrs. Sumali Nikornsaen filed a lawsuit against doctors of Ramathibodi Hospital following the death of Mrs. Rabiab Chuihiran, who had been treated for pyelic calculus. The doctors claimed that the death was caused by excessive blood loss, while Dr. Winit Puapradit, Director of Ramathibodi Hospital, said that there was a misunderstanding between the doctors and the patient’s relatives.

“Nong Dream”—Mr. Poolsawat Pitoontham, a garage owner in Lat Phrao, filed a lawsuit against doctors of Ramkhamhaeng Hospital following the death of his 4-month-old daughter, Pannita Pitoontham, or “Nong Dream.” The girl had been showing symptoms of listlessness and a lack of appetite. The doctors claimed that the death was due to blood infection.

“Death after Delivery”—Mr. Akanit Tempiroj asked the police to bring charges against Lt. Col. Dr. Yanyong Imsuwan, an obstetrician at Ekpathum Hospital, after the death of Mrs. Paijit Mueangtum from intrapartum haemorrhage. The doctor argued that the death was due to placenta praevia.

“Vegetative state due to dental treatment” Mrs. Tiwakarn Onyai sought compensation for malpractice against her son Chanayuth Patangthane, who suffered brain injuries during dental treatment in 2003, causing him to enter a vegetative state. In January 2006, the Nonthaburi Provincial Civil Court ordered the Ministry of Public Health to pay 2,400,000 baht compensation to the son and to pay 1,070,000 baht compensation to the mother, plus 7.5% annual interest and 20,000 baht in lawyer fees.

## The “Nong Sen” Case: Conflict between the Minister of Public Health and the Medical Council of Thailand

A recent case clearly showed the doctors’ professional organization to be protecting its members rather than patients. In 2005, doctors at Samut Prakan hospital twice refused to admit a patient named Pirachat Chanarawee, or “Nong Sen,” who was suffering from a 41°C fever. Nong Sen subsequently died. Mr. Phinij Charusombat,

the Minister of Public Health, stated that the death was due to the medical malpractice. The Medical Council of Thailand asked for a meeting with the minister to clarify the issue. The meeting was followed by a seminar on “The Crisis in the Relationship between Doctors and Patients” on January 13, 2006.

Dr. Cherdchoo Ariyasriwattana, secretary of the Medical Council’s administrative subcommittee, stated that the Medical Council did not necessarily disagree with the substance of the minister’s comment. Rather, the Medical Council was worried that the comment might threaten morale among doctors, who had to work under conditions of shortage and limited budgets. Moreover, all medical care carries some risks, no matter how careful the doctor.

Dr. Ariyasriwattana stated that civil and criminal lawsuits against doctors had already caused some district hospitals to suspend operations or deliveries, especially in complex cases. Instead, patients are sent to provincial or regional hospitals, which are better equipped. She suggested that the government set up a compensation fund to assist patients suffering from complications from treatment. Compensation need not depend on whether the doctor was responsible, especially when the doctor had complied with professional standards.

## The Medical Council’s Proposal

The Medical Council of Thailand has released a Draft Statement announcing that its members (which means all doctors in Thailand) have the right to choose whether to perform examinations and treatments in non-urgent cases, for the patient’s benefit. This statement can be interpreted as protecting doctors from being sued for negligence.

The Medical Council has stated that it will release a revised statement in 2006. The revised statement may clarify patients’ rights, to improve the relationship between doctors and patients.

## A Compensation System—The Solution?

Medicine and public health undeniably have a commercial dimension. In many cases, the doctor

is “service provider” and the patient is a “customer,” and there is more to the relationship than curing people or saving lives. If there is no effective damage management system for the medical service, then lawsuits against the doctor will increase enormously. This will inevitably hurt the general public.

In the United States, there is a compensation system called “Financial Medicine”, whereby doctors buy indemnity insurance with high premiums and carry out excessive examinations and treatment, which is known as defensive medicine. Dr. Sanguan Nittayaramong, Secretary-General of National Health Security Office, states that in the USA, 25% of all public health costs, or 4% of GDP, are used for legal procedures or insurance instead of treatment.

In the United Kingdom, New Zealand, Canada, Finland, and France, there is compensation system that does not try to establish guilt, but instead to establish whether the illness or injury really was caused by medical intervention. Compensation funds provide assistance to victims, and central committees investigate problems in the health system. The advantages of this approach is rapid compensation of victims and a dramatic reduction in lawsuits, which are generally 3-4 times less common than in the United States.

In these countries, it was doctors who campaigned for compensation systems, to protect themselves from being sued. In contrast, in Thailand, it has been the victims rather than the doctors who want a compensation system. Doctors are preoccupied with protecting themselves in court.

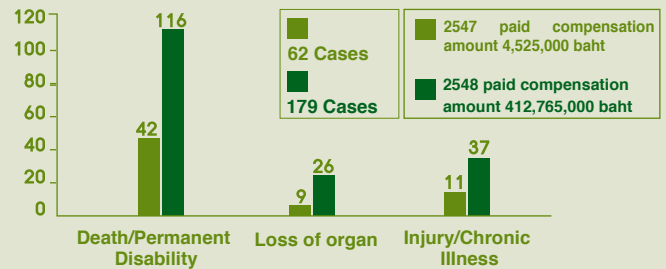
In Thailand, under Article 41 of the National Health Security Act 2002, compensation is provided only to families covered by the government health insurance system. This is nevertheless a first step towards reducing health system inefficiencies and avoiding conflict between doctors and patients. If legal measures are used for prosecuting physicians for malpractice, conflicts between doctors and patients will be worsened. Even more importantly, legal measures may harm the health system, since people will have to pay more, and doctors may refuse to carry out treatments.

In 2004-2005, the National Health Security Office paid compensation amounting to 17 million

baht under Article 41 of the National Health Security Act 2002. Of this amount 4.5 million baht was paid in 2004, and 12.7 million baht in 2005.

In 2004, there were 85 requests for compensation, of which 62 were successful. In 2005, there were 218 requests, of which 179 were successful. The majority of cases (66%) were related to death, disability, and loss of organ. (See chart).

**The number of those suffering from medical treatment and receiving primary grants in the fiscal year of 2004-2005**



Source : National Health Security Office, 2005

Thailand appears to be following the American model. Insurance companies have begun offering malpractice insurance to medical professionals. Lawsuits against doctors have become a new source of business for some law firms. If these trends continue, then ordinary people will be the ones to suffer because:

- (1) People will have to pay the costs of doctors’ malpractice insurance and excessive treatment due to defensive medicine, including over-use of medical technology.
- (2) Unnecessary treatment not only wastes resources, but can also cause harm. According to a US Institute of Medicine report, medical mistakes cause 50,000 –100,000 deaths yearly in the US, which is more than the numbers of deaths from accidents.
- (3) The relationship between doctors and patients deteriorates. Doctors and patients trust medical treatments, but patients and their families lose faith in the medical system.



# 5

## Instant Credit Services and Their Tricks



When people run up large debts, it not only harms the national economy, but also ruins the lives of the debtors. More borrowed money means more debt repayment. Pressure from creditors sometimes leads to depression, psychosis, suicide, or crime.



Problems caused by instant credit services were clearly evident in 2005, which indicates the difficulty of eliminating poverty from Thai society. Incomes have risen quickly, but so have costs, so that many families have higher expenditures than incomes. Some families have to borrow money to pay off earlier loans, and find themselves overwhelmed by debt. These debts stem from people's spending habits, but also from unscrupulous behavior by loan sharks.

### No spending, no economic growth

To promote economic growth, the government has encouraged people to spend more and invest more. Credit services run by banks and other organizations have been heavily promoted. Access to rapid finance has brought both advantages and disadvantages.

Loans are sometimes used to help build businesses and assets that increase their value over time. If the loan is obtained from a legal source, the interest rate may not be too high.

However, if debtors do not have good financial discipline, easy access to credit is dangerous. This is especially true if the borrowed money is spent on goods that depreciate quickly or do not generate returns that can be used to repay the loans.

Whether the debt is a personal loan, a credit card debt, or a hire-purchase agreement, the debtor

faces the problem of finding money to repay, including principal, interest, and service charges stipulated by the Bank of Thailand.

In addition to these legal sources of debt, there are illegal sources, which are often more accessible. These sources are illegal because they involve exorbitant interest rates or inhumane methods of enforcing payments.

### **Thai people borrow more than they save and most debts are “irregular”**

Debt is clearly related to poverty. According to a 2004 report entitled “Poverty and in Thai Society and Household Debt” by the Kasikorn Research Center, Thai people’s debts have grown faster than their incomes. Research in 2005 on factors affecting people’s spending behavior and their work in old age made the following findings:

Domestic savings declined from a peak of 35% of incomes in 1991 to 31% in 2003. The decrease in net savings in the governmental and domestic sectors led to a decrease in national saving.

1. Domestic savings have decreased because of increased consumption of goods such as cars, mobile telephones, and electrical appliances. One reason for the increased consumption is expanded access to credit.

2. Consumption has increased in all agegroups. Low income earners save less than other groups.

### **Enforcing Repayment**

Creditors have a variety of methods to enforce payment when debtors default. Financial institutions often hire debt collectors, who may receive a commission of 20-40% of the money collected.

In some cases, the debt collectors use extreme methods. They threaten debtors and their families, or they embarrass the debtor by informing third parties about the unpaid debts.

With informal loans, the creditors are generally members of the local elite. They have various methods for enforcing payment which are generally more severe. There are media reports of debtors’ property being damaged or the debtors themselves being injured.

### **Personal Loans with Exorbitant Interest Rates**

Before July 1, 2005, non-bank financial institutions such as EasyBuy, GE Capital, Quick-Cash, and AEON provided “personal loan” or “instant finance” services, with advertisements emphasizing easy access. Many consumers did not realize that applying for a loan was easy, but freeing themselves from the debt was extremely difficult. On November 21, 2005, seven independent lawyers and consumers filed a complaint against Siam A&C Co., Ltd. or EasyBuy, accusing them of usury. This case attracted a great deal of attention in late 2005.

#### **The experiences of an EasyBuy customer**

- On May 13, 2004, the customer received a 52,000 baht loan.
- The upfront fee was 4,000, so they received 48,000 baht.
- The customer paid 2,000 installments each month, but the number of installments was not stipulated.
- 13 installments totaling 26,000 baht were paid.
- On July 7, 2005, the total balance outstanding was 51,042 baht. Of the 13 installments worth 26,000 baht 958 baht had gone to paying the principal, and the rest, 25,042 bath had gone to interest.
- **The implied interest rate was 48% per year.**

EasyBuy did not dispute the facts above, but noted that the customer entered into the contract before July 1, 2005, when the Bank of Thailand introduced controls over interest rates.

The new control rates stipulated that non-bank creditors could charge interest rates of no more than 15% per year, or 28% per year when delinquency fees, charges, and other out-of-pocket expenses are included.

More than 100 consumers facing exorbitant repayment regimes have now filed complaints. Financial institutions have attempted to avoid conflict by asking to amend these customers' contracts. The financial institutions' proposal was opposed by the consumer protection organization. Instead, it asked consumers to take their cases to court, so that the public could learn about the unacceptable conditions imposed by the creditors.

Current regulations on interest rates are inconsistent. The Bank of Thailand sets the maximum at 28%, including fees, while the Civil and Commercial Code sets it at 15%.

The Bank of Thailand has defended its regulations saying that the intention is to protect people from exploitation. Before it set the maximum, many people were paying interest rates of 30-50%, plus other charges and fees, plus service charge, delinquency charge, and fees for personal loans. If the Bank of Thailand's maximum is in fact unlawful, then it will have no legal force, and consumers will have no protection from loan sharks. Moreover, the maximum was set by executive order issued by the Ministry of Finance, which would also need to take responsibility for the error. Lawyers from a consumers' advocacy group are testing the rule in court.

### **Emergency loans and deceptive practices: Acts of opportunists**

In 2005, the Bank of Thailand found hundreds of cases of illegal loan provisions that took advantage of people, for example, asking a customer to use a credit card to buy goods, paying cash to the customer in an amount less than the goods' actual price, and withholding various fees. This can be considered making double profit with no risk since the burden of repayment belongs to the financial institution that issues the credit card.

Such tricks have been occurring in recent years but they have become a hot issue lately because debtors have finally begun to realize the severity of the problem.

Ads making promises such as **“if you are in need of money, we can help you-all you need is a credit card or loan card, no matter whether your**

**credit is used up already or not. Please call 01-xxx-xxxx”** can be seen plastered on electricity poles, telephone boxes, ATM machines, and buses, and found in newspapers and on the Internet. Those who are not in dire need of money may not be tempted by such sales pitches, but for those who are, these promises may prove irresistible and may seem to offer a solution to their financial problems, and the gullible consumer may not realize how easily such an apparent solution can become a nightmare.

The process of such securing such loan is that, after those urgently in need of money call the loan company, the broker will make appointment with them, normally at an electrical appliance or mobile telephone shop. He will then ask for the potential borrower's credit card number so that he can check the credit balance. If, say, 20,000 baht is requested and the available credit limit is 30,000 baht, the creditor will ask the borrower to enter into a hire-purchase contract for goods costing 30,000 baht, with the credit card company as lessor and the borrower as lessee, who is liable for repayment of 3,000 baht monthly installments for 10 months. As a matter of fact, such hire-purchase never happens.

After the hire-purchase contract is completed, the creditor will pay 20,000 baht to the borrower, withholding 10,000 baht as “processing fees” and an advance on the 10-month interest. The debtor has to repay the hire-purchase installment every month. If the repayment is complete, there will be no problem, but if the debtor fails to repay for 2-3 installments, the credit card company will ask for the return of the goods, which the debtor has never even seen since all he really has seen is the hire-purchase contract.

The debtor may end in jail as a result since the contract was a “hire-purchase” and not a “loan” contract. According to the law, ownership of the goods belongs to the lessor until the lessee makes all payments; the lessee possesses only the right to use the goods. If the debtor fails to return the goods to the credit company, the company will launch a criminal lawsuit charging embezzlement. Thus all this can be considered a “deceptive practice” since the real intention of the debtor was to enter into a “loan” contract, not a “hire-purchase” one.

In some cases, the debtor has no credit card but is provided with a loan from this source. It is the broker who takes potential borrower to apply for a credit card. After that, the borrower will be

asked to buy goods from a shop with a contract stating that the borrower is purchasing goods from this shop and agrees to pay in installments. The shop telephones to a non-bank financial institution without identifying the borrower. It is highly possible that the financial institution that issues the credit card without checking thoroughly the documents is conspiring with the loan provider. When the documents are checked and approved, the approval code will be given by the broker to the shop in order to validate the contract.

However, in such purchases, the borrower or customer does not take possession of the goods. Instead, he is given 70-80% of the price of the goods, with 20-30% going to the broker. This means the debtor has 3 burdens, namely

1. Interest from credit or personal loan card, usually at a 1% monthly rate;
2. The difference between the actual price of the goods and the percentage of this price (usually 70-80%) that he received in cash;
3. The interest that the debtor has to pay to the loan broker, ranging from 1 to 20%.

It is possible that the loan broker collaborates with the shop that offers the installment payment in allowing the goods to be resold at full price at the same shop since they are brand new goods; the broker may receive additional profit from this. Such fraud has spread widely due to lax credit card approval criteria, which has led to battles among banks, which have been competing fiercely for new customers.

Currently, these illegal “fast cash” service providers have expanded their tactics to include doing such business at IT shopping malls. They use laptop or IT accessory shops as their front. When customers see their telephone number in a brochure and make a call, the loan provider asks them to come to the shop. After that, customers are asked to buy a notebook computer using a credit card. After the purchase has been approved, the shop gives the customer the cash equivalent, minus 20-30% as commission. The customer is then advised to pay 2-3 installments before paying the first scheduled installment.

The purchased notebook computer is then sold as a refinanced computer, 10-15% below market price, either at the shop itself or through a website. This hurts shops doing business legally since such goods have an abnormal origin and their purchase is done without a tax invoice.

Such business practices have affected many consumers who bought laptop computers at below-market prices. Since such goods (whose model and serial numbers have been recorded) technically belong to the creditor identified in the credit approval application form, if the creditor informs the center of the customer's failure to pay the installments, the computer can be seized from the unwitting consumer who (re)purchased it and who may later be charged with receiving stolen property.

Apart from this, another kind of fraud that is found nationwide is the case in which a criminal syndicate opens a front company providing loans using a complicated method to conceal the details of the loan contract. The borrower is asked to enter into a contract involving hire-purchase of gold jewelry and to sell or pawn the item(s) at a gold shop in their network in order to receive cash. This is in order to avoid being charged with exacting illegally high interest. From then on the debtor continued to be hounded to repay. In case he failed to repay, he would be threatened or injured and, in some cases, accused of larceny and reported to the police.

### Stop falling into debt and start learning how to save

Such fast cash businesses have expanded during the last 2-3 years, affecting people's easy access to loan sources. This goes against the promotion of a sustainable economy and the government's campaign of “Saving money to avoid poverty.” The tendency to live beyond one's means and go into debt stems at least in part from attitudes and habits that grew out of an atmosphere fostered by the government, which aimed to increase consumption. The result was wasteful over-spending. In contrast, if the government had emphasized thriftiness and motivated people to save money, their lives and the country's economic basis would have been more stable.

As a result of loans that are too accessible, consumerism is spreading not only among urban people but also among those in rural areas. People in the villages seem to buy everything they see on commercials, even though their income is too low to afford such things. Everyone in the country seems to be infected with “debt popularism”, which will result in many social problems, such as suicide, psychosis, and the a weakened national security.



# 6

## What Does the Public Gain from Privatization?

“

Privatization of state-owned utilities such as electricity, water, oil, and telecommunications will lead to increased charges, since the newly created businesses must earn profits. This will lead to a higher cost of living.



## Is Privatization Necessary?

The usual justifications for privatization are:

1. Investment capital. Utilities need capital to expand production. The government must guarantee loans by state-owned enterprises, and any losses must be absorbed by taxpayers, i.e., the general public.

2. Improved efficiency. State-owned enterprises suffer from inefficiency and red tape.

3. External pressure. One of the conditions imposed by the International Monetary Fund during the 1997 economic crisis was increased privatization.

All three justifications are subject to debate. Some scholars argue that the justifications given above are all secondary, and that the most important justification is the need for organizational reform and increased competition. These arguments are influenced by neo-liberalist ideas, propagated by international economic and financial institutions, which imply that the private sector is more efficient than the public sector.

Some scholars argue, however, that, in many countries such as the United Kingdom, privatization has led to an increase in corruption, and to increased prices for basic necessities such as electricity. Opponents of privatization argue that state enterprises should aim to meet people's needs rather than increasing profits since the state has a responsibility to provide the public with essential services.

## Where did the Idea to Privatize Come From?

Privatization of state-owned enterprises was mentioned in Thailand's first economic development plan. Experts from the World Bank argued that the role of the private sector should be expanded. Early plans were very cautious and did not go beyond the privatization of a few non-essential state-owned enterprises.

As the forces of globalization grew and Thailand joined the World Trade Organization, the country committed itself to free trade in services. International organizations such as the IMF and World Bank, together with transnational corporations, encourage the spread of capitalization by transferring state enterprises into the private sector.

Until the advent of privatization of utilities such as electricity, privatization proceeded with few protests or difficulties. This was partly because the enterprises being privatized had been established to address temporary crises or to assist local entrepreneurs. Examples included enterprises making bags, leather, glass, shoe polishers, and matches. The activities were carried out more efficiently in the private sector.

In contrast, public utilities deal with essential goods and services. Privatization can lead to a higher cost of living. The main objective of state-owned utilities is to provide access to everyone, regardless of business losses. In addition, the attempt to privatize the electricity utility, which is very profitable, was carried out hastily and non-transparently, without a clear discussion of advantages and disadvantages. So many questions and objections were raised that the privatization had to be postponed.

## The Privatization of the Electricity Generating Authority of Thailand (EGAT) Many Unanswered Questions

Many large state enterprises, such as the Communications Authority of Thailand, the Mass Communication Organization of Thailand, Thai Airways International Company Limited, the Airports Authority of Thailand, and the Petroleum Authority of Thailand, have been privatized in the past few years (see Table). And many people have raised questions about these privatizations.



## Privatized State Enterprises

New Name	Former Name	Year privatized	Year listed
Thai Airways International PCL	Thai Airways Co.,Ltd.	1988	1991
PTT Public Company Limited	Petroleum Authority of Thailand	2001	2001
Airports of Thailand PCL	Airport Authority of Thailand	2002	2003
TOT Public Company Limited	Telephone Organization of Thailand	2002	2002
CAT Telecom PCL	Communications Authority of Thailand	2003	2003
MCOT PCL	Mass Communication Organization of Thailand	2004	2004
EGAT PCL	Electricity Generating Authority of Thailand	2005	Court has ordered listing to be suspended

Source : State Enterprise websites, accessed 2006.

(1) Who benefits from the listing? Many people have asked whether it is the general public or a select group of people who would benefit from the floating of EGAT shares. Shares in PTT were sold out in less than two minutes. The well-placed people who managed to buy shares reaped huge gains when share prices then rose dramatically. The government has not explained how it plans to prevent the same thing happening if and when EGAT were to go public.

The government proposes to sell 2 billion shares, or 25% of the total number, in the initial offering. Many people are concerned that a few large investors, including overseas investors, will buy most of the shares. In principle, foreigners may own only 30% of the 25% of shares issued. However, it is not clear how this rule will be enforced under the government's free trade policy.

(2) Why is the listing occurring so quickly? Some scholars argue that privatization is necessary, but that EGAT should first be restructured to allow competition. The restructuring must be supervised by an effective and transparent body. Otherwise the privatized company will have a monopoly. It would be much more difficult to restructure the company after the stock exchange listing. Research suggests that companies' value on the stock exchange does not accurately reflect their efficiency.

Some opponents of the privatization of the consistently profitable EGAT have argued that people involved face a conflict of interest.

EGAT has received massive quantities of public investment. However, the plan is for EGAT to lease its assets to the operator at very low prices. EGAT also owns a nation-wide network of fiber optic cables that can be used for television, the Internet, and telephones. After privatization, EGAT Telecom will be a subsidiary company. It is likely to need a partner with a well-developed national telecommunications network. The likely identity of this partner is well known.

(3) Will electricity charges increase after privatization? Another question with important implications for the general public is whether privatization will increase electricity charges. Some people argue that, even without privatization, prices have been increasing faster than costs. High prices will benefit shareholders, since it will increase the value of their shares. Some of the directors of the company will be appointed from among shareholders, and both major and minor share holders are likely to favor constant or rising prices.

The government has promised that a commission to supervise electricity charges will be set up after privatization. However, many people feel that the commission will not be truly independent, and that politicians will interfere with the selection of commissioners. It is not clear that the Ministry of Finance will be able to assert control over a private company. Even if they initially remain constant, electricity charges are likely to rise eventually, as happened in the United Kingdom.

Some scholars have suggested that EGAT be restructured before privatization. It should lose its monopoly over electricity generation and transmission and allow private companies to generate their own electricity, to encourage competition. People should have the right to buy electricity from the supplier with the lowest prices. The market should be regulated by a truly independent organization that would stipulate fair prices. Opponents of the EGAT privatization put forward a similar set of proposals, after the administrative court issued its injunction postponing the privatization and listing of EGAT.

### **Important Events in the Privatization of EGAT**

On November 8, 2005, the Federation of Consumers' Organizations, representing 12 petitioners, requested that the Supreme Administrative Court revoke two Royal Decrees relating to EGAT privatization, the Royal Decree on the Authority, Rights, and Objectives of EGAT PC 2005 AD and the Royal Decree on Stipulation on the Revocation of Laws Relating to EGAT, 2005.

On November 9, 2005, the Federation of Consumers' Organizations' representative asked that the Supreme Administrative Court issue an emergency injunction, as a temporary protective measure, to prevent the issue of EGAT shares on the Stock Exchange of Thailand, scheduled for November 16-17, 2005.

On November 15, 2005, the Supreme Administrative Court issued the injunction.

On January 7, 2006, the Sub-Committee for the Privatization of EGAT, under the Senate Committee on State-Enterprises Privatization, held a public hearing on EGAT privatization in parliament. Approximately 260 organizations and individuals participated. Mr. Kaewsun Atibodhi, Bangkok Senator, expressed his disappointment that the government had failed to send a representative. The government later argued that it was unable to send a representative because of the Administrative Court's order, prohibiting the Minister of Finance from advocating the sale of EGAT shares. The Committee did not accept this explanation.

### **Using the Conflict to Strengthen Society**

Kwansuang Atibodhi, an expert on civil society, has suggested that the conflict over privatization offers an opportunity for popular empowerment, if ordinary people can participate in the decision process. He suggested that the protesters should seek to play a constructive role in the design of privatization policies. That way the public can help provide a check on the government's actions.

### **We must build on the lessons from previous privatizations**

Privatization of publicly owned utilities is too complicated and too sensitive to be completed quickly, without clear explanations. The government should listen to people who will be affected by the decision. It must learn from previous privatizations.

As yet there have been few ideas on how to resolve the dispute over EGAT for the good of the country. It is important to study the issue carefully and to determine whether privatization is really the best solution. Conditions in Thailand may be different from those in other countries, and hasty and non-transparent privatizations may do more harm than good. All parties must concentrate on the good of the public at large, and not political advantage or personal wealth.



# 7

## Health Impacts of the Tsunami



One year after the tsunami, Thailand had prepared a disaster response system, which should help reduce losses in the future. A mental health program was provided to 18,000 victims, 3,000 of whom suffer from Post-Traumatic Stress Disorder (PTSD). However, providing assistance to victims is a complex and multi-faceted task.



### Grief Remains After One Year

One year after the tsunami hit six of Thailand's coastal provinces, no one has forgotten the events of December 26, 2004. To commemorate the deaths, and promote Thailand's image overseas, the government and public held seven memorial ceremonies on December 26, 2005. The ceremonies took place at Ban Bang Niang and Ban Nam Khem in Phang Nga Province; Patong Beach, Kamala Beach, and Mai Khao Cemetery, in Phuket Province; and Phi Phi Island, Krabi Province, and Chao Mai Beach in Trang Province. Over 300 million baht was spent on transportation and accommodation for survivors and relatives of the dead, including both Thais and foreigners.

The government had hoped that the event would help revive tourism. However, many foreigners refused to participate, saying it would bring back unhappy memories, and that the money for the transportation and accommodation belonged to Thai taxpayers. Many foreigners used their own money and came to Thailand after New Year.

### When Helping Makes Things Worse

The government promised to provide equitable and sustainable assistance to victims. A total of 1,300 million baht was donated by the public, some of which was spent on building houses, alarm towers, and other facilities. On December 15, 2005, 170 million baht remained in the fund. However, many problems have occurred.

ABAC Poll, Assumption University, has conducted research on the economic and social impact of the tsunami in the six affected provinces. It found that the aid given to survivors had not met their needs. Shortfalls have been particularly apparent in the provision of credit, jobs, and titles to land. Among people surveyed, average incomes fell from 15,337 baht per month before the tsunami to 5,218 baht per month afterwards.

To complete the process as quickly as possible, different organizations were made responsible for house building in different areas. Some were built by the army, some by the air force, and some by the private sector. As a result, houses differ in different areas. Some critics have alleged that the houses were not designed according to local people's needs, and that the materials are insufficiently strong to withstand the rainstorms experienced in the region.

Although before the tsunami houses had been scattered, the new houses were built in long rows. People were uncomfortable moving into the new houses, with unfamiliar neighbors, and there were numerous conflicts. At the same time, many families remained living in temporary shelters, since their permanent houses were not complete or lacked running water and electricity.

Many fishermen lost their boats in the tsunami. Some of them have been able to resume working with new boats donated by the local administration organization. However, some fishermen who never owned a boat were given one, while others who had owned boats were given nothing, or were given boats but no equipment. Other people complained about delays, shortages, and unfairness in the compensation process.

According to research by the National Public Health Foundation, the problems were attributable to the absence of a systematic work plan for recovery in areas hit by the disaster. There were many kinds of aid, but the providers did not collect information on the needs of the victims, and local people did not participate in the decision making. Household-building projects were poorly managed, leading to problems once people moved in. Conflicts over donated goods were common. So many goods were donated to the sea gypsies and to children that other groups complained of unfair treatment. When poorly focused, aid itself became a source of conflict.

### **Disputes over Land**

People in many fishing communities hit by the tsunami, including sea gypsies such as the Moken and Urak Lawoi, as well as Muslims and Buddhists,

have never had formal titles for their land. And as we now know tsunamis not only destroy people's lives and property, but also uncover serious problems about the land ownership.

In the year following the tsunami, the Subcommittee on Land Disputes in the six provinces received 56 complaints. In 53 of these cases, local communities and the government have reached agreements. However, in the villages of Laem Pom, Nai Rai, and Thap Tawan in Phang Nga Province, disputes between the communities and private individuals have yet to be resolved.

An additional 17 communities have asked the subcommittee to help settle disputes. Some communities have claimed land in national parks, reserved forests, or other types of public land. One example was in Phi Phi Island, Krabi Province, where a local community claimed ownership of land in a national park. The Organization for Sustainable Tourism Development ordered that Phi Phi Island be a special tourist zone and prohibited people from developing the area. Local people and businesses affected by this decision submitted complaints to the subcommittee.

Many disputes that had begun before the tsunami were exacerbated by the disaster. The subcommittee is unlikely to resolve disputes effectively unless it allows local people to participate in the settlement process.

### **Neglected Foreign Workers**

Aid was not distributed equitably to foreign workers, who lacked legal identification papers. There were 60,000 migrant workers in the six Andaman provinces, including many unregistered migrants. Most were from Myanmar. Many registered migrants were told that their documents were unacceptable, because of problems with identification or because the permits had expired. According to the Provincial Employment Office, there were 22,668 registered workers from Myanmar in 2004, 7,000 of whom worked at Ban Nam Khem, including construction sites along beaches. The International Organization for Migration (IOM) estimates that 800 were killed in the tsunami.

Many legally registered migrants who died in the tsunami could be identified by their finger prints. However, it was not possible to send the bodies home for funerals because the Thai and Myanmar government had not been able to reach an agreement, and because no financial support was provided to the relatives. The needs of migrants who survived the tsunami have also been neglected.

According to the Identification Center of the Royal Thai Police, on December 21, 2005, bodies of 800 tsunami victims had still not been identified. Of these, 70 are foreigners, and 730 are Thais or Burmese workers. The majority of the 730 unidentified Thais and Burmese are presumably Burmese.

### Twelve Months – Too Soon for a Recovery

The Department of Mental Health, Ministry of Public Health, has provided valuable services to survivors of the tsunami. Health officials began assisting survivors a few days after the disaster, and have continued until the present. They have set up a Mental Recovery Center for Tsunami Survivors at Kuk Kak Sub-District, Phang Nga Province, to care for survivors suffering from mental problems in the six provinces hit by the tsunami. In addition, mobile mental health teams have provided services to patients in remote areas and patients who are unable to travel to the centers.

The treatment program includes elderly people, working-age adults, and children, including 1,671 orphans. Of the orphans, 1,203 live in the affected provinces. Immediately after the incident, many of the children were severely traumatized. Six months later, however, many were able to live normally. Children with continuing problems are closely monitored by psychiatrists.

Most adults also recovered, though 10% developed alcoholism, partly because of problems receiving financial support from the government. Among older people, the main problems were insomnia and stress. Psychiatrists have paid particular attention to old people living alone, and have organized activities to help them avoid feelings of loneliness.

In the year since the tsunami the Department of Mental Health has assisted 18,697 survivors, 9,736 of whom were in Phang Nga, the worst-hit area. Across the six provinces, 4,815 patients were prescribed drugs for mental conditions (see chart), including 3,000 people with Post-traumatic Stress Disorder (PTSD). In January 2006, 300 patients were still receiving continuous monitoring.

Tsunami PTSD patients were used as subjects in the Project of Genetic Research on PTSD carried out by Department of Psychiatry, Faculty of Medicine, Chulalongkorn University, and the Rajanukul Institute, Department of Mental Health, supported by the Bio-Sciences Center of Thailand, in the Office of the Prime Minister. The research on people in the six provinces began in February 2005. Between December 2005 and early 2006, personal data and blood samples were collected from 3,000 PTSD patients. DNA samples from the patients were stored at three research institutes.

Dr. Wirayut Prapanpoj, a project researcher, has noted that the number of adult patients has fallen over time, including PTSD patients, but the number of child patients has remained constant. The research team is not sure why this has happened.

The project has the largest collection of DNA data of any research project in Thailand. But some people have questioned the ethics of the project. They allege that volunteers may not have provided informed consent and have asked about research ownership and protection of privacy. At present Thailand does not have a law regulating research on human subjects.

Treatments for Tsunami Survivors Suffering from Mental Problems, by Province, as of January 27, 2006

Provinces	Type of Services Provided (Number of Treatments)			
	Number of Patients	Prescribed drugs	Consultations	Medical Examination
Krabi	3,617	839	1,966	1,312
Phang Nga	9,736	3,110	6,334	3,626
Phuket	2,600	634	2,052	995
Ranong	1,484	178	1,115	278
Satun	646	48	167	532
Trang	614	6	594	0
Total	18,697	4,815	12,228	6,743

Note: Some individuals received more than one treatment  
 Source: Mental Health Service Unit, Department of Mental Health, Ministry of Public Health  
[\[http://www.dmh.go.th/dmh/mcc/dmh\\_tsunami/snm10-1.asp\]](http://www.dmh.go.th/dmh/mcc/dmh_tsunami/snm10-1.asp)

## Post-Traumatic Stress Disorder (PTSD)

- Post-Traumatic Stress Disorder (PTSD) is a condition in which people suffer serious mental effects from an unexpected incident. It can affect all age groups of people, including children and elderly people. It can affect not only direct survivors, but also witnesses, relatives, and volunteers who worked in the disaster area.

- Generally, PTSD symptoms occur within three months of the incident. In some cases, the symptoms may occur up to a year later. Some patients recover without treatment within six months, but others suffer for long periods or until treatment is given. PTSD symptoms include tremors and hallucinations. People with PTSD always avoid talking about the incident or visit the location. They tend to be absent-minded, easily alarmed, moody, insomniac, inattentive, paranoid, and can develop negative behaviors such as alcoholism and risk-taking behavior.

Source: Dr. Prasert Palitpolkarnpim. "What is PTSD?" Matchon Weekly, January 12, 2005.

## The Tsunami Early Warning System

A National Disaster Alarm Center (NDAC) was established on May 30, 2005 to provide warnings about all kinds of natural disaster. This will instill confidence in Thai and foreign tourists. Thailand is the first of the countries hit by the tsunami to establish a center of this type.

Sixty-two alarm points have been set up along the Andaman coast in Ranong, Phang Nga, Krabi, Phuket, Trang, and Satun provinces, and most are now in operation. A radio receiver at each station receives a signal from a transmitter station in Bangkok. Power is provided by batteries recharged by solar cells. The system is entirely automatic.

When an earthquake occurs that could precipitate a tsunami, the NDAC control center will transmit an alarm signal via satellite to receivers installed in the alarming towers within two minutes. Sirens that can be heard within 1 – 1.5 kilometers will sound, followed by warnings in Thai, English, German, Chinese, and Japanese. The NDAC will also broadcast the alarm through the television station Channel 5 and through text messages.

Channel 5 has a system of green, yellow, and red dots, to be shown at the top right of the screen in the case of incidents that may affect people's lives and property. A green dot means no incidents occurring or predicted. A yellow dot means a minor incident predicted or occurring, and requiring news broadcasts. A red dot means a serious disaster, emergency news programs, and continuous monitoring. Channel 5 will broadcast news from the NDAC as soon as it is received.

To complement the high-technology alarm system, an evacuation training program has been developed for the people in at-risk areas. The program has already been launched by the Department of Public Disaster Prevention and Mitigation in Patong Beach, Phuket; Laem Sak, Krabi; Ban Nam Khem, Phang Nga; Pak Meng Beach, Trang; Praphat Beach, Ranong, and Ban Pak Bara Beach, Satun. The government has ordered district and the sub-district offices in other areas to work with local administration organizations in preparing evacuation plans and providing training. In addition, warning and evacuation signs in many languages have been posted around communities and tourist areas hit by the tsunami.

Although the grief has not faded a year after the disaster, measures such as these can help local people and tourists feel safer. Natural disasters will continue to occur. We must seek to understand their causes, and accept that there will always be a risk of further tsunamis. However, because Thais have learned from the previous tsunami, we can hope that those in futures will be less damaging.



# 8

## Pregnancy, Abortion, and Child Abandonment: Neglected Problems



In 2005 the newspapers carried stories about child abandonment, discovery of discarded aborted fetuses, and raids on abortion clinics. There is little sign, however, that Thais are willing to take a comprehensive view of these problems and or to adopt systematic measures to address them.

### Premature pregnancy, abortion and child abandonment

According to data from the Child Watch Project, Bangkok is the province with the highest rate of child abandonment, with 7.43 children abandoned per 100,000 population. The average for the whole country is 2.61 per 100,000. There are 700-800 babies and children abandoned per year, or about two per day. This number excludes aborted fetuses found in public places. There are reports of women suffering post-partum haemorrhages in public toilets after committing abortions by themselves. The Ministry of Social Development and Human Security estimates that in 2003-2004, 1,975 babies were abandoned at hospital, with baby sitters, or at public places.



### Number of Abandoned Children per 100,000 Population, 2005, by Region

Source: Child Watch Project in each province, Ramitti Institute [http://www.childwatchthai.com].

Regions	Ratio
Bangkok	7.43
Center	0.79
East	0.85
Upper North	0.37
Lower North	0.42
Northeast	0.80
South	1.67
Whole country	2.61

Child abandonment is closely linked to unintended pregnancy. Statistics collected in 2001 by the Reproductive Health Rights Campaign Project suggest that Thai society has a major problem with unintended pregnancies. The researchers collected data on pregnancies from 925 women aged 15-59 in two communities in North and Northeast Thailand. Of the 2,496 pregnancies, 45% were unplanned, and 16% were aborted. The most commonly cited reason for aborting, given by over half the women who had abortions, was economic difficulties. The group with the most abortions was 20-29-year-old women.

### The Age of Women having Abortions is Falling

Dr. Suriyadev Tripathi, head of the of Teenage Clinic at the Queen's National Children's Health Institute, states that around 20% of females who give birth at the hospital are less than 20 years old. There have been cases of 13-year-old girls having their second pregnancies. Thai children do not receive formal sex education until they over 13 years old, even though increasing numbers of 13-year-olds are having unprotected sex.

These ideas have been verified by new research conducted in 2005. A national study of sex and violence conducted among 200,000 13-18 years old, mainly in grades 7 to 12, found that the age of first sexual intercourse was falling over time. Some students aged 13 were having sex. The pregnancy-abortion-abandonment phenomenon was found,

as were cases of HIV/AIDS. Cases of post-partum bleeding and abortion-related infection have been increasing among teenagers.

### New Abortion Methods

If they become pregnant, teenagers try to deal with the situation using their limited personal experience and knowledge. Many traditional abortion methods are based on the traditional medical concept of "hot" substances. Many women can acquire and use traditional abortion medicines themselves. At present the most popular modern medicine is Cytotec, a drug used for treatment of gastric disorders, but which can cause abortions. It appears that women learned about this drug when it was used in hospitals to treat incomplete abortions, and that information about the drug has spread informally.

Dr. Wichai Thienthaworn, Permanent Secretary in the Ministry of Public Health has described other popular abortion methods. One is the use of weight-reduction medicines. Another is acne medications. These are inexpensive and widely available, but can easily lead to haemorrhaging, physical malformities in the baby, and incomplete abortions. Incomplete abortions can have a long-term impact on women's health. Use of the drug is particularly dangerous for 4-5 months pregnancies.

### Government Efforts to Address the Problems are Poorly Coordinated

Though the issues of unintended pregnancy and abortion are becoming more serious, some people try to add to the difficulties of girls who have become pregnant. Major government figures argue that, if teenage girls do not respect the traditional value placed on virginity, the problem will be insoluble. Measures to suppress abortion clinics are unlikely to decrease the abortion rate, but will instead push the problem underground, making it impossible to provide safe, high-quality services.





Dr. Tares Krassanairawiwong, Director of the Medical Licenses Division, Ministry of Public Health, has stated that the Ministry can determine whether an abortion service is legal, and whether the doctor has a license, but cannot punish offenders.

To offer an alternative to abortion, the Office of Child Protection and Welfare Promotion, Ministry of Social Development and Human Security, attempts to make agreements with pregnant women who do not wish to bring up their children. It offers two possible solutions. The first is for the state to care for the child until the mother is ready for instance, once she has graduated or found a job. The mother will then be provided with information about the child's location. The other solution is for the state to care for the child permanently.

The Department of Health, Ministry of Public Health, has launched a program on Thai teenagers' reproductive health, in cooperation with tertiary education institutions. A course about sex education is added to the undergraduate curriculum to provide teenagers with access to accurate health information about sex and reproductive health. Special health services are established, tailored to teenagers' needs. The program also aims to set up places in every secondary school where teenagers will have access to information and advice about sex and reproductive health.

There are, however, continuing controversies over providing information and birth control services to teenagers. Many Thais argue that teenage sex is not acceptable, and that services should not be provided. Such views are common among teenagers themselves. According to a 2005 survey, only 41% of teenagers agree with the installation of condom vending machines in tertiary educational institutions. Almost as many—37%—disagree with the idea, and 23% neither agree nor disagree.

## Looking for Light at the End of the Tunnel

Concerned at the scale of the problem of teenage pregnancy, the Ministry of Education has supported some pilot projects by nongovernmental organizations (NGOs). Teachers from across the country have been provided with sex education materials designed for all age groups, aiming to improve students' coping skills. The materials aim not to control children's thoughts and values, but rather to provide them with a beneficial learning process.

Effective sex education programs may be able to reduce the risk of early childbearing. However, many other measures will be needed. Pregnancy, abortion, and child abandonment are all complex issues. An integrated solution is essential.

## Success Through Coordinated Efforts

Thai society needs to take immediate measures to address the problem of unintended pregnancies, abortions, and abandonment. Such measures should lead to a long-term, sustainable solution. There must be cooperation between the government and society.

(1) Measures to reduce the number of infants abandoned and the number of abortions

- Provide comprehensive advice and information to women with unintended pregnancies, respecting the rights and needs of the women.
- Provide accommodation to women about to deliver in every province, together with standard maternity services.
- Organize adoption services and temporary childcare services.
- Establish clear procedures to assist women who have become pregnant as a result of rape.

(2) Measures to reduce social pressure on women with unintended pregnancies

- Education institutions under the Ministry of Education must revise their procedures for dealing with pregnant students. They should place greater emphasis on the care of the students and less on the reputation of the school, and they should help these students to achieve good academic results.

- All governmental and non-governmental organizations should ensure that access to services for children is not affected by the marital status of the parents.

(3) Measures to reduce unintended pregnancy

- Information and birth control services must be provided to all young people, but particularly unmarried females, including junior high school students and girls not attending school. Birth control centers should be established in communities.

- Educational materials should identify gender inequities in traditional views on sex, and should attempt to promote equality between women and men. These materials should be provided to all people, including people not in school.



## More Teenagers Need to be Taught about Birth Control

Many girls' first experience of sex is probably similar to that of Kaew. She was in a long-term relationship built on love, trust, and sharing. Then one day, her boyfriend told her that a relationship without sex was not love.

"Before then, I didn't let him touch my hands or body. When he talked about it, I refused, completely refused. I had never thought about sex before. I thought it should be after marriage. I never thought that he would force me."

Not only had she not thought about sex she had also not thought about protecting herself from pregnancy.

"I did not dare. It was very embarrassing. I never talked about it. I knew nothing about birth control. I don't know where to begin and how to take the medicines."

When her boyfriend raised the issue of sex, she was a 17 year old student in her final year at high school. She had one older brother and one younger brother. Everyone regarded her as a respectable girl, which made her proud. She had been going out with her boyfriend, a senior student from the same school, for 5 years. Both families knew and had no objection to their relationship. The boyfriend's parents were waiting for him to spend time as monk, and for Kaew to graduate from university, before they held a wedding ceremony.

A few months after their first night together, Kaew found that she was pregnant. She asked her family for advice. They sympathized with her situation, and let her make her own decision. She decided to keep the baby, with assistance from her family. However, her boyfriend was worried about his parents' reaction.

Kaew was concerned about her boyfriend, and had an abortion, costing 5,000 baht. Her life and that of her boyfriend returned to normal.

**"Birth control should be taught more widely. I only learnt about AIDS. If you go anywhere in Thailand, you can see lots of children born before their parents were ready. These children may become beggars or thieves. Their future is hopeless. We can avoid this, if we make birth control more widely known."**

Source: "Would like you know : The diary of the experience of the unwanted pregnant woman". Campaign project to reproductive rights., Meeting document "The Alternative of the unwanted pregnancy". Organizing by the Population Council." (6 July 2000).

# 9

## The Continuing Struggle Against Alcohol and Tobacco

Campaigns and legislative measures to reduce consumption of alcohol and tobacco remain important. Their success depends on the determination of civil society and the sincerity of the government. The aim is to reduce the economic and social costs of alcohol and tobacco and to improve social and individual health.

Thailand is a world leader in the control of alcohol and tobacco. In the last five years, the combined efforts of civil society and the Thai Health Promotion Foundation (ThaiHealth) have led to many new measures to restrict alcohol and tobacco use. For instance, retailers may now only sell alcohol between 11:00 AM and 2:00 PM and between 5:00 PM and midnight, children under 18 are prohibited from buying alcohol and tobacco, and cigarette packets must now carry vivid pictorial warnings. The public has become particularly concerned about alcohol and tobacco use among the young, so youth have been a major target of new policies.



## **Campaigns to Reduce Smoking, 2005-2006**

A 2004 Statistical Office survey on smoking habits found that 11.3 million Thais aged 15 and older smoke. Of these, 9.6 million smoke every day. Over 90% of smokers started smoking when they were young. Tobacco companies therefore focus their advertising campaigns on young people.

In 2005, the government, together with civil society, attempted to strengthen measures to prevent smoking among youth. Sale of alcohol and tobacco to children aged less than 18 was prohibited, and Thailand became one of the first countries in the world to use pictorial warnings on cigarette packets. After the Ministry of Public Health mandated the display of pictorial warnings, 21% of smokers who saw the warnings quit smoking, 57% percent reduced their consumption, and 22% continued as before.

However, the number of smokers still needs to be reduced further. Many young people are still able to buy tobacco because the regulations against sales to minors are not rigorously enforced. Advertisements at point of sale and in the media are still effective in persuading young people to smoke. Accordingly, in 2005 and 2006, a number of new, proactive measures were introduced:

**1. Prohibiting shop displays.** Tobacco companies put a great deal of emphasis on the display of cigarettes at the point of sale because it is the best opportunity to persuade customers to buy their product. Displaying cigarettes alongside sweets, snacks, and chewing gum increases their appeal to young people. Across the world, tobacco companies spend 100 billion dollars, or 4 trillion baht, per year on advertisements, giveaways, and promotions at point of sale, out of a total advertising budget of 4.56 trillion baht.

To help control advertisements at point of sale, the government has been using Article 8 of the 1993 Tobacco Control Act, which prohibits the advertising of tobacco products, including the inclusion of symbols or brand names in print, radio, or television. The Ministry of Public Health announced that by February 24, 2005, all retailers had to remove tobacco products from displays and

counters. Shops that advertised products in violation of the ruling would receive fines up to 200,000 baht.

Faced with dramatic losses of sales, the company Seven-Eleven, together with international and domestic tobacco producers, exploited loopholes in the legislation. Eventually, the case went to the Supreme Court. Meanwhile the companies came under heavy pressure from the public, forcing Seven-Eleven to back down and give up its fight in the courts.

**2. Increasing cigarette taxes.** As of 2005, Thailand had not increased cigarette taxes for four years, despite that fact that economic growth had improved and incomes had increased by 10%. Sales of cigarettes increased from 1,727 million packets in 2001 to 2,110 packets in 2004. Accordingly, in September 2005, the government increased the stamp duty on cigarette packets from 75% to 79%. This was just under the maximum level of 80% defined by the Tobacco Act of 1966. The tax rise was expected to reduce consumption by about 10%.

In addition, the government intends to amend legislation in order to raise the ceiling for tobacco taxes above 80%. If the ceiling is raised to 200% or 300%, the government will be able increase tobacco taxes immediately, without having to issue new legislation. Tobacco producers predict that consumption will fall by 7% in 2006. The Customs Department predicts that it will fall by 10-12%. Meanwhile, the increased taxes are expected to raise an extra 3 billion baht in tax revenues.

**3. Increasing smoke-free zones.** Thailand has two kinds of smoke-free zone. In the first, smoking bans are rigorously enforced, to protect the health of non-smokers. In the second, there are exceptions to protect the health of smokers. On December 30, 2005, the Ministry of Public Health made two announcements. It displayed a new smoke-free zone symbol, and it announced three new types of smoke-free zone, increasing the total from 31 to 34. The new zones include lobbies of air-conditioned hotels, clinics for traditional Thai medicine, and all healthcare businesses.

Healthcare businesses are defined to include health spas, massage parlors, and “beauty and health” clinics. The original legislation referred to train carriages, but only ones with air-conditioning. This was amended to cover all train carriages. The new rules came into force in January 2006. The reduction in exposure to second-hand smoke should help reduce cancer rates among nonsmokers.

### **In 2005, Alcohol Continued to Ensnare Increasing Numbers of Young People**

Alcohol consumption has clear effects on the economy. Costs include productivity losses, health care expenditures, and crime and violence. Alcohol is the third biggest disease risk factor in Thailand, behind unsafe sex and tobacco. The cost of alcohol-related traffic accidents alone is around 2-3% of national income, or about 100 billion baht per year. If all the costs of alcohol were included, the total losses from alcohol would likely be more than 500 billion baht per year.

In 2005, ABAC Poll, Assumption University, surveyed Thais about their alcohol use and their attitudes to alcohol. The survey was conducted in Bangkok and surrounding provinces and covered 1,672 people. Of those aged 15 and older, 55% said that they consumed beer. Average consumption was 3.8 glasses per day. Forty-five percent drink occasionally and 10% drink every day. Thai beer was the most popular alcoholic drink, followed by Thai spirits and imported spirits. Average income was 8,825 baht per month, and average expenditure on alcohol was 3,588 baht per month. Most drinkers had received one or more injuries while drunk. Fifteen percent of drinkers said that it affected their mood, 14% said it caused them to lose employment, and 13% said it reduced their productivity. Fifty-two percent had no plans to give up drinking, and of those who planned to give up, 78% had not yet succeeded.

In addition to its economic effects, alcohol also imposes social costs. Alcohol contributes to violence within the family and in the larger society. A survey of newspapers and websites between January 2002 and June 2005 identified 3,427 court cases involving alcohol-related violence. There were 1,198 such cases in 2003, 944 cases in 2004, and 422 cases in the first six months of 2005. Altogether, there were 1,146 cases of assault, 963 murders, 440 rapes, 321 accidents, and 229 suicides.



### **Measures Implemented in 2005-2006 to Combat Abuse of Alcohol**

1. Increases in Alcohol Tax. At present, the Excise Department has two rules for setting the tax on alcohol. Alcoholic beverages can be taxed according to their price or according to the amount of alcohol they contain. Whichever rule yields the higher tax is the one that is used. For spirits the maximum possible rates are 50% of the price or 400 baht per liter. However, until recently the actual rate used was 240 baht per liter. On September 6, 2005, the same day that it raised tobacco taxes, the cabinet announced that the tax on spirits would be increased to maximum levels. Mixed spirits such as Mekong Whisky and brandy would be taxed at a rate of 400 baht per liter. Brandy, which had been taxed at a rate of 35% of its selling price, would be taxed at 40%.

The new measures did not include rice whisky or medicinal spirits, which are defined as traditional beverages. The reason for excluding traditional beverages was to assist community industries. The National Institute of Health has recommended that the same tax rate be applied to all types of alcohol, and that the tax be increased slowly, so as to avoid encouraging black market production. Similarly, the Center for Research on Alcohol argued that the government should not grant an exemption for rice whisky because rice whisky is the cheapest and most popular form of alcohol. It is also the form of alcohol most preferred by people with low incomes, particularly youth.

In Chiang Mai Province, for example, the number of shops selling the cheap types of whisky preferred by young people increased from 389 in 2003 to 482 in 2005, a rise of 21%. These shops are most common where there are concentrations of people, such as in crowded communities, or near student accommodation and massage parlors.



ภาพ: ศูนย์ข้อมูลหนังสือพิมพ์ฐานเศรษฐกิจ

2. Restricting times and places where alcohol is sold and restricting advertising. From January 1, 2006, the Ministry of Finance issued new rules on the registration of shops selling alcohol. Gas stations and shops at schools and religious institutions were no longer permitted to sell any sort of alcoholic beverage, including beer. The Excise Department would not extend the alcohol licenses of around 10,000 gas stations. Altogether, 580,000 shops throughout the country are licensed to sell alcohol. Licenses are normally renewed in December.

New rules have also been introduced limiting the times during which alcohol can be sold. The two legal periods are 11:00 AM - 2:00 PM and 5:00 PM to midnight. The government also has plans to ban the sale of alcohol on Sundays, which is supposed to be the day for families. A ban on alcohol sale on Sundays would help bring families closer together and reduce social problems.

Most importantly, in 2006 the Ministry of Health announced a ban on all forms of alcohol advertising, in all media.

3. Increased penalties for drunk drivers. In 2005, the government amended the 1979 Transport Act, to increase penalties for the use of motor vehicles while under the influence of alcohol or drugs. In cases where the driver caused an accident, the penalties vary according to the severity of the physical and mental injuries caused. Maximum prison terms range from 3 to 10 years, and maximum fines range from 60,000 to 200,000 baht. The court can revoke a driver's license without having to wait for the final verdict.

### The Most Important Step: Changing Behavior

The aim of the all these policies is to reduce consumption of alcohol and tobacco. If this aim is achieved, then the damage that tobacco and alcohol do to the economy, society, and people's health will be reduced. Effective implementation of the policies will require cooperation from all concerned and determination from the government.

The efforts of people campaigning against alcohol and tobacco over the last 10 years bore fruit in 2005-2006. Thailand now has a set of proactive policies deterring people from consuming tobacco and alcohol. It is now necessary to change public perceptions, so that people become less tolerant of tobacco and alcohol use. New attitudes would make it easy for users of tobacco and alcohol to give up.

Success in changing attitudes depends on networks formed by groups involved in the struggle against tobacco and alcohol. Governmental and non-governmental organizations can together educate the public to change smoking and drinking habits. This is not just a task for health workers. Effective measures will require knowledge from many fields and systematic implementation. It will require sufficient budget, and support from all levels of the government.

Special attention needs to be paid to young people, to prevent them from taking up smoking and drinking in the first place. To deal with people who already abuse tobacco and alcohol, effective measures will be needed to help them quit. There must be policies to protect non-smokers from second-hand smoke and to protect non-drinkers from injuries and property damage caused by drinkers.

Changing behavior and attitudes requires participation from trendsetters in the media and entertainment sectors. It requires participation from all parts of society, and social marketing. It requires the use of government policies and the legal system. Schools will need to teach children not to smoke and drink, and anti-smoking and anti-drinking messages will need to be broadcast in the popular media.



# 10

## The Consumers' Association: Another Step Forward for Thai Consumer Power

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Most Thai consumers have poor access to information, and are regularly cheated by government and private producers. However, there is little cooperation among consumers to oppose unfair practices. It is time for Thais to establish an independent organization to protect consumers' rights.

In the present consumerist era, it seems that every person in the country has been cheated when purchasing goods or services. People are sold genetically modified food, or fruit and vegetables grown with unsafe chemicals. They buy cheap electrical goods that do not work. They buy major items such as cars or houses that do not live up to the claims in the advertisements. They are misled by advertising campaigns about SMS services.



In 2005, the mass media devoted substantial attention to problems faced by consumers. Incidents reported in the media raised public consciousness about consumer issues, and led to calls for an independent organization to defend consumer rights. Article 57 of the 1998 Constitution states that “the rights of consumers must be protected. The law provides for an independent organization consisting of consumers’ representatives that provides input into legislation, regulations, and standards.”

### **The Car Demolition that Drew the Attention of the World.**

In early 2005, a shopkeeper named Duenpen Silaket drew the attention of the world when she demolished a car in front of the media to protest against unfair treatment by the car’s manufacturer. Her brand new four-wheel drive, costing 1.3 million baht, would not start and its steering veered to the left, despite numerous repairs. The manufacturer refused to provide her with a replacement vehicle, claiming that none of the other 100 vehicles had had any faults. Eventually Duenpen Silaket took a great deal of satisfaction in smashing the vehicle for the benefit of reporters. Thai consumers all over the country followed the story with interest.

Eventually, to save face, the manufacturer bought the vehicle back at the original sale price.

Within days, owners of virtually every other make of car flooded the media with stories

about problems with their cars and about the manufacturers’ lack of concern. People invented many new forms of protest. One person set a car on fire. One put a car in a coffin and laid a wreath on it. In March 2005, a group of people smashed cars in front of a large crowd at a car show.

When, in March 2005, the complaints began to affect car sales, the Office for Industrial Standards and the Motor Vehicle Institute quickly set up the “Center for Quality Assurance.” Within a month, the Center had received 190 complaints. Car companies also began to pay more attention to manufacturing quality and service. The number of complaints to the Center gradually decreased.

### **Painting a House Black to Protest Eleven Years of Problems**

In 2005, Rattana Satjathep painted her house black to protest against the builders of the house. In doing so, she ignited a national campaign among dissatisfied house owners. The house owners were assisted by the Consumers’ Foundation. Their aim was to put pressure on the government agency responsible for regulating construction businesses.

Ms. Satjathep’s problems began more than 10 years ago. The house began to develop numerous cracks, after her neighbors all began extending their houses. Ms. Satjathep asked the local authorities to prevent the neighbors from doing further building. However the authorities told her that if they were going to take a case against the neighbors, they would also take a case against her. They claimed that she had encroached onto public land by building a house in a place where people reversed their vehicles. However, the local authorities had themselves issued Ms. Satjathep with a building permit many years before.

Over the following years, Ms. Satjathep appealed to many different government organizations, but was always disappointed. All she hoped for was to find an official who would enforce the law, for her own sake and for the many other house owners whose rights had been violated by government officials or construction companies. At the time of writing (February, 2006), the government inspectors have still not responded to Ms. Satjathep’s requests. This sort of inefficiency is typical for official building inspectors.

After 11 years of problems, the governor of Bangkok Province and the Human Rights Commission addressed Ms. Satjathep’s concerns by arranging for her to receive 12.5 million baht compensation, so that she could buy a house elsewhere in Bangkok.

Ms. Satjathep and Ms. Duenpen are both ordinary, powerless people, but the determination they showed has had a major impact on the automobile manufacturers and construction companies and on the rights of Thai consumers. They serve as an example for other consumers.



### **Making Money from Text Messages (SMS).**

Many television programs invite people to cast votes on the program using text messages on their mobile phones. A big scandal occurred in 2005 when the programs Big Brother and Fantasy Academy told people to vote participants off the show, and then allowed people to vote the rejected participants back on. The producers boosted their profits at the expense of the viewers who voted.

**Downloading on to Mobile Phones.** Some companies discovered a new way to make money, particularly from children: charging people to download music and pictures. The conditions of sale were ambiguous. Some customers used the service only once, but received further downloads, and were charged for these too. Some customers had to pay for calls that were supposed to be free. Download services were advertised in magazines and websites, and reached all the target groups.

**Advertisements for Products to Become Slimmer, Younger, and Whiter.** These products were aimed mainly at women. They promised to improve their appearance, by, for instance, making them paler or slimmer.

**Dangerous Bus Services in Bangkok.** Many people were killed or injured while using bus services in Bangkok. Some cases were featured in the news while others were not. Most deaths and injuries occurred on privately-run buses. These buses charge more than publicly run buses, but their service is no better.

**Substandard Electrical Goods.** Cheap imported electrical products that do not conform to Thai industrial specifications last a short time before they have to be replaced. They add to the electronic waste threatening the country's environment.

### **The Roots of the Problems Facing Consumers in Thailand**

One of the most important reasons that consumers' rights are weak is the Thai legal system. The country has in fact had a government agency responsible for consumers' rights since 1979. It is called the Office of the Committee for the Protection of Consumers, and belongs to the Office of the Prime Minister. An Act to protect the rights of consumers was also passed in 1979 and amended in 1998. The Act sets out five rights:

1. Consumers must be provided with accurate information about products
2. Consumers can freely choose products or services
3. Goods should be safe to use
4. Contracts must be fair
5. The right to an investigation and compensation if the previous four rights are violated

In addition to this Act, there are many other rules and regulations designed to protect the rights of consumers. There are 38 further Acts dealing with consumer issues, including one passed in 2004, regulating "direct sales." There are two Royal Decrees, a 1988 Royal Ordinance about misleading lending, and 11 Ministerial Orders.

However, this body of legislation is rarely used, because of gaps in the legislation and because the government agencies responsible for enforcing the rules do not take their jobs seriously. The case of Rattana Satjathaep is a clear example. Even though she collected together all the necessary documentation on infractions by the construction companies and the local administrators, no one was ever punished, and she had to wait 11 years for her concerns to be addressed.

Another important reason for the weakness concerning enforcement of consumers' rights is that there is no forum for consumers to voice their concerns, and no one provides consumers with the information and skills necessary to deal with advertising. Many people, particularly rural people, the poor, and the less-educated, lack information and options when choosing products, and must rely entirely on advertising.

Moreover, there has never been any opportunity for representatives from civil society, such as leaders of independent organizations or students' organizations, to provide input into laws and regulations. Consumers are scattered and unorganised. Groups trying to protect consumers' interests lack the money and/or ability to bring consumers together to oppose powerful business interests. Similarly, the Office of the Committee for the Protection of Consumers is unable to act quickly, because of bureaucratic red tape. It is therefore unable to control the thousands of retailers and producers who cheat consumers.

The government has done little to force producers to disclose information about products, including information about the safety of food, medicine, cosmetics, surgery, and agricultural chemicals. Consumers therefore only learn about the positive aspects of the products, and never the negative aspects. When something goes wrong, consumers lack the information necessary to complain to the retailers or producers. There is no organization responsible for approving advertisements or checking that claims made about a product are correct.

**The most important problem** is the feeling of powerlessness among consumers. Consumers who experience problems look to the example of other people who have taken cases to the courts or the authorities.

Many such people have been accused of infractions themselves, or have wasted large amounts of time and money. The legal process is very complex and expensive and takes many years. There are therefore many “silent victims” who, despite having been cheated themselves, have not joined the struggle to assert the rights of consumers.

### Decrease of Cases Reported to Government Organizations; Increase of Cases Reported to Non-Governmental Organizations

It is worth noting that in 2005, even though stories about consumer protests were printed on the front pages of the newspapers and were pursued in depth by the popular media, the number of complaints registered at the Office of the Committee for the Protection of Consumers fell. There were almost 1000 fewer complaints in 2005 than there were in 2004 (see Table). The peak number of complaints occurred in 1999, when there were about 8000, presumably because retailers increased unfair practices during the economic crisis.

In contrast, the number of cases reported to the Foundation for Consumers, a non-government organization that campaigns for consumers’ rights, increased three times between 2004 and 2005 (see Table). This demonstrates that the public is coming to trust non-governmental organizations more than they used to. It also raises questions about the effectiveness of their governmental counterparts.

### Cases reported to the Office of the Committee for the Protection of Consumers

Type of complaint	1999	2000	2001	2002	2003	2004	2005
House, building, land	7060	3829	3422	2068	2040	2249	1747
Goods and services	424	771	1775	2026	2602	2956	2956
Advertisements	462	590	490	373	389	735	516
Direct sale	0	0	0	0	0	33	40
Total	7946	5190	5687	4467	5031	6238	5259

Source: Office of the Committee for the Protection of Consumers

### Cases reported to the Foundation for Consumers

Type of complaint	1999	2000	2001	2002	2003	2004	2005
Quality of service	3	24	98	87	89	56	73
Immovable property	43	64	27	22	32	38	67
Health care products and services	3	83	28	24	35	14	28
Manufacturing standards	1	0	29	33	23	24	100
Public utilities	0	0	0	1	36	20	17
Other (Debts)	0	2	0	0	21	23	233
Other	16	35	54	10	32	43	143
Total	66	208	236	236	268	218	661

Source: Foundation for Consumers

### The Consumers Association and Prospects for an Independent Consumers’ Organization

The numbers of complaints and the stories reported in the media show that Thai consumers are facing many problems and need assistance. If there is no one that consumers can trust to protect them, then the problems will only grow worse. Tensions will grow between consumers and producers, eventually damaging the economy. Even though there are about 100 laws and regulations protecting the rights of consumers, implementation is seriously deficient.

There were many infractions of consumers’ rights in 2005, and consumers became increasingly conscious of their rights. This induced consumers’ groups to increase their effectiveness and improve cooperation. A network of consumers groups, led by the Foundation for Consumers’ Rights and the Department of Community Pharmacy, Chulalongkorn University, established the Consumers’ Association. Other participants included groups concerned with substandard housing, unfair practices, medical malpractice, and debts.

A ceremony to launch the Consumers’ Association was held on April 24, 2005, at Thammasat University. The association will receive complaints from consumers, and will assist consumers who have received unfair treatment in matters such as houses, cars, health care services, and debts. Around 1000 people attended the opening ceremony. The Association Chair, Bangkok Senator Mr. Dumrong Puttan, noted in a speech that the new constitution had been in force for eight years, but Article 57 calling on the government to establish an independent organization to defend consumers’ rights had not yet been implemented. All other articles in the constitution calling for independent organizations had been implemented. Under the Constitution, the Senate cannot establish the organization itself but can only put pressure on the legislature. Politicians in the legislature have, however, shown little interest.

The founding of the Consumers’ Association will help put pressure on the government to quickly introduce legislation to set up an independent consumer organization and a consumer court. These institutions would help raise the quality of goods and services, which would benefit both consumers and producers.



# Ten Important Health Issues in 2005



## 1. Pollution in Bangkok Reaches Dangerous Levels

Bangkok has become an unhealthy place to live. Noise pollution damages people's hearing, and particulate matter in the air threatens people's respiratory systems, especially if they live near congested streets. The Department of Pollution Control announced in 2005 that noise in excess of 70 decibels, the level at which it begins to threaten health, remains common. The average noise level for a 24 hour period is 72.4 decibels. In congested areas such as Pahurat, Yao warat, Paholyothin, and Ladphrao the average exceeds 80 decibels. One important source of noise is motorbikes, the number of which continues to increase. Some motorbike owners modify their bikes to increase the noise level to around 95 decibels. In terms of air pollution, the main cause is tiny dust particles that can enter the respiratory system. The places with the most pollution are Rama 4, Rama 6, Paholyothin, and Din Daeng.

## 2. Droughts and Floods

In 2005, Thailand suffered from a string of natural disasters, with the worst floods and the worst droughts in ten years. The droughts began in 2004, when there was insufficient rainfall to fill reservoirs around the country. The droughts reached crisis proportions in March, at which time they had lasted for more than six months. Altogether, 44,519 villages in 71 provinces were affected. More than 3.7 million hectares of agricultural land had insufficient water. Industrial and tourist areas in the East, including Chonburi, Rayong, and Chantaburi suffered severe shortages, and were forced to order water from neighboring areas. Over the next six months, there were a series of floods in northern and southern Thailand. Several provinces in the North were afflicted by a combination of heavy rain and mud slides. Chiang Mai Province suffered four floods, and the neighboring provinces were also badly affected. The reason for the droughts and floods is state development policies that have ignored environmental issues.

## 3. Suicide

In 2005, 3,913 Thais attempted to kill themselves; of these, 116 died (data from hospital reports.) Every day, an average of 10.7 people try to kill them selves, or almost one every 2 hours. Of the people who try to kill themselves, 1,633, or 42% are aged 15-24. A further 951, or 24%, are aged 25-34. Suicides often feature on the front pages of newspapers. This is worrying, as it can encourage other people to follow suit, particularly young people, who tend to be impulsive. Many young people commit suicide to escape problems in love, by jumping from tall buildings. Young people afraid of the initiation rites at universities, or scared of telling their parents about bad exam results, have shot themselves. One young person jumped from a department store in reaction to being called immature. The Office of Psycho-Social Health in the Ministry of Public Health collected stories about violence from 10 newspapers in 2005, and found 129 stories about suicides, and a further 86 stories about murder-suicides. It is difficult to prove that suicides are prompted by stories in the media. However, one particularly sad case was that of a six-year-old girl, who tried to copy a suicide from a television drama, and narrowly escaped dying.

## 4. Reforming the Thirty Baht Scheme

Over the past four years, the "Thirty Baht, Treat All Illnesses" universal health insurance scheme has permitted 96% of Thais, or 60.45 million people, to have access to health services. In 2005, the government changed the name of the scheme to "Thirty Baht, Help Thais Avoid Illness." The new name emphasizes prevention over treatment. It recognizes the efforts of many different institutions, such as campaigns by community and workplace organizations to provide health information.

The scheme has some specific objectives. Among small children, dental health will be improved and iodine and iron deficiencies reduced. Pregnant women will receive regular checkups. Female workers will be screened for cervical cancer. Elderly people will receive false teeth and be tested for hypertension. Disabled people will receive special care.

## 5. Dengue Fever

Dengue fever is a persistent health problem in Thai society and is likely to remain so for many years, until a vaccine is developed. In 2005, there were 44,725 cases of dengue fever, 6,847 more than in 2004. There were 82 deaths, which was 31 more than the previous year. The number of cases in early 2005 was twice as high as number in the same period in 2003. Early indications were that the number of cases would be extremely high in 2005, causing concern throughout the country. Strict measures were implemented throughout the country to stop the spread of the disease, and the number of cases was not as large as had been feared. Dr. Chisanu Pancharoen, from the Faculty of Medicine, Chulalongkorn University, has argued that continuous coverage in the media and proactive measures by health authorities had raised the level of concern throughout the first half of the year. In the event, the total number of cases for the year was not much higher than the year before, and the case fatality rate was lower than in the past.



## 6. Teenage Motorbike Racers

Groups of teenage males race their bikes at crazy speeds, competing for money or girls. The noise is intolerable for nearby residents. When the police attempt to catch the racers there are often accidents. Mr. Wattana Muengsuk, Minister for Social Development and Human Security, proposed building a racetrack for the motorbike racers to use. The racers would no longer disturb the general public, and the police would no longer have to put themselves in danger trying to apprehend them. The suggestion was welcomed by the teenagers. However, there was widespread opposition among the general public. People argued that it would encourage racing, and that teenagers would start to neglect their studies. On September 25, 2005 a new racetrack was opened in Pathum Thani Province. The number of teenagers using the facility was less than expected, but the noise nevertheless disturbed nearby residents. In reaction to public opposition, the strategy was quietly abandoned.

## 7. Sustainable Agriculture

Since 2002, the National Health Assembly has stressed the importance of "healthy agriculture." Healthy agriculture means not using agricultural chemicals of any kind, because of the risks that these chemicals pose to farmers and consumers. The National Health Assembly, together with local health assemblies, has organized forums for exchanging experience in healthy agriculture and to promote sustainable farming methods. Groups of like-minded farmers have formed to support sustainable agriculture, organic farming, and mixed cropping. There have been clear benefits for the health of farmers, and the number of people suffering illnesses from agricultural chemicals has been steadily declining. In 1998 there were 4,398 cases, in 2002 there were 2,571 cases, and in 2004 there were only 1,864 cases.

## 8. Lack of Respect for Human Dignity

One reason for the conflict in Thai society is a lack of respect for fellow humans. Cases of people mistreating one another are reported every day in the newspapers. Examples include fights between vocational students, the use of power to end disputes, and the execution of suspects during the war against drugs. However, the most important example is the violence in the three southernmost provinces. The violence is attributable, ultimately, to a lack of respect for the local culture, including the language and religion, which differ from that of the majority. Dr. Prawes Wasi has referred to these problems as the "disease of not recognizing human dignity." If this phenomenon grows, it will weaken Thai society. The cure, according to Dr. Wasi, is for Thais to change their attitudes towards human dignity. Thais need to have faith in the abilities of all individuals. They need to respect social diversity and the knowledge that people acquire during their lives. If people adopt these views, they will have more self-confidence, and will be able to work together more easily. They will be able to solve social problems, and Thailand will become a more moral society.

## 9. AIDS Prevalence is Rising among Thai Teenagers

HIV/AIDS is a growing health problem among Thai teenagers. If countermeasures are not taken, the increasing prevalence rates will soon start to have serious effects on the Thai economy and society. In 2005, 18,000 Thais were infected by the HIV virus. Most of these people were teenagers and students aged 15-24. At present, more than 30,000 Thai teenagers are HIV-positive. Of these, 84% contracted the virus from having sex. This is worrying, since many teenagers feel pressure to become sexually active. Conditions are right for rapid spread of the virus,

because sex between fellow students is becoming more common. Use of condoms is still rare, because many students believe that they cannot contract HIV/AIDS from their friends. Increasing numbers of female students are having casual sex. It is also now easy to sell sexual services over the Internet. One measure to address the problem would be to install condom dispensers in areas frequented by students. Increased condom use would also reduce unwanted pregnancies and abortions. However, this measure has both supporters and opponents.

## 10. Occupational Illnesses and Deaths

Workplace accidents leading to death or disability are increasing. The Social Welfare Office at the Ministry of Labour has published statistics on numbers of people receiving payouts for accidents. According to these statistics, 861 workers were killed in 2004 and 1,372 in 2005, the highest number in 10 years. Activities with frequent accidents include transport, construction, and work with electricity. The most common occupational illnesses include lung diseases, poisoning by animals or insects, and skin and allergy problems. One hazard reported frequently in the media is fires and explosions in factories. These incidents often involve many deaths. Chemical spills can also kill or injure many workers within a short period. If we continue to let these events surprise us, there is no prospect of banishing them from Thai society.

# Updates on the 10 major issues of 2005



## 1. The Tsunami: The Worst Natural Disaster in the World

One year after the tsunami, the official death toll is 2,059 Thais killed and 1,921 missing. In addition, 407 villages were destroyed. The government has spent 300 million baht on memorials and merit-making ceremonies for the victims. The survivors would have preferred the money to be used to help them recover. Many children have been made orphans, and many people have been disabled, or have lost their livelihoods, because of the tsunami. Many people still suffer because of memories of the disaster, with adverse consequences for their mental and physical health. In response, the Department of Mental Health established a Mental Health Recovery Center in Phang Nga Province, on May 26, 2005. The Center provides advice and helps people return to their normal lives.

## 2. Fire in the South

Violence continues to occur in the four southern provinces of Narathiwat, Pattani, Yala, and Songkhla. The main victims are ordinary people. Altogether, 509 members of the public have been killed and 850 injured. In addition, 55 police and soldiers have lost their lives, and 253 have been injured. The most common types of incident are the shooting of government officials and members of the public and the planting of bombs in government offices and public places. In 2004 there were 1,843 violent incidents, and in 2005 there were 1,703, giving a total of 3,546.

## 3. The Dilemma of the Bird Flu Epidemic: Human Health or Poultry Exports?

Outbreaks of bird flu continue to occur throughout the country most frequently during cold weather. However, people have gradually become less afraid of eating poultry, and consumption of chickens and ducks has returned to former levels. The systems for disseminating information and preventing the spread of the virus have improved. Community volunteers keep alert for signs of the virus, which permits a rapid response. People have become more confident in their ability to cope with the epidemic. Between January 2004 and December 2005, 22 Thais contracted bird flu, of whom 14 died. Unlike Thailand, some countries are experiencing rising rates of infection. Health organizations in Thailand and overseas have been preparing plans for a possible pandemic. There is evidence that a pandemic, similar to historical pandemics that took millions of lives, may occur in the near future.

## 4. Rape and Thai Society

Rape is becoming more common each year. Newspapers reported a total of 391 cases over the past year, which is 62 higher than the year before. Even more disturbing, the perpetrators are increasingly likely to be known to the victim. This is the case in 80% of rapes. The rapist may be a spouse, a friend, a teacher, an employer, a person in authority, a relative, or a family member—particularly fathers preying on victims who are unable to seek help. Some victims are raped repeatedly over several years, until neighbors are forced to intervene. Even small children in their homes are not safe. Current laws make it very difficult to secure a conviction. Thai lawmakers show little interest in designing policies to protect victims of sexual vio-

## 5. Sugar in Children's Milk and Snacks

Addiction to sugar is another worrying trend among Thai children because it is likely to lead to health problems in the future. Tooth decay and obesity are both becoming more common among Thai children. Experts recommend that Thai children reduce their consumption from the present level of 20 teaspoons a day to about 6-8 spoons a day. With the assistance of the Network Against Sweet Food in Thailand and the Thai Health Promotion Foundation (ThaiHealth), many projects to reduce sugar consumption have been launched.



## 6. Will Thai Traditional Medicine Fall into the Hands of Foreigners?

Kwao khrua, a valuable Thai traditional medicine, has been expropriated once again by foreigners. As discussed in the previous issue, a Japanese company has used it in cosmetics. In late 2005, two American companies applied for patents on the use of kwao khrua khao for skin care, wrinkles, and breasts. Even worse, the companies have been selling their product in Thailand while waiting for the patent application to be processed. When foreign companies sell Thai traditional medicines, local companies have trouble competing, since many Thai consumers prefer foreign-made products. The huge range of natural products in Thailand has attracted the attention of foreign companies, who are looking for opportunities to be granted patents. Some Thai products that are at risk of being stolen by foreigners are fa talai jon, mon, som khaek, chum het ted, luk prakob, kamin chan, plai, krachai dam, bua bok, and phrik thai.

## 7. Pornography and Teenage Sex

Pornography can lead to sex crimes and antisocial behavior. There are no signs of the problem abating. People's tastes are changing, and secret photographs and videos are now popular. Couples take videos of themselves having sex, and then someone puts the pictures on the Internet. These pictures have even appeared on the front pages of newspapers. Such incidents violate people's right to privacy. In response to the changes in publishing technology, the government is preparing new legislation. Pornography rules will cover new media such as the Internet and pictures taken on mobile phones. The maximum penalties are three years in prison and fines of one million baht.

## 8. Teenage Violence

The Office of Psycho-Social Health has summarized evidence on teenage violence from 10 newspapers, covering the period January 1 to December 31, 2005. A total of 2,093 violent incidents were reported in Thailand. The types of violence were as follows: murder, 847 cases; assault, 531; rape, 362; suicide, 129; murder-suicide, 86; intimidation, 67; self-mutilation, 42; and murder and rape, 29. The age-group responsible for the most incidents was 16-25 year olds. The next most violent age-group was 26-35 year olds. The reason for the violence is social change, whereby people place material things above humans. If the social fabric remains weak, then these trends will continue.

## 9. Hazardous Waste

In 2005, Thailand produced and imported a total of 33.7 million tonnes of dangerous chemicals, a 7.5 million tonne increase on the year before. The number of mobile phone batteries increased to 25 million. The Pollution Control Department established a program to collect used mobile phone batteries and other electronic waste, setting up bins in every province. The Pollution Control Department will sell the waste, or arrange for it to be reused. Electronic goods companies are cooperating by accepting used goods. Once again, the media reported many cases of hazardous waste being dumped secretly outside cities. For instance, in Chiang Mai, a business sent trucks to dump waste in neighboring areas in the middle of the night. Eventually the villagers could tolerate the problem no longer, and called the police. In Rayong there was a case of industrial chemicals being dumped in a gully. In Chonburi, a factory produced noxious odors, disturbing many residents. Many people, whether out of laziness or lack of knowledge, tip used oil down drains, which does not make the headlines, but nevertheless harms the environment and local people.

## 10. Thai Young People Trapped by Legal Vices

Alcohol and tobacco were often in the news in 2005. The Ministry of Public Health prohibited shops from displaying cigarettes on counters and from selling cigarettes and alcohol to people under the age of 18. It prohibited alcohol companies from advertising alcohol on television and radio. In 2006, the Ministry of Public Health will cooperate with the Customs Department to prevent the importation or sale of cigarette packets containing less than 20 cigarettes, or cigarettes with fruit flavors, to reduce sales to teenagers and women. It is also campaigning to ban smoking and alcohol consumption in workplaces and to discourage shops in temples, schools, and government offices from selling alcohol. The Ministry of Public Health will set an example and promote the ideas more widely through Thai society. For example, apartments established around universities are now required to register and to prevent male and female students from living together. They are prohibited from renting rooms to more than five people. From 1 April 2006, apartments that fail to comply will be closed down.



# FACING THE CHALLENGE OF BIRD FLU





# Facing the Challenge of Bird Flu

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Bird flu is a complex and dangerous disease that recognizes no borders. It is being watched anxiously by the entire world.

The reason for the concern is that the virus that causes bird flu, H5N1, is continually evolving. Each change in the virus has the potential to make it more dangerous. Originally, the virus was an ordinary avian influenza, confined to a few species of waterfowl. At present, the virus can infect many types of animal, including humans. The fatality rate among humans is very high.



Scientists argue that a crucial threshold has been reached in the evolution of bird flu. Further mutations may well enable bird flu to spread from human to human. If that happens, then a pandemic will be difficult to avoid. Such a pandemic is likely to kill millions of people in a short time. This is what happened in the six or seven influenza pandemics that have occurred in the past two centuries.

Meanwhile, the virus continues to spread. Even if one country manages to control it, the disease spreads elsewhere, often returning to re-infect the source.

The present challenge is how to cope with bird flu, so that the number of deaths is minimized. This will require concrete policies, cooperation, and transparency from all concerned, at both the national and international levels.

### **A disease without borders**

The scientific term for bird flu is “avian influenza” since bird flu is a type of influenza that afflicts birds, and particularly waterfowls.

The most important fact about avian influenza is that it is caused by the same virus that causes influenza among humans. This virus has many strains. Some strains lead to severe symptoms among birds, while others lead to mild symptoms. The strain that has spread through Thailand and other countries in the past two years causes severe symptoms. Its scientific name is H5N1.

Originally, H5N1 was confined entirely to birds, with no known cases of transmission to humans. The first time it was contracted by humans was in Hong Kong in 1998. After 1998, cases occurred among humans in several other countries, including Thailand.

Evidence of bird flu spreading to humans caused enormous concern among scientists and among national and international health organizations. The reason for the concern was the fear that the virus might one day evolve into a form that spreads easily from human to human. If that were to happen, it would be difficult to avoid a pandemic causing hundreds of millions of illnesses, and millions of deaths. Pandemics of this magnitude have occurred six or seven times in the past two centuries.

There are three main types of virus that cause influenza among humans and birds. Scientists call the three types A, B, and C, which are further classified into many strains.

Type A causes more severe illnesses than Types B and C. Eighty percent of cases of bird flu among humans have been caused by Type A. Type A also causes illness in many other animals, including birds such as chickens and ducks, and mammals such as pigs, whales, cats, and tigers.

Most mammals have their own particular strain of virus, which is usually named after them, such as “human influenza”, “swine influenza” and “equine influenza.” Avian influenza spreads easily among different bird species, which is why it acquired the name “**bird flu**”.

Type B and C only cause illness among humans and not other animals (except that Type C may cause illness in pigs.) Type B and C do not cause severe illnesses. They have so far been confined to limited areas.

Bird flu has infected many species of migratory birds, as well as domestic birds, such as ducks and chickens, which can easily infect humans. It is now very difficult to control the spread of the virus, since it can easily move from country to country or region to region. Bird flu can truly be called a disease without borders.

## Avian influenza

Viewed through a microscope, Type A influenza virus is shaped like a ball. The virus contains eight strands of ribonucleic acid (RNA). The RNA is covered by two layers of protein membrane. The outer layer is covered with protuberances rather like the skin of a durian. The protuberances are classified into two kinds, depending on the proteins of which they are composed. One kind is called Hemagglutinin (acronym "H"). Its function is to attach to the receptor outside of the living cells that the virus is trying to infect. The other kind is called Neuraminidase ("N"). It is an enzyme. Its function is to dissolve the protein on the outside of the cell, to create a hole for the virus to enter.

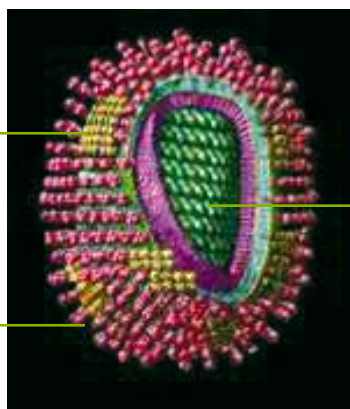
Hemagglutinin and Neuraminidase can be further subdivided into many varieties. Currently scientists distinguish among fifteen types of Hemagglutinin (though some distinguish among sixteen), with names H1, H2, H3, up to H15. Similarly, scientists distinguish among nine types of Neuraminidase, with names N1, N2, N3, up to N9. Different strains of the virus are composed of different combinations of H and N: H1N1, H7N7, H5N1, H3N2, and so on.

Most of the strains that infect humans are composed of H1, H2, H3, N1, and N2. The best-known strain at present is H5N1, which spread from birds to humans in Thailand and other countries in the region during 2004. The other well-known strain is H7N7, which caused an epidemic in the Netherlands in 2003.



Neuraminidase ("N")

Hemagglutinin ("H")



Ribonucleic acid (RNA)

Source : Photograph from Russell Knightly Media, [www.rkm.com.au](http://www.rkm.com.au)

## Influenza Pandemics in the Past Two Centuries

Start of pandemic	Virus strain	Details
1781-82	Unknown	The pandemic began in North Africa and subsequently spread to China. Around 10 million people were infected.
1889-90	H2N2	Began in Central Asia. Spread to Europe, including Russia. There were approximately one million deaths, mostly children.
1918-19	H1N1	The pandemic began in the United States, but news about the pandemic was suppressed. When it reached Europe, reports appeared in the Spanish media, which is why it became known as "Spanish Flu." Across the world, 20-40 million people were killed.
1959-60	H2N2	The pandemic began in China and spread across the world within six months. It became known as "Asian Influenza." Approximately 1-2 million people were killed.
1970-71	H3N2	The pandemic began in Hong Kong. Around 200,000 people were infected. It subsequently spread across the world, and became known as "Hong Kong Flu." Approximately one million people were killed.
1979-80	H1N1	The source of this pandemic was Russia. From there it spread to Siberia and to some countries in Europe. It was called the "Russian Influenza." Most victims were children and old people, but the total number of deaths is unknown.


**Source** – Prasert Thongcharoen 2004  
<http://www.nature.com/nature/focus/avianflu/timeline.html>  
[http://www.globalsecurity.org/security/ops/hsc-scen-3\\_pandemic-influenza.htm](http://www.globalsecurity.org/security/ops/hsc-scen-3_pandemic-influenza.htm)  
<http://www.andypryke.com/pub/InfluenzaPandemic>

Sporadic outbreaks of the disease in the region over the past years have led many scientists to believe that it is now here permanently. This means that regular outbreaks of the disease are inevitable.

Experts believe that the virus H5N1 must have been evolving among bird populations for many years, to the point where it can infect birds without causing disease. Migratory birds are therefore a natural reservoir of disease, which they pass to other species along their migration routes

### The spread of bird flu

It is still not certain how bird flu first came to Thailand. However, current evidence points towards migratory water birds such as ducks and geese.

Experts believe that the virus H5N1 must have been evolving among bird populations for many years, to the point where it can infect birds without causing disease. Migratory birds are therefore a natural reservoir of disease, which they pass to other species along their migration routes.

Migratory birds release the disease into the environment through their feces, urine, blood, and saliva. When domestic birds such as ducks and chickens come into contact with wild birds, they pick up the disease through one means or another. If the domestic birds are exposed to sufficiently large amounts of the virus, they will sicken and die, since they have no natural resistance. The disease spreads rapidly among domestic birds, which is why hundred or thousands of birds in the same farm or community can die within a few days.

However, parts of this explanation have been subject to debate. For instance, some people have argued that migratory birds are not the most likely source of infection. They point out that migratory birds themselves have contracted the disease and died in large numbers, particularly in places where there are outbreaks among domestic birds. This suggests that the disease is spread through other means.

Regardless of how it first arrived, bird flu has been found in Thailand and in neighboring countries such as China, Vietnam, Cambodia, Laos, Malaysia, and Indonesia. Sporadic outbreaks of the disease in the region over the past years have led many scientists to believe that it is now here permanently. This means that regular outbreaks of the disease are inevitable.

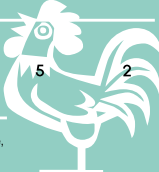
### The Thai epidemic

By late 2005, there had been three major outbreaks of bird flu in Thailand:

- From late 2003, unusually large numbers of birds began to die. However, the government did not officially acknowledge the existence of a problem until January 2004. The outbreak died down in June of the same year. The disease was reported in 190 different sites, across 42 provinces.
- The second outbreak lasted from July 2004 to April 2005. The disease was reported at 1,542 sites, in 51 provinces.
- The third outbreak began in July 2005 and was still underway in December 2005.

### The Thai Bird Flu Epidemic, 2003-2005

Outbreak	Time	Place	Number of birds culled or dying from illness	Number of people Infected	Number of people Dead
1	Late 2003 to June 2004	190 sites in 42 provinces	60,000,000	12	8
2	July 2004 to April 2005	1,542 sites in 51 provinces	3,000,000	5	4
3	July 2005 to December 2005	40 sites in 5 provinces	400,000	5	2



Source – Department of Livestock Development, Ministry of Agriculture, and Department of Disease Control, Ministry of Public Health

## Concerns about high-density farms in the delta area

Bird flu outbreaks in Thailand are associated with two ecological features that may provide clues on how to control the epidemic.

When bird flu first broke out, there was no apparent relationship between the way the birds were raised and the likelihood of infection. Birds raised on large, commercial farms had the same chance of contracting infection as birds raised in backyards. The likely reason for the lack of difference was that no one had any information about the disease and so could not take precautions. When the second and third outbreaks occurred, most cases of disease occurred among ducks and chickens raised in backyards and small farms, and few occurred among poultry raised in commercial “closed system” farms. The likely reason is that ducks and chickens raised in backyards were more likely to come in contact with wild birds when searching for food. Commercial farms had much better systems for protecting against disease.

The interesting second feature of the outbreaks is that they mainly occurred in the Chao Phraya Delta, the biggest delta region in Thailand. Bird flu outbreaks occurred from the Upper Delta down to the Lower Delta, but were rare in other parts of Thailand.

Was the intensity of the epidemic in the Chao Phraya Delta related to the unusually high poultry population densities in this region? Do the ecological system and land use patterns of the region affect the spread of the epidemic?

As is well known, the Chao Phraya Delta is highly fertile. There are many natural water sources, including rivers, swamps, and ponds. These water sources draw many kinds of migratory birds, including birds from Siberia coming south for the winter, from November to March. If, as most experts believe, wild migratory birds are a reservoir of H5N1, then it is not surprising that the Chao Phraya Delta has been infected.

Picture by MP BIRDLAND



Patterns of land use in the Chao Phraya Delta raise the risk on infection still further. Rice farmers in the delta grow two, or even three, crops of rice a year. The crabs, molluscs, and small fish that live in the paddy fields attract birds. In addition, farmers allow ducks to search for rice grains, insects, and shellfish in fields that have just been harvested. The raising of ducks in open fields (free-range ducks) is therefore particularly common in the delta.

It is important to recognize that the raising of ducks in rice fields is highly efficient, and is an integral part of the farming methods and lifestyle of Central Thai rice farmers. The ducks feed themselves at virtually no cost to the farmer. In fact the ducks help the farmer to control pests such as the cherry snail and grasshopper, and supply fertilizer to the field.

Unfortunately, the ducks also come into contact with migratory birds, and therefore with the bird flu virus, which is found in the feces of the migratory birds or in bird corpses.

Once the ducks have eaten all the food in the rice fields, the owners take them elsewhere. Some farmers carry them in trucks to neighboring provinces in Central Thailand, or even to North and Northeast Thailand. If any of the ducks are infected with bird flu, the virus is transported long distances. This greatly complicates efforts to control the virus.

Research shows that birds that are newly infected with the virus do not show any symptoms. They feed and carry on as normal for many days before becoming ill. Ducks that are transported long distances can therefore release the virus into the environment and infect many other ducks and other bird species, before they themselves fall ill and die.

### Free-range ducks in rice fields: An important part of Thai farming culture

Mr. Son, aged 63 years, is a farmer in Suphan Buri Province, where he was born. He has raised ducks for more than 10 years, and looks after 3-4 flocks. At present Mr. Son has more than 2,000 egg-laying ducks, yielding an income of at least 2,000 baht per day. Mr. Son has no financial worries. He buys newly-hatched chicks from farms around Suphan Buri for 17-27 baht each, as well as food and medicine. He raises the ducks inside for about a month and a half before releasing them outside to look for food themselves. The ducks begin to lay eggs at about the fourth month. At sunrise every day Mr. Son collects the eggs and then drives the ducks out into the fields. The ducks feed on snails, frogs, crabs, fish, and insects. If no food is left in fields near the house, the ducks travel further afield. Sometimes it is necessary to hire someone to help watch the ducks 24 hours a day, and to build a temporary shelter for the ducks to use at night, which makes egg collection easier.

Mr. Son says that he only needs to buy food for the ducks during the first one or two months. Once the ducks move out to the fields, his costs are minimal, apart from the occasional need to hire someone to watch the flock. Mr. Son has never taken his ducks to look for food outside his district because traveling with the ducks is difficult. Sometimes, however, people come from the Northeast of Thailand, and ask him to bring his ducks to catch the cherry shellfish in their rice fields. In these cases, Mr. Son takes the ducks on a truck. Rice fields around Suphan Buri Province are very productive, and it is common for farmers to grow three crops of rice per year. Farmers do not all plant and harvest at the same time, so there is always somewhere for the ducks to eat. Mr. Son is careful to keep his ducks away from fields where the rice is still immature, but he brings them later to eat cherry shellfish and other pests. The farmers are happy because they do not have to pay for pest control. However, Mr. Son is careful to keep his ducks away from fields where chemical fertilizers or pesticides have been applied, because of the risk to the ducks.

Mr. Son's methods of caring for the ducks are very simple. If a duck appears lethargic or drowsy, he grinds up some onions or herbs for it to eat, which usually fixes the problem overnight. Mr. Son's ducks are very healthy, because they have plenty of exercise and eat nutritious food. They therefore lay large eggs, with pinkish shells and dark yellow, pleasant-smelling yolks. The eggs fetch a good price at the market. According to Mr. Son, ducks that only eat commercial food lay small, inferior eggs that are no good for making desserts.

On the day we met him, Mr. Son and about 700 other local duck farmers have come to listen to staff from the provincial agricultural office. The officials try to persuade the farmers to raise their ducks indoors. They claim that if the ducks are raised in sheds, the quality of the eggs will be better, and the eggs can be exported throughout the world. Mr. Son is, however, worried about changing. At present he has very few costs, but if he was to build a shed for the ducks, he would have to borrow money from the Bank for Agriculture and Agricultural Cooperatives. He would no longer be financially secure.

(Source: Interview with Mr. Son, a duck farmer, January 6, 2006)

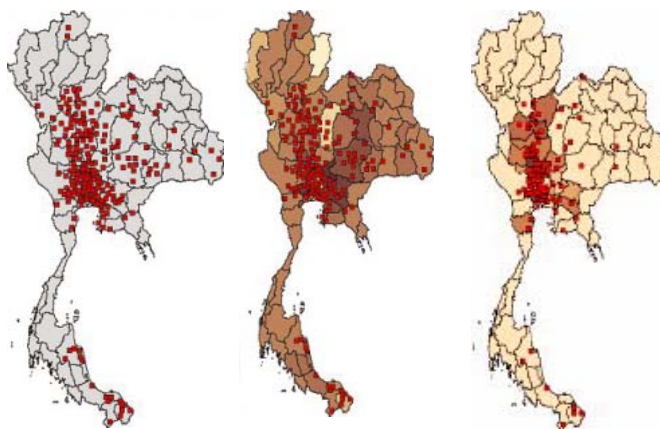


All this explains why bird flu has been more common in the Chao Phraya Delta than in other parts of Thailand. Significantly, the situation in Vietnam is very similar. Bird flu in Vietnam has been concentrated in the Mekong Delta in the South and the Red River Delta in the North, with relatively few outbreaks elsewhere.

The policy response to bird flu must include measures to control the raising of ducks and chickens outdoors. Ducks and chickens raised outdoors face the highest risk of exposure to the bird flu virus.



**The first and second outbreaks of bird flu were concentrated in the Chao Phraya River Delta where there is high-density duck farming**



Outbreaks among ducks and chickens, whole country

Outbreaks among chickens, and numbers of chickens per square kilometer

Outbreaks among ducks, and numbers of ducks per square kilometer



**Number of ducks and chickens per square kilometer.**

Source: Department of Livestock Development, Ministry of Agriculture and Agricultural Cooperatives, 2004

## Essential facts about bird flu

### 1. How do people contract bird flu from animals?

Everyone in Thailand who has contracted bird flu has had some sort of contact with infected or dead birds. For instance, they have had contact with saliva or blood, or they have eaten infected birds. Under these conditions, the virus can easily enter the human body.

### 2. How can I protect myself from bird flu?

Avoid infected birds. If contact with infected birds is unavoidable, wear gloves or several plastic bags. If raising birds at home, watch carefully for outbreaks in surrounding areas, and monitor for signs of infection in household birds. If signs of infection are detected, or if birds die suddenly, then contact the sub-district head, the village head, a village health volunteer, a Subdistrict Administrative Organization official, or a health worker, as quickly as possible.

### 3. Do cooks who come into contact with raw poultry contract bird flu?

So far, no cooks have contracted bird flu. However, since the bird flu virus is found in poultry, it is safest to watch hands and cooking equipment carefully after coming into contact with raw chicken or duck. The bird flu virus is easy to kill with soap or detergent.

### 4. What is the safest way to choose and store eggs?

Choose eggs that look clean and do not have any excrement on the outside. Do not buy large numbers of eggs at the same time, and do not keep eggs in the fridge, since the virus can survive longer if it is refrigerated. When there is an epidemic avoid eating under-cooked eggs.

### 5. What are the symptoms of bird flu?

People infected by bird flu start to show symptoms after 1-3 days. The symptoms are similar to those of influenza: high fever, aches, exhaustion, sore throat, coughing, difficulty breathing, and infected lungs.



## From bird flu to human flu: How soon?

The viruses that cause bird flu and human flu store their genetic code in RNA. These viruses frequently mutate; in other words, changes occur in their genetic code. The mutations often alter the characteristics of the viruses. The immune systems of individuals infected by earlier strains of the virus do not necessarily recognize the new strains. Thus the same individuals can become infected for a second time.

Mutations in the influenza virus, including avian and human influenza, can occur either gradually or quickly. Either type of mutation can give rise to new strains of the virus. These new strains may increase or decrease the severity of the symptoms. The effects are impossible to predict.

### Gradual changes in the virus

Viruses naturally undergo gradual genetic change. These changes occur due to mistakes in copying the genetic code. Scientists call this sort of change “antigenic drift.” All kinds of influenza, including human and avian influenza, are continually subject to antigenic drift. The effects on the character of the virus are sometimes minor and sometimes major.

Scientists have found that mistakes in copying the genetic code that lead to minor modification in the virus occur once for every 10,000 base pairs that are copied. The bird flu virus has approximately 13,000 base pairs. On average, one or two mistakes can be expected each time the virus replicates itself. In other words, each new virus that is created tends to be minutely different from the original version.

This means that the virus sample used to create vaccines must be changed each year. Only by constantly updating is it possible to ensure a close fit between the vaccine and the current version of the virus. The need for constant change greatly increases the costs of producing the vaccine, and hence the price paid by the consumer.

Because the virus is constantly changing, it is possible for a completely new strain to emerge eventually. This new strain can have a different genetic code and different character than the original.

No one knows how long it will be before the virus develops the ability to infect humans easily. Some authorities predict that it will take ten years or longer. There is, however, little scientific evidence on which to base predictions.

Any mutations, whether large or small, can enhance the virus’s ability to survive. For instance, the virus might become more infectious, or might gain the ability to infect a wider range of host animals, or might no longer be remembered by the immune systems of animals that had previously been infected. All these characteristics are subject to natural selection. On the other hand, mutations may also reduce the virus’s ability to survive. These mutations will be eliminated by natural selection.

Through natural selection, bird flu and human flu are continually adapting themselves to changes in the environment. This has important implications for control of bird flu in Thailand and elsewhere. If the virus infects humans frequently, over a long enough period, then the virus will adapt itself to the human host. The virus will be able to infect humans easily, though at present it has difficulty doing so. Once this happens, however, a pandemic will be more likely.

No one knows how long it will be before the virus develops the ability to infect humans easily. Some authorities predict that it will take ten years or longer. There is, however, little scientific evidence on which to base predictions.

### **Rapid change: A real possibility**

Viruses sometimes undergo rapid changes. Such changes occur because different viruses exchange genes. For instance, bird flu and human flu can exchange genes. Scientists call these sorts of changes “antigenic shifts”. The viruses that result from antigenic shifts tend to differ markedly from the original viruses.

The exchange of genes could lead to a virus that can spread from person to person, creating a pandemic. If people’s immune systems did not recognize the new virus, it could infect people easily. Scientists believe that this is what happened in the previous 6-7 influenza pandemics over the past 200 years.

These sorts of changes can occur when the two viruses are present at the same time in the same animal or human. For instance, a person might be simultaneously infected with the human influenza virus and the avian influenza virus. If the two viruses are present in the same host, they may exchange genetic material when they multiply. The newly-created virus may inherit characteristics from each of the original viruses. Such exchanges can occur because, as noted above, the genetic materials of the influenza viruses exist in separate pieces.

The exchange of genetic material is known as “reassortment.” Sometimes the new strain is sufficiently different from the old strain that it is not recognized by people’s or animals’ immune systems. The new strain can thus cause severe illness and can spread widely.

There are, at present, two scenarios in which reassortment is likely to occur.

**The first scenario** is that reassortment occurs in pigs that farmers raise at their homes for extra income. A pig contracts swine influenza, and at the same time contracts H5N1. The pig then acts as a “mixing vessel,” so that the viruses exchange genetic material.

Swine influenza can spread easily to humans because the fibrous cells lining the respiratory tract are very similar in pigs and humans. Human influenza can also easily spread to pigs.

Bird flu among domestic chickens and ducks has many opportunities to spread to pigs. Farmers raising animals on a small scale often allow ducks, chickens, and pigs to mix: the ducks and chickens eat food spilt or missed by the pigs. It would be easy for a pig infected with swine influenza to come into contact with a duck or chicken infected with avian influenza. It would then be easy for a novel virus to be formed.

**The second scenario** is that reassortment occurs in a human. If measures to protect humans from bird flu are not completely effective, it is possible that someone may be simultaneously infected with bird flu and human flu. The two viruses exchange genetic material when they multiply, creating a new strain that can spread from person to person. The new strain might also be more virulent than the original ones. If a strain like this emerges, then it will be very difficult to prevent a repeat of previous influenza pandemics.

It is extremely important to prevent reassortment, and the emergence of new strains, from occurring. Pigs must be protected from contact with infected ducks and chickens by being raised separately. This would significantly reduce the danger of a major pandemic.

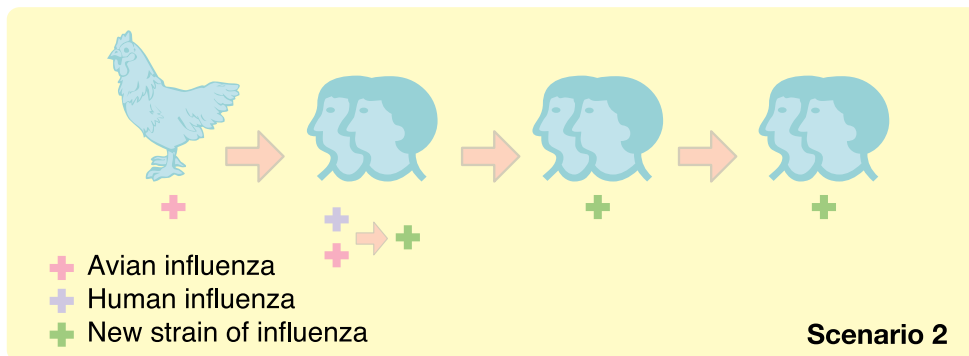
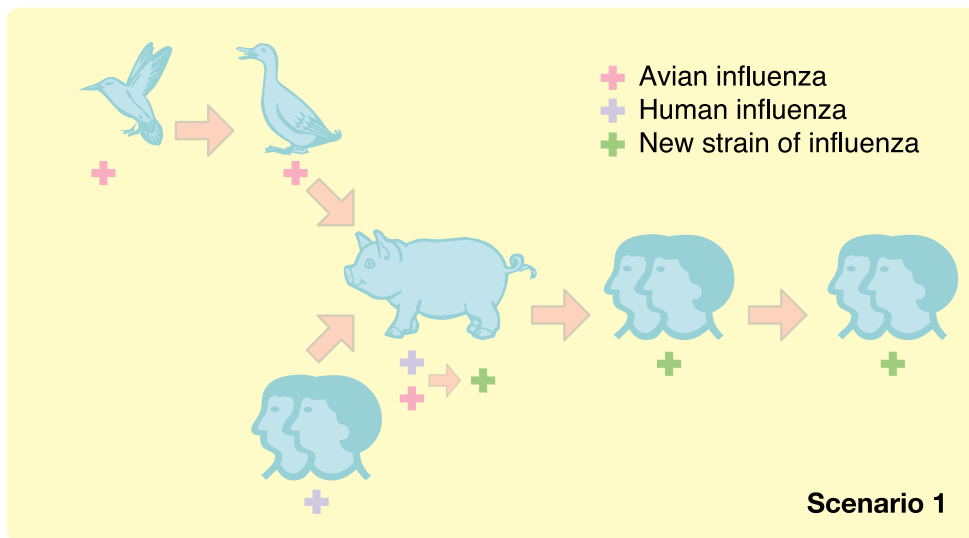
It is also important to protect humans from contracting bird flu. As long as humans continue to be infected, it is only a matter of time before someone infected with human influenza also becomes infected with avian influenza. If a new virus then emerges that combines the high fatality rate of bird flu with the infectiousness of human flu, the result will be a disastrous pandemic. On the other hand, the new virus might be less virulent than the original one.

The bird flu surveillance system operated by scientists at Chulalongkorn University and the Department of Livestock Development has gathered information on the three outbreaks of bird flu since 2004. So far, no major changes in the H5N1 virus have been detected.

The world is already on the path from a bird flu pandemic to a human flu pandemic. The question is no longer whether there will be an influenza pandemic, but when and where

There is so far no evidence to suggest that bird flu can spread efficiently from person to person. However, inefficient person to person transmission, resulting from very close and prolonged exposure with infected people, may have caused a small cluster of cases in Thailand and a number of family clusters in neighboring countries. The possibility of bird flu changing into the form that can easily pass among humans continues to cause global concern.

### Scenarios for bird flu to mutate into human influenza





### **A pandemic is possible – but when and where?**

What concerns scientists and health workers the most is the possibility of rapid changes in the H5N1 virus. As the history of influenza over the past two centuries shows, the ensuing pandemic can kill millions of people. The most violent such pandemic was the “Spanish flu” of 1918-19, which took 20-40 million lives.

**The “Thai Health 2006” does not want to alarm readers unnecessarily. We simply want the public to understand that the world is already on the path from a bird flu pandemic to a human flu pandemic. The question is no longer whether there will be an influenza pandemic, but when and where.**

In the past two centuries there have been 6-7 major influenza pandemics. The pandemics have taken place every 10-40 years, with an average interval of 27 years. The most recent pandemic occurred in 1968, or 38 years ago. We have now exceeded the average interval, and are only two years short of the maximum recorded interval. This does not necessarily mean that there will be a pandemic in two years time, despite the claims of some health experts and international organizations. However, it does help remind people that a new pandemic may not be too far off.

### **Can a pandemic be prevented?**

To prevent the bird flu pandemic from turning into a human flu pandemic, the world needs to stop the bird flu virus from mutating into a human flu virus. However, as discussed above, all viruses, including the bird flu virus, undergo continuous change. It is always possible that the virus will be subject to a major mutation, and a new strain emerges. The result could be a global pandemic. This process could, however, take many years. It is not possible to predict exactly how long, and there is little that we can do to prevent it from happening.

Humans can, however, reduce the probability of the other, more rapid, type of mutation. We need to halt the spread of the virus in bird populations, and prevent the infection of humans. To do so will require effective and timely cooperation between many countries. Bird flu is a threat to all countries.

### The impact of the bird flu epidemic: Large and multifaceted

Bird flu raises many different problems and challenges, in the short term and the long term. The effects can be divided into three broad kinds: health, economic, and social. All the effects are interrelated.

### The effect on health: A high death rate

The World Health Organization estimates that between late 2003 and December 2005, there were 174 confirmed cases of bird flu in humans. Of these 174 people, 94 died (as of March 1, 2006). Almost all of the people contracting the virus were in East and Southeast Asia, including Vietnam, Thailand, Indonesia, China, and Cambodia. There have also been illnesses and deaths in Turkey. In 2003, one person in the Netherlands died from the H7N7 strain of the virus.

In Thailand, there have been 22 confirmed cases of bird flu in humans, of whom 14 died.

The number of illnesses and deaths to date is relatively small. What is worrying is the potential for future illnesses and deaths. The fatality rate from bird flu is extremely high. For the whole world up to March 2006 it was 54%. For Thailand in the years 2004 and 2005 it was 64%. Few diseases have fatality rates this high. If the victim is less than 15 years old, the fatality rate is higher still, reaching 75% in Thailand. Children have a relatively high risk of contracting the illness, because they lack the knowledge to protect themselves.

**Number of illnesses and deaths from bird flu, in various countries, from 2003 to March 1, 2006**

Country	2003		2004		2005		2006		Total	
	Illnesses	Deaths	Illnesses	Deaths	Illnesses	Deaths	Illnesses	Deaths	Illnesses	Deaths
Cambodia	0	0	0	0	4	4	0	0	4	4
China	0	0	0	0	8	5	6	3	14	8
Indonesia	0	0	0	0	17	11	10	9	27	20
Iraq	0	0	0	0	0	0	2	2	2	2
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Vietnam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	30	18	174	94

Death rate: 54 %

Source--World Health Organization (WHO), data from March 1, 2006

Economic loss through the bird culls, the reduction in domestic consumption, and the reduction in exports was estimated to be about 60-80 billion baht. An unofficial estimate is that, if other costs were included, the total impact could exceed 100 billion baht.



### Economic effects: Sudden and dramatic

At present there are no official estimates of the effects of bird flu on the Thai economy. Different commentators offer different numbers. However, it is clear that the effects have been severe, and that will be felt over the short term and the long term.

An obvious short-term effect has been the loss of large numbers of poultry, through illness or through the culling of at-risk birds. In the first and second outbreaks, the number officially culled came to 63.5 million birds. The Thai government spent 2.5 billion baht compensating farmers for these losses, at a cost of 40 baht per bird.


Altogether, through illness or culls, approximately 25% of Thailand's poultry were lost because of bird flu.

### Cases of bird flu in Thailand 2004 - 2005

Characteristics, source of infection	Illnesses	Death	Case Fatality Ratio
<b>Age</b>			
Less than 15 years	12	9	75
15 years and over	10	5	50
<b>Region</b>			
North	6	4	67
Center	13	8	62
Northeast	3	2	67
South	Not available	-	-
<b>Source of infection</b>			
Butchering infected birds	5	3	60
Playing, having close contact with infected birds	4	4	100
Not taking preventative measures when disposing of infected birds	2	0	0
Contact with fighting cocks	1	1	100
Contact with blood, feces from infected birds	8	5	63
Close contact with people infected with bird flu	2	1	50
<b>Total</b>	<b>22</b>	<b>14</b>	<b>64</b>

Source : Weekly Epidemiological Surveillance Report, Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health

## Number of poultry, and number of households raising poultry, in Thailand 2005:



Type	Number of birds (millions)	Number of households (thousands)
Broiler chickens	147.6	32.9
Layer hens	41.2	20.7
Native chickens	65.3	2,892.8
Fighting cocks	13.0	970.7
Bantams, guinea fowl, turkeys	1.8	208.7
Meat ducks	6.5	84.1
Layer ducks	10.5	99.6
Free-range ducks	11.0	12.1
Muscovy ducks	4.4	426.0
Partridges	3.2	4.9
Geese	0.2	30.6
Other birds, e.g. ostrich, pigeons, decorative birds	1.8	328.1
<b>Total</b>	<b>306.5</b>	<b>-</b>

**Source :** Department of Livestock Development, Ministry of Agriculture and Agricultural Cooperatives

Bird flu has also affected the domestic and international sale of poultry. In Thailand, people reduced their consumption of poultry because of concerns about bird flu. The reduction in consumption was large, and occurred almost immediately. Businesses selling ducks, chickens, and eggs were thrown into crisis, prompting a campaign to boost consumption of eggs and poultry. There are no reliable statistics on the economic losses, but the amounts are likely to be hundreds of millions of baht, including long-term effects.

Another cost was the loss of export markets. The evidence here is fairly clear. The Thai government announced the existence of a bird flu epidemic in late January 2004. The main importers of Thai fresh and frozen chickens, Japan and Europe, immediately cancelled all orders. Other importers quickly followed. An export industry that in 2003 had earned the country 4.5 billion baht disappeared.

The main importers of Thai fresh and frozen chickens, Japan and Europe, immediately cancelled all orders. Other importers quickly followed. An export industry that in 2003 had earned the country 4.5 billion baht disappeared.

Thailand had previously been the world's leading exporter of fresh and frozen chickens. It was now unable to export anything but cooked chickens. Although cooked chickens fetch higher prices than raw ones, the chicken industry still experienced large losses. It is unlikely that Thailand will ever regain its position as one of the world's biggest exporters.

An additional economic cost was the money that the Thai government had to pay to affected farmers. The costs included forgiving debts, assisting farmers to purchase new birds, and providing low-interest loans to build new facilities that reduced the risk of bird flu.

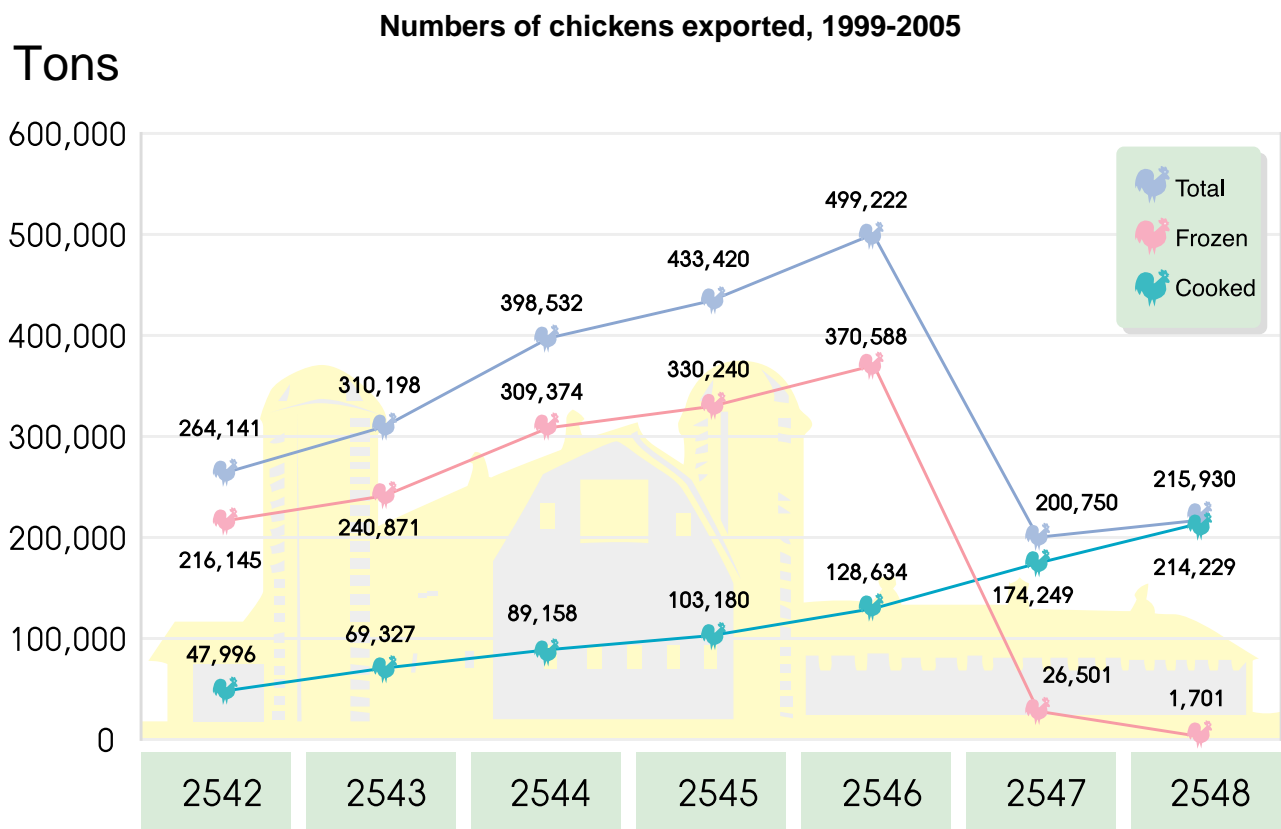
Many industries associated with poultry farming were adversely affected by the epidemic. The bird farms themselves, factories making bird feed, and meat processing plants were all hit. Together these farms and factories employ about 100,000 people. The industries recovered fairly quickly, but the short-term effects on incomes were severe.

According to the **National Avian Influenza Strategic Plan (2005-2007)** issued by the National Avian Influenza Committee, economic loss through the bird culls, the reduction in domestic consumption, and the reduction in exports was estimated to be about 60-80 billion baht. An unofficial estimate is that, if other costs were included, the total impact could exceed 100 billion baht.

**Effects on society: Threatening the way of life of Thai farmers**

The effects on Thai society are easily overlooked, and hard to quantify. Bird flu is affecting the living styles of Thai farmers, the way they earn an income, and their farming methods.

There are only a few diseases that have forced rural people to change their way of life. Ducks are an affordable source of protein, and a useful supplement to household incomes for many Thai farmers. Duck farming has a very long history. However, farming



Source : Office of Agricultural Economics, with assistance from the Customs Department, 2005



methods will now have to change, and traditional duck farming may disappear entirely. This is because the traditional method of allowing ducks to seek food in open paddy fields means allowing them to mix with wild birds. This exposes both ducks and people to the risk of contracting bird flu. Farmers will have to change to a “closed” farming system, where ducks no longer search for food themselves.

The traditional method of duck farming required minimal capital or expenditure. Many poor households will not be able to afford the new method.

For those households that can afford to implement the new methods, there are several benefits. One is that it allows them to continue earning money from duck farming. Another is that they, as well as the consumers, will be safer. The disadvantage, aside from the need for capital, is that many farmers lack the skills and technology to implement the new methods. Many households may decide that it is not worthwhile to continue raising ducks.

Some households may refuse to adopt the closed system of duck farming, and continue to use the open system. Such households run the risk of contracting bird flu. The farming of ducks in open fields, a long-standing tradition in rural Thailand, is now banned.

These changes may reduce rural households' ability to produce their own food, and increase their dependence on the market. It may lessen the food security of poor households. Measures to control the spread of bird flu may have profound effects on the lives of Thai farmers.

The government decreed that duck farmers had to move their ducks into barns by March 2006. Farmers are now forbidden from taking their ducks to feed in rice fields. Many farmers will not be able to adjust to the new system, which requires them to buy food for the ducks, instead of the ducks seeking food themselves. The government is providing loans to help farmers make the transition, but this means that households will need to go into debt. At least 13,000 households that currently raise ducks in open fields will be affected.

The raising of chickens for cockfighting is also unavoidably involved. Cockfighting is an integral part

of Thai rural culture. Strict controls over cockfighting are being introduced to prevent the spread of bird flu. Owners of fighting cocks now have to register their birds and maintain fighting cock “passports.” There are tight restrictions over the movement of birds between districts. Because of these restrictions, Thais may lose enthusiasm for breeding fighting cocks, and another long-standing Thai tradition will be weakened.

### **Small farms suffer the worst effects**

The people who are suffering the greatest social and economic effects from bird flu are small-scale farmers. Industrial-style farms have incurred some losses, particularly in the first outbreak in 2004, but have nevertheless been spared the worst consequences. Big farms have the capital, technology, and knowledge necessary to adjust. They have quickly introduced the necessary safety measures.

To understand the social and economic consequences it is necessary to know something about poultry farming in Thailand. Farms raising chickens for export are particularly important, as they are the biggest producers.

Thai chicken producers can be divided into four groups, based on their size and safety levels.

1. Industrial farms produce chicken mainly for export. They raise the chickens, manufacture the chicken food, and process the carcasses. They use the latest technology, and have effective quality control and safety systems.

2. Large farms, unlike industrial farms, do not carry out all stages of the production process themselves. Their quality control and safety systems are similar to those of industrial farms.

3. Small farms producing mainly for sale are generally family businesses, with open farming systems, and poor quality control and hygiene systems.

4. Many rural households raise chickens by letting the chickens gather food for themselves around the house. There is little or no attempt to protect the birds from disease. Many fighting cocks and ducks are raised in the same way.

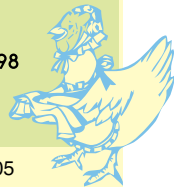
Seventy percent of chickens in Thailand are raised on industrial farms, and another 20% on large farms. The remaining 10% are raised on small farms or in backyards.

Even though they produce 90% of all chickens, industrial and large-scale farms employ only about 2% of the workforce involved in poultry production. In other words, 98% of the workforce raises only 10% of the chickens.

### Production of poultry in Thailand

Type of production	Percent of output	Percent of workforce
Industrial	70	2
Large farms	20	
Small farms	10	98
Backyard		

Source – McLeod, Morgan, Prakash, and Hinrichs 2005



*These facts have social implications.*

Almost all the income earned from raising chickens goes to large companies producing for export. In fact most production for export is carried out by 20 companies.

The people most affected by bird flu are the small producers. These people form the majority of the workforce raising chickens. They rely on traditional methods, with little use of technology. They take few if any measures to protect their flocks from bird flu. In contrast, following the first outbreak, the industrial producers took elaborate precautions, and had few infections in the second and third outbreaks.

The people most affected by bird flu are the small producers – those who raise chickens as an inexpensive source of protein and as a supplement to their incomes.

Moreover, all of the people who have contracted bird flu have been small-scale producers or their families. Not a single worker on an industrial

farm has been infected, even though they are in constant contact with birds. Thus there are clear social differentials in the prevalence of bird flu.

### Measures to protect ourselves against bird flu

In late 2003, although it was still uncertain whether bird flu had arrived in Thailand, unusually large numbers of birds were dying, and neighboring countries were known to have H5N1. Yet Thailand did not yet have a strategy for dealing with bird flu, and there was still a great deal of indecision. There was political and economic pressure on the government and no clear idea of what measures to take.

A particular problem at the time was a lack of transparency and up-to-date data. The general public did not know what was causing the bird deaths or what they should do.



Farmers were forced to protect themselves as best they could. The major industrial livestock producers faced problems similar to those of small farmers but had better access to capital and modern technology and could respond more quickly. Indeed, the major producers were relatively unaffected by later outbreaks while small farmers continued to suffer major losses.

In early 2004, once it became clear that H5N1 was causing the epidemic in Thailand, the government officially acknowledged the existence of the virus and promptly began to disseminate information. The government also introduced firm measures to control the spread of the virus.



Many of the initial measures were focused on the most urgent task, which was to bring the epidemic under control as quickly as possible. The aim was to prevent the disease from spreading to more flocks and to prevent it from reaching humans. Measures were also introduced to reduce the harm caused to businesses and agricultural producers.

Bringing the epidemic under control has not been easy because many methods for raising poultry are practiced in Thailand. At one end of the spectrum, some poultry are raised in backyards, using no modern technology whatsoever. At the other end of the spectrum are large industrial farms using the latest technology to raise large numbers of birds for export. In addition, there are still gaps in current knowledge on how to control bird flu. Controlling bird flu depends on information about many issues besides health, including information on social and economic factors. Thus there are inevitably delays in designing effective counter-measures.

Initial counter-measures were poorly coordinated and based on limited data. However, as organizations gained more experience and more information became available, the situation improved. Even though it was not possible to avoid further outbreaks entirely, the system for controlling the spread of the disease became considerably more effective. Thailand has been praised by the World Health Organization, which describes Thailand's system as a model for others to emulate.

### The Thai system for controlling the spread of bird flu

The government has established a "National Committee for Avian Influenza Control." This committee coordinates the many governmental and non-governmental agencies involved in the campaign against bird flu. The committee is chaired by the Deputy Prime Minister. Three agencies are particularly important. The first is the Ministry of Agriculture and Agricultural Cooperatives, which runs the surveillance and prevention system for domestic birds. The second is the Ministry of the Environment and Natural Resources, which runs the corresponding system for wild birds, including migratory and native species. The Ministry of Public Health is responsible for surveillance and prevention among humans. Other organizations include the Ministry of Interior, the Ministry of Finance, the Ministry of Education, the Ministry of Foreign Affairs, the Ministry of Commerce, the Department of Public Relations, local governments, businesses, and public groups.

All the various agencies and organizations have coordinating bodies at the local and regional level.

**Source:** Compiled from Dr. Supamit Chunsuttiwat and others, 2005

### The keys to the control of bird flu among bird populations are speed and thoroughness

The system for preventing the spread of bird flu among birds has been improving over time. **In the first outbreak** of bird flu, from January to May 2004, there were 190 separate sites of infection in 42 provinces. Altogether 60 million birds died of the disease or were culled. Counter-measures were based on the principle "x-ray every square inch." If infection was found, every bird in the flock or farm and every bird within a 5-kilometer radius was culled. Farmers were compensated at a rate equal to 75% of the market value of the birds lost. The area was cleaned and disinfectant applied. Strict surveillance was carried out in a 50-kilometer radius. Movement of animals of all kinds was forbidden within a radius of 60 kilometers. Cockfighting was banned in affected areas.

During **the second outbreak**, from July 2004 to April 2005, the disease was reported at 1,542 small sites, in 51 provinces. Almost all cases were chickens raised at home or ducks raised in open fields. The number of birds dying from the disease or culled was 3.5 million. This time, only birds in the infected flock were culled. Surveillance was restricted to a one-kilometer radius. Movement of animals was forbidden within a 5-kilometer radius. These measures were complemented by an "x-ray every square inch" policy covering every household in the country. As a result, the epidemic was brought under control within three months.

**In the third outbreak**, from July to December 2005, the "x-ray every square inch" was implemented for a third time. Bird flu was discovered in domestically raised birds in 50 places in 5 provinces. Similar counter-measures were used as had been used in the second outbreak. The epidemic was again brought under control quickly.

**Source –** Compiled from Dr. Supamit Chunsuttiwat and others, 2005

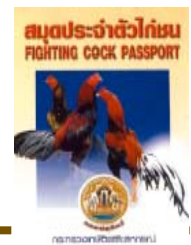
## Problems and disagreements

The campaign to control bird flu still faces a number of difficulties. There are still disagreements over strategy. One debate concerns small-scale farming of chickens and ducks. The raising of chickens and ducks has been an integral part of Thai farming strategies for many years, and is part of Thailand's rural tradition. Cockfighting is similarly a long-standing tradition. Another debate concerns the use of vaccines.

Both debates have policy, social, and technical dimensions.

The National Strategic Plan for Avian Influenza states that the methods used in small-scale farming of chickens and ducks need to be changed.

However, although it proposes concrete measures for fighting cocks and for ducks raised in open fields, it does not contain similar measures for chickens. About one million households raise fighting cocks and/or raise ducks in open fields, but about 3.5 million households raise chickens. According to the National Strategy ducks and chickens need to be farmed in a "closed system" for the sake of public health. But what a "closed system" means in the case of small-scale farmers is unclear.



## Ducks raised in fields: Time for modern farming methods

The sight of farmers taking their ducks to feed in the rice fields is becoming a thing of the past. The Department of Livestock Development instructed farmers to move their ducks into outbuildings—sheds or coops—by March 2006.

The plan is for farmers raising ducks outdoors to form cooperatives. Members of the cooperatives will only be permitted to raise ducks in outbuildings. Before March 2006, farmers who were not ready to make the transition could continue using open fields, but had to confine themselves to the sub-district where they are registered. Now that the deadline has passed, the government intends to prosecute farmers who continue to use open fields. Farms producing duck eggs were required to register by December 31, 2005.

Duck farmers lacking the capital to construct new facilities could borrow up to 300,000 baht from the government.

Successful implementation of these policies would contribute significantly towards the control of bird flu. However, it would also change the ecology of rice farming. At present one of the most important pests afflicting rice is the cherry shellfish, which can be kept under control by ducks. Without ducks, the rice grains left over after harvesting will also be wasted, and the fields will no longer be fertilized by duck manure.

The changes to duck farming will increase expenditures by rice farmers, and not just duck farmers, since rice farmers will have to spend more on pest control. Long-standing rural traditions will also be lost.

**Source:** Department of Livestock Development, Ministry of Agriculture and Agricultural Cooperatives

## Controlling fighting cocks

Every fighting cock in the country must be registered and receive its own "fighting cock passport." The health care and movement of fighting cocks is now subject to government regulation. Places where cockfights are organized must also be registered.

Farmers raising fighting cocks often breed them from native chickens, bringing together birds from many different places. This can encourage the spread of bird flu.

On November 18, 2005, the Department of Livestock Development announced that all owners of fighting cocks must register their birds, and bring them for health examinations before December 31, 2005. In addition, owners were required to construct sheds for the fighting cocks that would prevent them from coming into contact with other birds.

All fighting cocks taking part in fights must have "passports" issued by the Department of Livestock Development. These birds must undergo health checks every 30 days, the results of which are recorded in the passports. Before moving a fighting cock between districts, the owner must seek permission from the district livestock officer. Only birds that are certified as being free from disease may be moved.

There are also strict regulations governing the places where cockfights are held. Information is collected on people attending the fights, and on the birds themselves. Troughs filled with disinfectant must be placed at all entrances, and all people entering or leaving must apply the disinfectant. The fight organizers must check the passports of all birds. Birds that have not passed the health tests are not permitted to participate. The fighting rings must be thoroughly disinfected after each match, and no birds are allowed into the area for at least seven days. The organizers must permit inspectors from the Department of Livestock Development to visit at any time.

By January 2006, 190,000 birds had been registered, which was less than the target of 250,000.

**Source:** Department of Livestock Development, Ministry of Agriculture and Agricultural Cooperatives

## The debate over vaccines

The technical debate over the use of vaccines on birds is inextricably linked to the issue of poultry exports. People who support the use of vaccines note that the vaccines can reduce the spread of infection and reduce death rates among birds. Opponents point to many difficulties in administering vaccines. Use of vaccines may lead the virus to develop resistance. Vaccinated animals may continue to spread the virus. Complete coverage is likely to be difficult or impossible. The most important problem is that the availability of vaccines may lead farmers to become less vigilant.

The use of vaccines has been banned in Thailand. However, there are frequent reports of vaccines being imported illegally. It is likely that vaccines are being used, despite the law. Some farmers claim that, in practice, all expensive birds such as fighting cocks, exotic species, and breeding stock have been vaccinated.

## The National Strategic Plan for Avian Influenza, 2005-2007

The National Strategic Plan brings together many different measures, covering every aspect of the disease, and many different organizations. The Cabinet approved the plan on January 25, 2005. The objectives of the strategy are to control the spread of the disease among domestic birds within two years, to control the spread of the disease among native wild birds within three years, to prevent all transmission to humans within two years, and to prepare for a pandemic within one year.

The first priority of the plan is the safety of the general public. Business profits and rural lifestyles should each be given equal weight. Priority is also given to preserving biological diversity and cultural traditions. The plan includes 6 basic strategic principles and 19 interrelated strategic measures

## Advantages and disadvantages of using bird flu vaccines

The Thai government has banned the use of vaccines for bird flu among poultry. However, many people are still unclear about the advantages and disadvantages of vaccines, so we summarize them here.

Advantages	Disadvantages
Increases resistance to infection	The vaccine must be produced from the same strain as the virus causing the infection, and must be constantly updated. Vaccination can create resistant strains of the virus.
Protects birds from illness and death	Not 100% effective. Around 20% of animals can still spread the virus to some extent.
Reduces spread of virus from birds to the environment; reduces probability of epidemic	It is impossible to separate birds that have been infected from the environment and birds that have been vaccinated. Control of the epidemic is more difficult.

**Source:** Modified from slides presented by Dr. Wantanee Kulapradith, FAO

The debate about the vaccine is a technical matter, but the government's decision to ban vaccines is also shaped by other considerations. The most important issues are the effect on exports and the possibility that farmers might become less concerned about biosecurity. Nevertheless, in places that use vaccines, such as Hong Kong, there is no evidence of reduced concern towards biosecurity. Although there were outbreaks of bird flu in many countries throughout Asia in 2004-2005, there were none in Hong Kong.

Even though vaccination is illegal, it is widely acknowledged that vaccines are given to almost all birds that live for two months or more, or that have high prices, such as breeding stock, egg-laying hens, and decorative birds. Most vaccines are imported from China.

The policy towards vaccination helps industrial farms producing for export, but hurts small-scale farmers.

## The National Strategic Plan for Avian Influenza, 2005-2007

**1. Development of a disease free poultry management system.** Improve the system for preventing bird flu among animals to protect the health of consumers. Reform farming methods for domestic chickens, fighting cocks, decorative birds, and ducks raised in open fields, so that they conform to public health standards. Control the movement of birds. Establish surveillance systems throughout the country. Prepare systems to administer vaccines. Provide information to farmers.

**2. Disease surveillance and response during outbreaks.** Quickly detect and suppress outbreaks of bird flu to prevent the spread of disease among animals and humans. Closely monitor changes in the disease. Establish a proactive surveillance system for humans and animals. Report outbreaks within 12 hours. Prepare vaccines against avian and human influenza, and prepare for a pandemic among humans. Establish comprehensive procedures at all levels for dealing with the virus.

**3. Knowledge generation and management.** Create and disseminate knowledge about avian and human influenza. Develop vaccines and medicines for treating the virus. Develop methods for rapid diagnosis. Establish a central body for coordinating research on the virus.

**4. Capacity building of organizations and manpower.** Improve the skills of people responsible for monitoring and suppressing the virus. Establish epidemiology units in every district. Enhance the diagnostic and treatment skills of hospital staff.

**5. Create understanding and participation of the civil society and private sectors.** Seek participation from businesses and the general public, so that civil society has a role in combating the pandemic. Support voluntary organizations established by the public, and establish systems for rapidly disseminating information.

**6. Develop sustainable integrated management systems.** Establish a comprehensive management system, so that efforts to control the virus are well-coordinated and efficient. Establish knowledge management systems, and set up full-time teams to deal with the virus. In an emergency, set up a national committee. Development local-levels units.

A budget of 4 billion baht has been allocated for implementing the plan over three years.

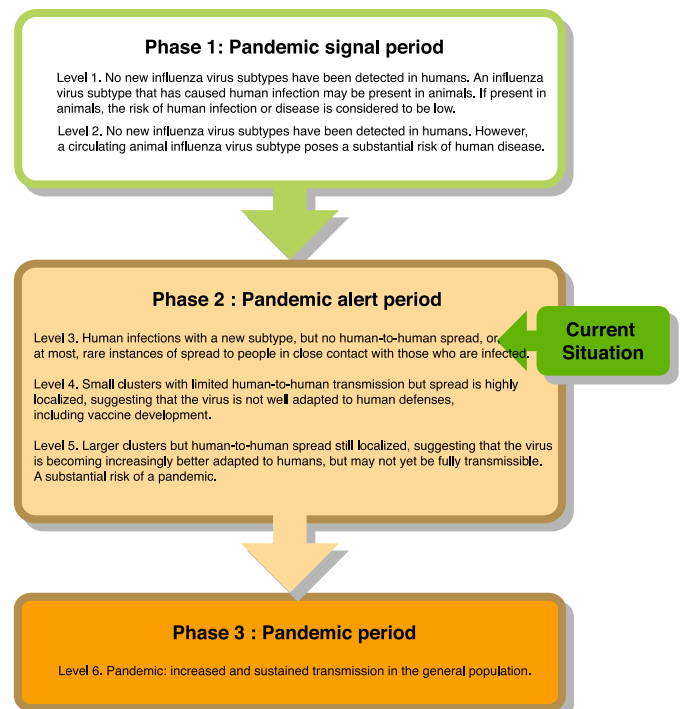
**Source:** Summarized from the National Strategic Plan for Avian Influenza, 2005-2007

## Is Thailand prepared for a pandemic?

It is now only a matter of time before a pandemic of human influenza occurs. Scientists and officials from the World Health Organizations have warned the public that a mutation in the bird flu virus may lead to an influenza pandemic similar to the 6-7 pandemics that have occurred in the past 200 years. The previous pandemics were also caused by mutation in viruses that allowed the viruses to spread from human to human.

The H5N1 epidemic has reached phase 3 of the pandemic cycle, meaning that it has now spread from animal to human. Phase 4 is when the virus has changed sufficiently to cause efficient human to human transmission, but the spread remains highly localized. Phase 5 is when the new virus causes large clusters of human to human transmission but the spread is still localized. In Phase 6, the virus is spreading quickly through the general population, and is recognized as a pandemic. In this situation, it is estimated Thailand will see millions of hospitalized cases with tens or hundreds of thousand deaths.

### Phases of an Influenza Pandemic



Source: World Health Organization

If a pandemic does break out, how well prepared is Thailand? It is difficult to be sure. We have done as much as we can, and changes in the disease are being monitored closely. Thailand is one of the minority of countries that have a comprehensive national plan for dealing with bird flu.

(At present fewer than 50 countries have such plans.) The plan is known as the *Strategic Plan to Prepare for and React to an Avian Influenza Pandemic*. The plan has five components.

**\*Strengthen influenza surveillance systems.**

A surveillance system has been established for all types of domestic animals. The system covers all types of agriculture, from industrial farms to backyard chickens. Teams responsible for monitoring the disease among humans have also been established in every district in the country, and at higher levels. The total number of teams exceeds one thousand. There are medical science networks in each of the 12 public health zones. Each zone also has a laboratory capable of testing for the virus, so there is no need to send samples to a central location.

**\*Prepare essential medical supplies and equipment.** Vaccines and medicines used to treat human influenza are being stockpiled. Thailand is cooperating with other countries in Asia to develop a system for rapidly diagnosing the virus, and systems for preventing infection. There is a long-term plan to produce medicines and medical supplies in Thailand.

**\*Prepare for pandemic responses.** Health staff are receiving training on influenza. Hospitals and clinics are preparing equipment and facilities, such as rooms for treating influenza patients, extra hospital beds, and field hospitals. Plans for public health measures are being drawn up, including measures to isolate infected individuals and restrict movement.

**\*Public relations and education.** The government is disseminating information on the prevention and treatment of influenza. It is giving training to the media, and strengthening the local-level public health information system.

**\*Development of sustainable and integrated management systems.** The bird flu campaign involves large numbers of agencies and organizations, and requires an efficient coordination system. Procedures are being established and resources allocated to improve coordination.

**Cooperation with other countries**

Bird flu cannot be confined to any particular area, because it is spread by migratory birds.

**Minimum Targets for Preparing for an Influenza Pandemic**

Item	Status
1. Influenza vaccine	2005-295,0000 doses (distributed) 2005-295,0000 doses (distributed)
2. Kit to test for influenza	30,000-40,000 per year (purchased & distributed)
3. Antiviral drug Oseltamivir	Stockpile 1 million tablets per year, for 3 year, for treatment of 300,000 people.
4. Protective masks, and surgical mask, for health workers	800,000 (N95) masks and 3 million surgical masks
5. Isolation rooms	100 rooms throughout the country
<small>Source: The National Strategic Plan for Avian Influenza 2005-2007</small>	

Methods that work for other diseases, such as SARS, cannot be applied to bird flu. Bird flu is therefore a threat to the entire world. Combating a borderless disease such as bird flu requires cooperation from all countries.

In the early years of the virus, when it was only found in a few countries in Asia, most of the rest of the world showed limited interest. However, when it spread throughout Asia and reached Eastern European countries such as Russia, Turkey, and Romania, the West started to pay attention, and to devote significant resources to fighting the disease in Asia. There are now international meetings on bird flu almost every week. On January 17-18, 2006, in Beijing, the international community promised US\$1.9 billion for the campaign against bird flu.

Thailand is working with many countries at a regional and global level. Thailand exchanges information and experiences with other countries. The Ministry of Public Health works closely with the World Health Organization, the US National Centers for Disease Control, the Food and Agriculture Organization, the World Animal Health Organization, and ASEAN + 3 (ASEAN plus China, South Korea, and Japan). Thailand and other countries in Asia are attempting to establish a regional stockpile of vaccines and anti-viral medicines, to be used in the region in an emergency. Requests for assistance from wealthy countries such as the US and Japan are another example of international cooperation.

## Summary: Facing the Challenge of Bird Flu

The world is at risk of bird flu evolving into a human influenza pandemic. No one wants an influenza pandemic to occur, but many people cannot help asking themselves how we are going to cope with bird flu, now that it has established itself in Thailand. Even more importantly, if bird flu evolves into a form that can spread from human to human, as has happened in the past, what will we do?

Some answers to these questions have been offered in this article. The article has focused particularly on bird flu. The Thai government has tried to bring the bird flu epidemic under control as quickly as possible, to protect the health of humans and animals and to minimize the economic costs. At the same time, the government has been preparing for a pandemic of human influenza.

Policies to control the spread of the virus and tackle the health aspects of the epidemic have had tangible results. However, policies tackling the social aspects of the epidemic, dealing with matters, such as the way of life of farmers, need further consideration. Some current policies may need to be adjusted to take account of changing circumstances.

## Time for change

If we are going to live safely with bird flu, we will need to make changes, at both the individual and social levels. We need to bring our ideas about bird flu up to date, to prevent the disease from spreading to humans from birds, particularly birds raised domestically. Efforts to control bird flu have a major impact on small-scale farmers, whether through the culling of birds or the introduction of new farming systems. The effect on industrial farms is relatively small. Differences in the effect on small-scale and large-scale farms will become particularly apparent under current policies.

The most urgent question is how farmers will adjust. At a minimum, the economic and social consequences of bird flu will include the following:

- Duck-farming will no longer be a low-cost activity.
- The raising of ducks in open fields may become a thing of the past.

- Fighting cocks must be registered.
- Domestic chickens are no longer supposed to wander freely but must be housed in chicken coops.

These changes must occur sooner or later.

It is still too early to judge the success of the anti-bird flu measures or their consequences for farmers and officials. But the measures will inevitably affect people's way of life.

Effective policies against a new disease such as bird flu depend on accurate information about the disease. The National Strategic Plan accordingly places substantial weight on research. It allocates funding for generating new knowledge, and for transferring knowledge from elsewhere. Cooperation with international agencies is essential. However, some of the necessary knowledge is already present in Thai traditions, such as methods for preventing the spread of infection in bird populations and methods for managing bird populations during an emergency. We need to combine this knowledge with new technologies and new discoveries.

The Thai bird flu epidemic contains many lessons. It demonstrates the importance of transparency and rapid dissemination of information, so that people can quickly take measures to protect themselves. The government needs to recognize that, when there are threats to public health such as epidemics, people must be provided with information quickly and transparently. The need to protect the people's health overrides commercial considerations.

Throughout history, changes to lifestyles and social structure have been brought about by major, unexpected forces, including natural phenomena such as floods, earthquakes, and epidemics. During such times, societies need to draw on their reserves of knowledge, to deal with unforeseen circumstances. Societies need to be prepared to reform longstanding beliefs and practices. Such changes are necessary, not just for the survival of the individuals concerned, but for the survival of the whole society.

**The bird flu epidemic requires many changes in Thai society, to safeguard the health, and way of life of Thais.**



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## Health Indicators

### Health Indicators

#### Work methods

1. A working group was established consisting of qualified people from organizations that collect reliable health data. The members of the working group contributed entries for the Indicators section. Each entry was required to do the following things:
  - Explain why the topic is important to the general public
  - Give contextual information about the selected indicators
  - Provide up-to-date, trustworthy data
2. After members of the working group had completed drafts, the Management Committee for the Thai Health Report provided feedback, with the assistance of relevant experts. The aim was to identify any gaps, and to ensure that the entries conformed to the objectives of the report. The Management Committee also wrote summaries for each entry.
3. The entries were checked by experts.
4. The Management Committee made a final revision, and, together with a graphic designer, put the data in a form that is easy to understand.

#### **Process for choosing indicators**

The indicators were chosen by the Management Committee, under the guidance of the Steering Committee. The principles used for choosing the indicators were as follows:

- The data were reliable, and were available at a national or regional level
- Research cited in the text must be relevant to the selected indicators
- Some of the indicators should be chosen based on recommendations from experts
- The data had to reflect conditions at the time of the report

## 10 + 10 Health issues

### 10 + 10 Health Issues

The 10 + 10 Health Issues section has discussions of important health issues from the past year, ranked from 1 to 10, plus brief summaries for 10 additional issues. Every year there are also updates on the 10 main health issues from the previous issue, to see if there have been any significant changes. The principles for selecting and ranking the issues are as follows:

#### 1. Choice of issues

- The issues arose during the previous year
- The issues have broad implications for the health of Thais, including people's safety and security
- The issue may be a policy affecting health that has been introduced or implemented during the past year
- The issue is new
- The issue arose often during the past year

#### 2. Ranking of issues

- Members of general public. This year a new method was used. Brief summaries of the issues were provided to respondents. The respondents then rated the importance of the issues using a Likert Scale. This method provided more detailed information than previous methods, since weights were given to all issues. In the past, respondents simply indicated whether or not an issue should be included.
- Health workers and health communicators, in the public and private sectors. At least two meetings were held with each type of personnel.
- Steering Group and experts. Once the

## Special Topic for the Year

data from the previous two sources had been analyzed, a meeting was held to make the final decisions.

### Special Topic for the Year

Special topics can be issue-oriented, or target group-oriented, with the type alternating from year to year. The topic may be chosen from the 10 Health Issues of the year before. The principles for selecting a topic are as follows:

- The topic is important to policy
- The topic is important to the general public
- The topic is complex

#### Procedure

1. The Steering Committee chooses the special topic for the year
2. The Thai Health Report team constructs an outline for the chapter
3. Experts are commissioned to write reports on aspects of the topic, in close collaboration with the Thai Health Report team
4. The Thai Health Report team combines the reports, and rewrites them in a way that will be easily understood by the general public. The results are then checked by experts.

## Expert 2006

Name	Organization	Reviewers
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## Steering Committee 2006

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