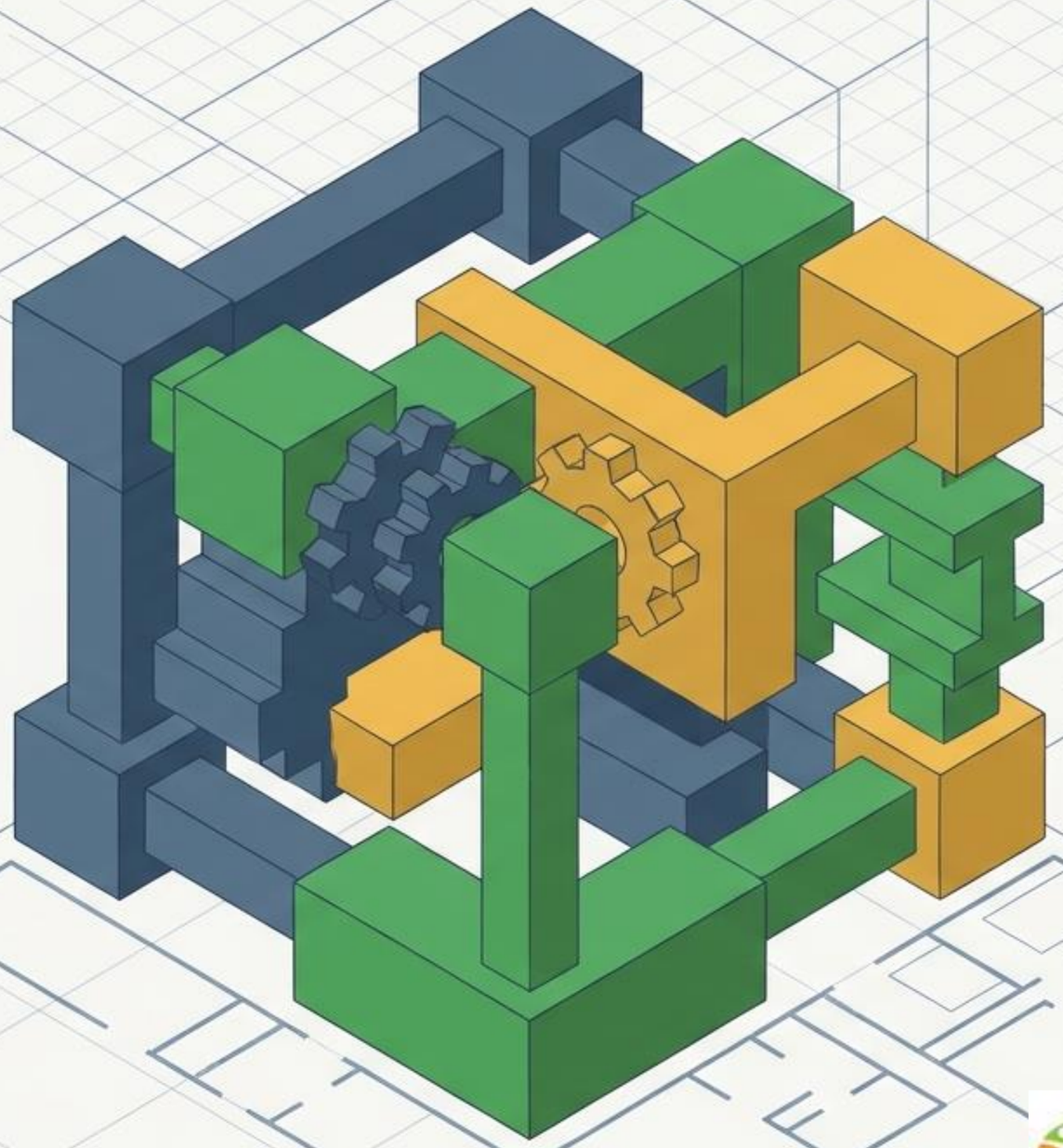
Building the Thai Model of Health Promotion and Health Literacy

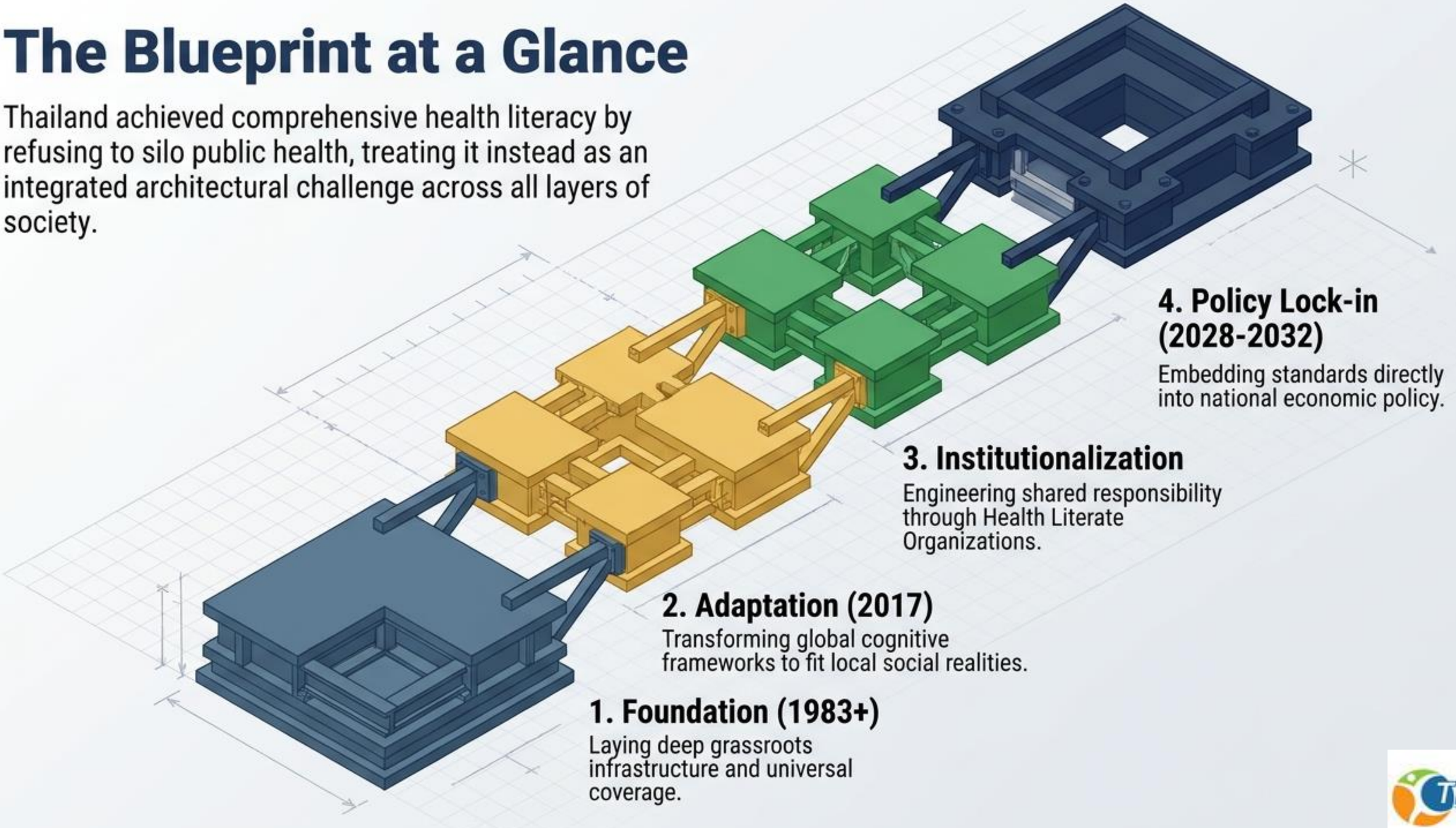
Lessons from Global Success



Dr.Chonlatit Urairoekkun,MD
THLA Senior Advisor

The Blueprint at a Glance

Thailand achieved comprehensive health literacy by refusing to silo public health, treating it instead as an integrated architectural challenge across all layers of society.



1. Foundation (1983+)

Laying deep grassroots infrastructure and universal coverage.

2. Adaptation (2017)

Transforming global cognitive frameworks to fit local social realities.

3. Institutionalization

Engineering shared responsibility through Health Literate Organizations.

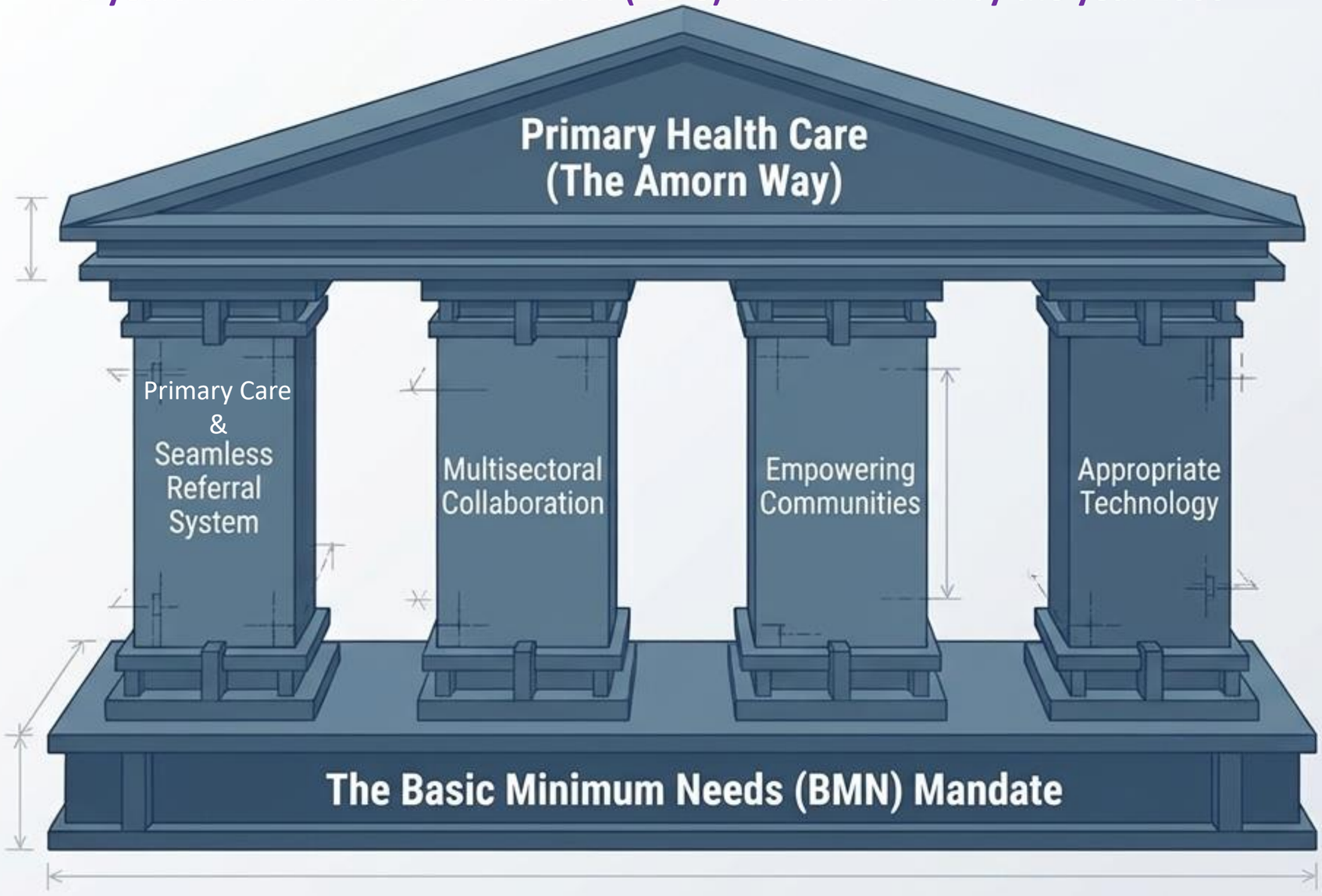
4. Policy Lock-in (2028-2032)

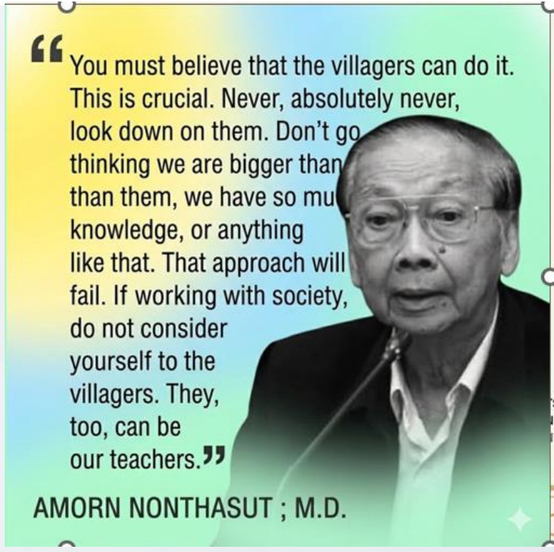
Embedding standards directly into national economic policy.

1. Foundation

Public Health Infrastructure (1983-1986)

5 years after Alma-Ata Declaration (1978) : Health for All by the year 2000





Enduring Collaborative Culture

Since 1983, the foundational PHC era forced four key ministries to work together at the village level—a structural habit that persists today.

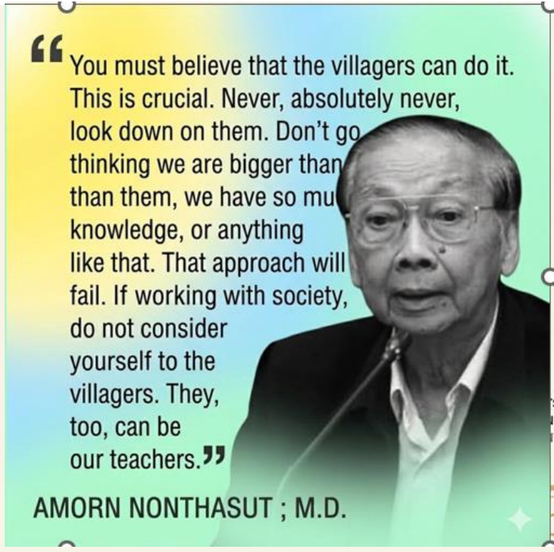
- Ministry of Public Health
- Ministry of Education
- Ministry of Agriculture
- Ministry of Interior

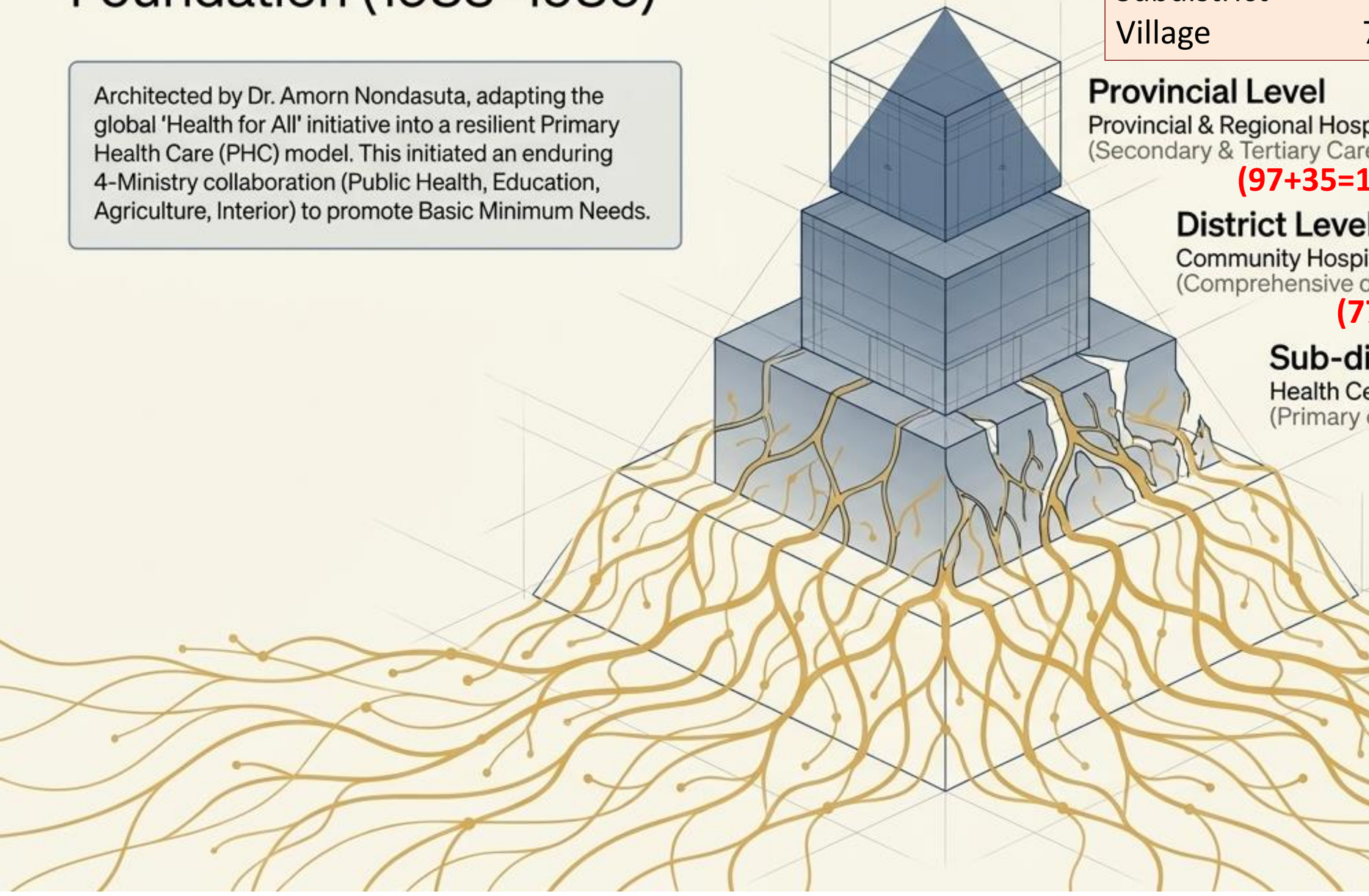
1. Foundation

The Public Health Infrastructure Foundation (1983–1986)

Architected by Dr. Amorn Nondasuta, adapting the global 'Health for All' initiative into a resilient Primary Health Care (PHC) model. This initiated an enduring 4-Ministry collaboration (Public Health, Education, Agriculture, Interior) to promote Basic Minimum Needs.

Thailand 2026	
Province	76
District	878
Subdistrict	7,256
Village	75,668





Provincial Level
Provincial & Regional Hospitals
(Secondary & Tertiary Care)
(97+35=132)

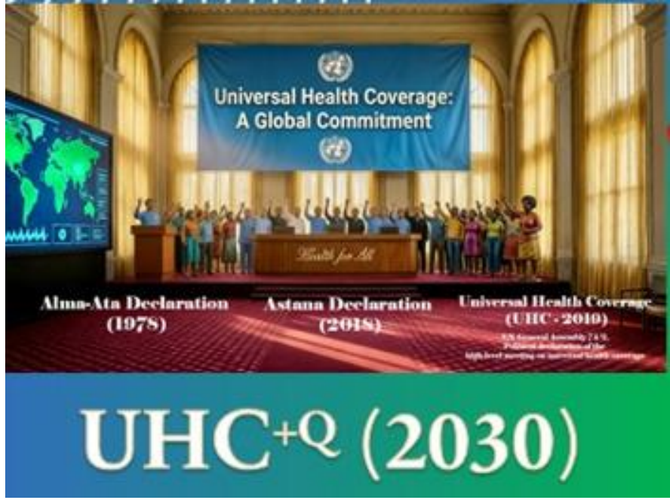
District Level
Community Hospitals
(Comprehensive district-wide delivery)
(770)

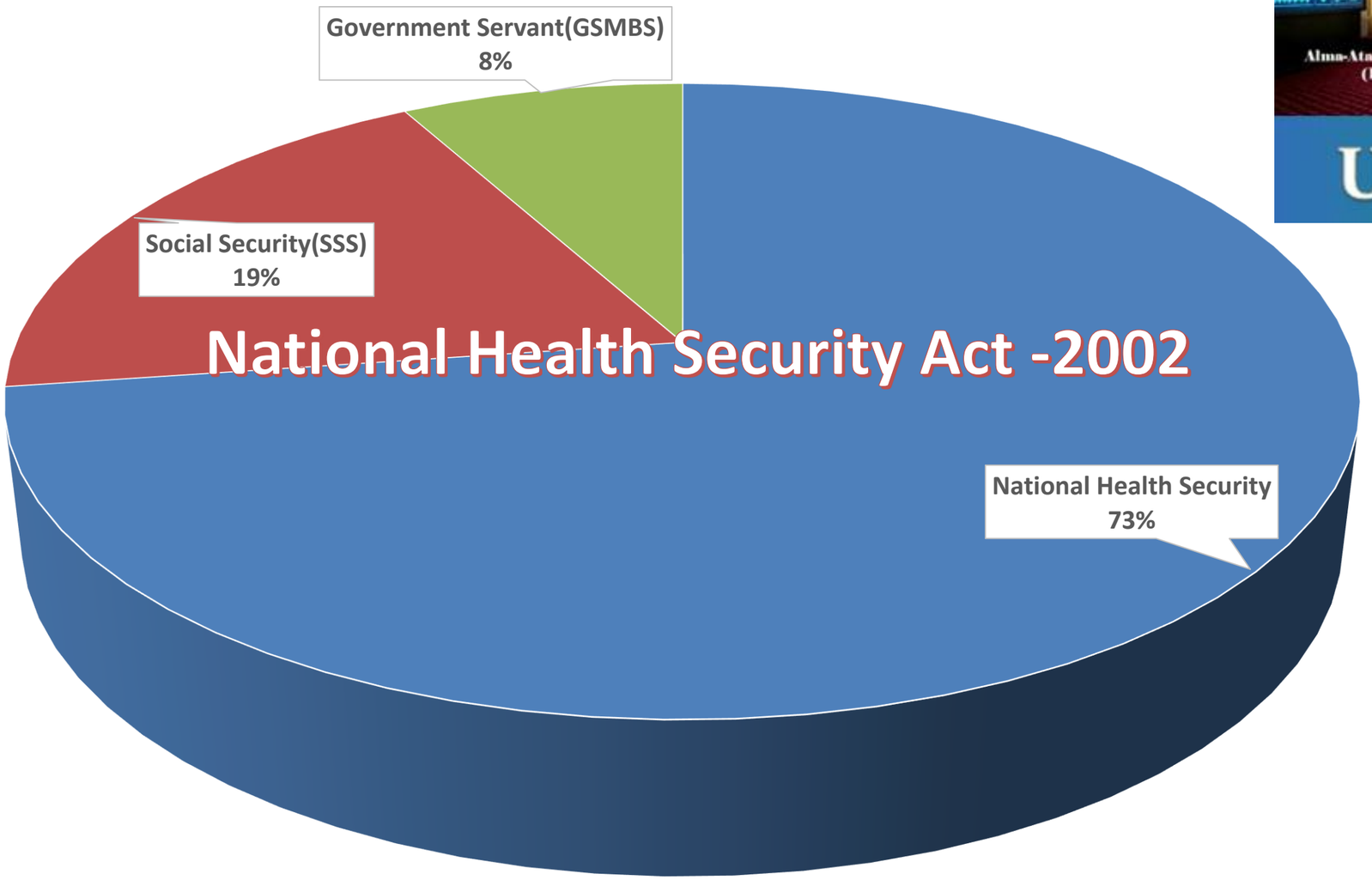
Sub-district Level **(5,561)**
Health Centers
(Primary care coverage)

Village Level
Village Health Volunteers (VHV)
& Village Health Communicators (VHC)
executing grassroots outreach
and direct monitoring.
(1 Million VHV)

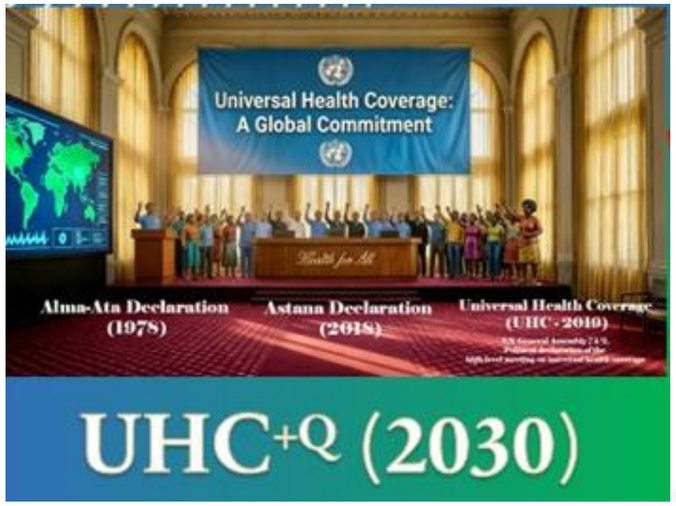
UHC – Thailand (2002) :

12 Years before Astana Declaration (2018)





1. Foundation

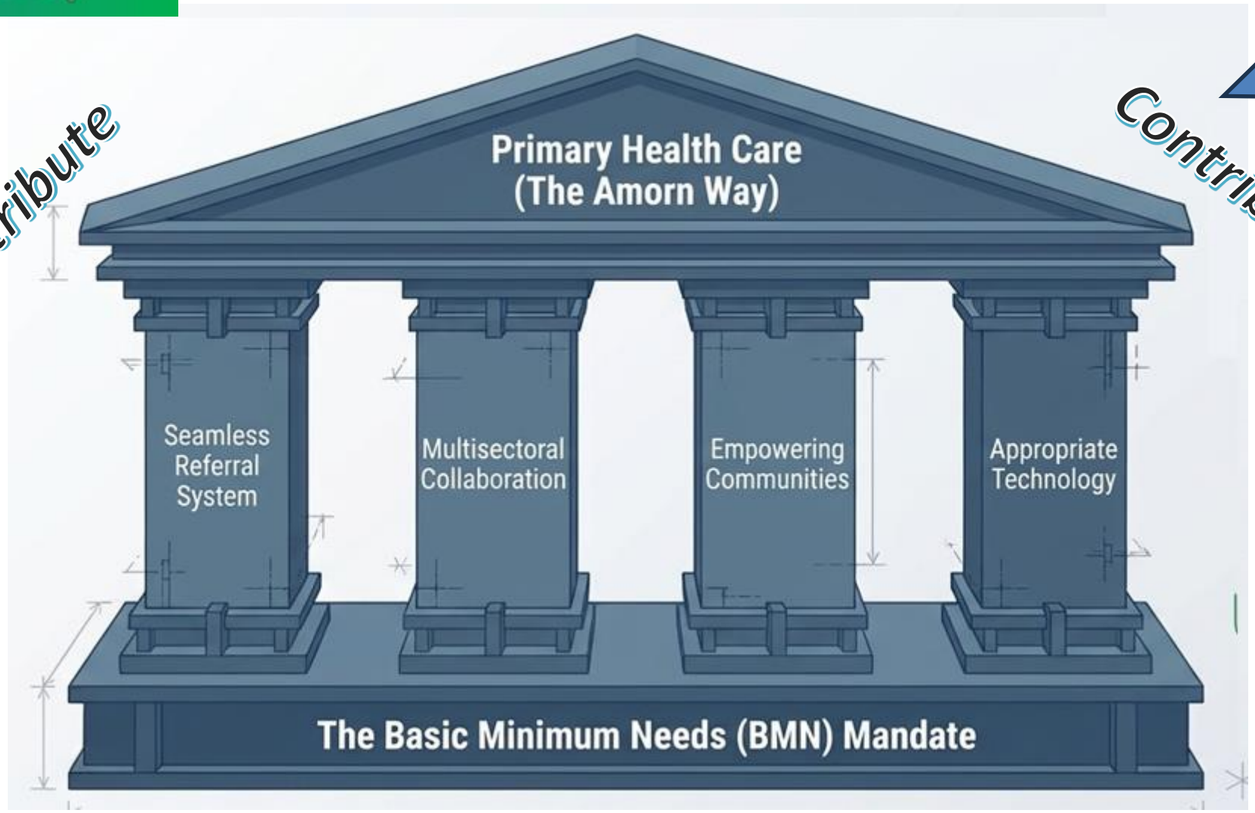


HFA 2030 Framework



Contribute

Contribute



The V-Shape Model of Health Literacy

Reaching and obtaining health information

Access

1

Understand

Comprehending the acquired health concepts

2

Interaction / Dialouge

Discussing,quesitioning , processing concepts through social channels

3

**Decision

Arriving at informed personal or collective health decisions

4

Change Behavior **

Traslating decisions into sustained healthy beaviors

5

Share

Sharing outcomes and insights to others

6



Wachira Pengchan ,MD

Institutionalizing Health Literacy



The Shared Responsibility Framework

Health literacy is not just a patient burden. Healthcare organizations and community institutions must be structurally engineered to reduce complexity and **actively facilitate understanding, meeting the individual halfway.**

The 4 Pillars of Health Literate Organizations (HLOs)

1. Setting assessment criteria for each setting.

Primary Care Setting

Community Setting

Setting assessment criteria for each setting.



Annual Meeting and award for each setting champion..

Workplace Setting

Education Setting

The Operational Mechanism

Adapting global attributes into local standards. Organizations utilize these benchmarks for rigorous Self-Assessment, entry into national excellence competitions, and systematic knowledge extraction for broader replication.

Health Literacy &Health Literacy Extension Model

Chronic Disease Focus

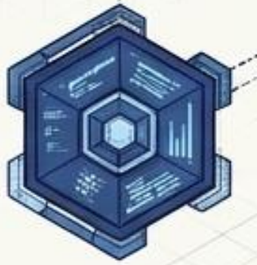


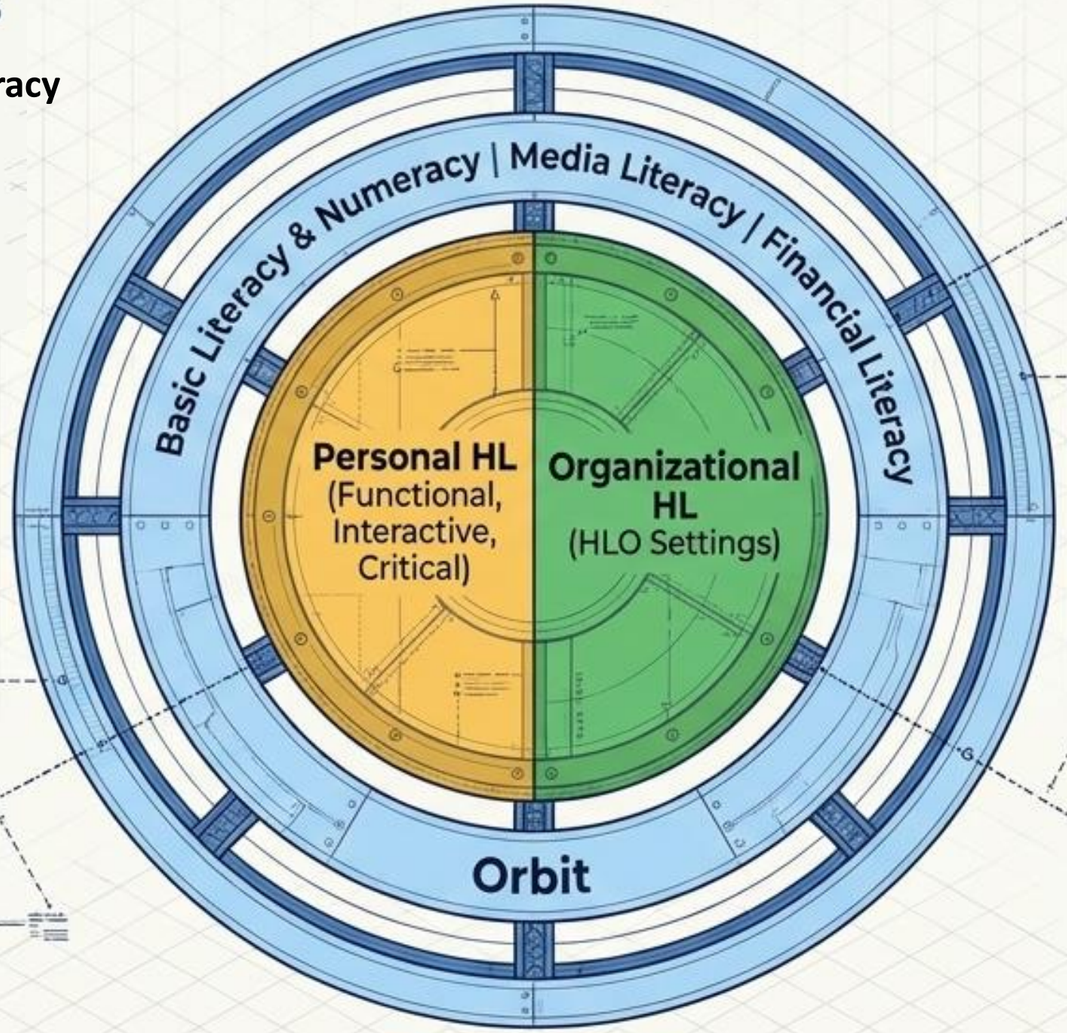
NCD Literacy

Professional Literacy



Medical Sciences Dept: Rational Laboratory Use.







Mental Health Dept: Psychological well-being & community awareness.

Mental Health Literacy

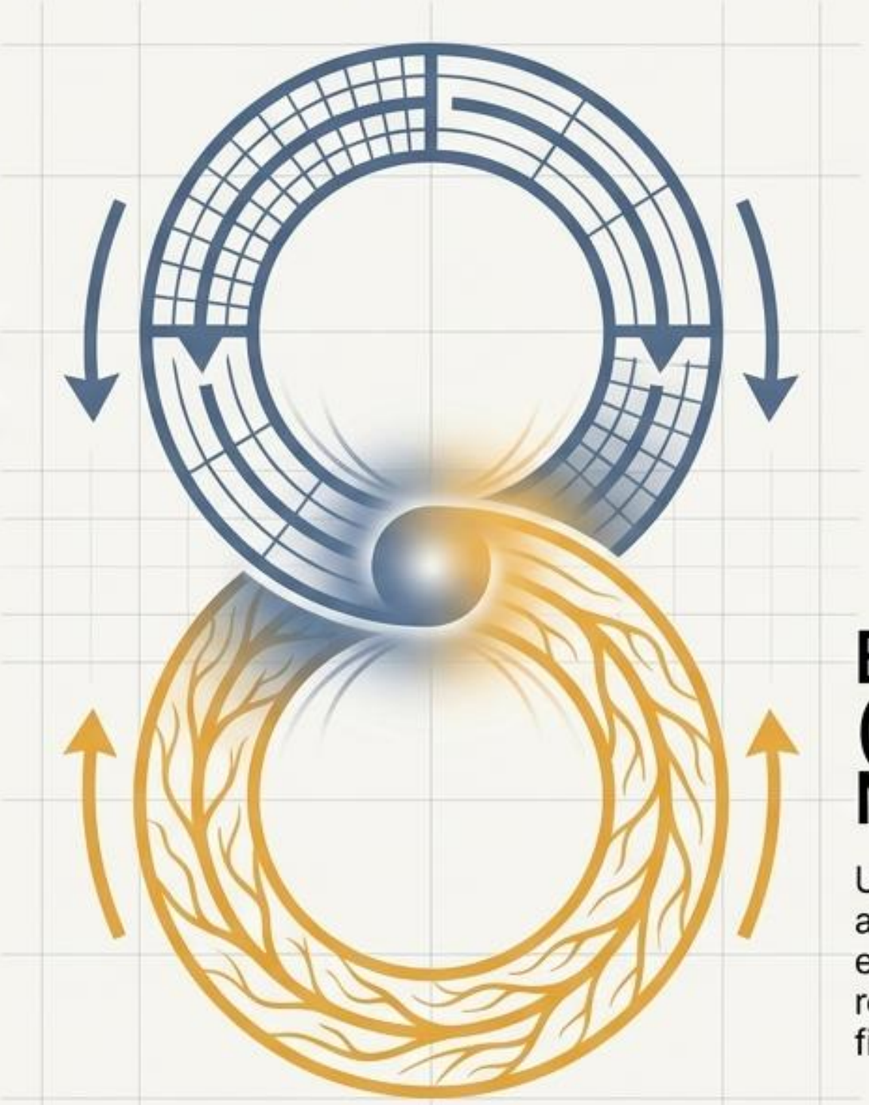


FDA: Rational Drug Use & Rational Health Product Use.

Core Execution Principles: The Dual Mechanics

Top-Down Mechanism

Cascading national plans sequentially down through hierarchical administrative tiers to ensure standardized policy execution across the country.

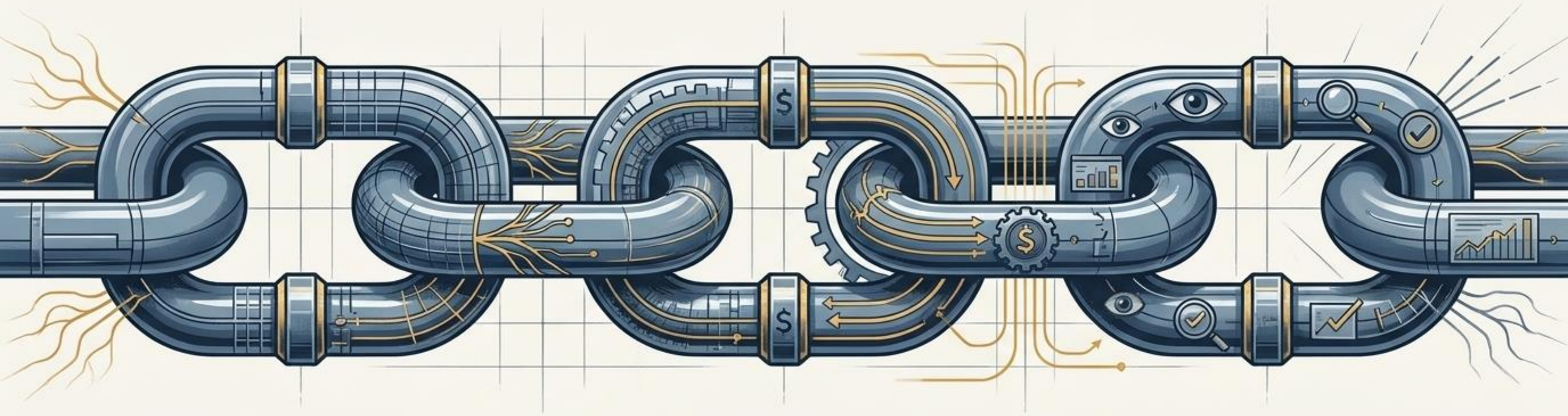


Bottom-Up (Grassroots) Mechanism

Utilizing community-driven research and local operational capabilities to ensure interventions function realistically and sustainably at the field level.

The Policy Lock-In Mechanism

The ultimate goal is embedding the NHLSP directly into the overarching National Economic and Social Development Plan (NSEDP).



1. Mandates Action

Legally binds subordinate agencies to create compliant annual sub-plans.

2. Binds Budgets

Secures annual departmental budget allocations tied directly to national health literacy targets.

3. Enforces Accountability

Subjects execution to intensive monitoring and evaluation managed directly by the Office of the NSEDP Council

What Next :

1. Intersectoral Collaboration (esp. Non-Health Sectors in Middle core of HL & HL Extension Model)
    1. Lifelong Education.
    2. Media and Digital Literacy ,Mis and Dis information
    3. Financial Literacy
2. Embedded HL standard into Thai Hospital Accreditation (HA) – Learn from Australia
3. Propose 5-year National HL strategic Plan (2028-2032) learn from
    1. Australia ; National HL Framework ,Ophelia Optimizing Health Literacy and Access for NCD)
    2. Slovenia ; National HL Strategic Plan (2025-2035)

5.What Next

Expanding the Ecosystem: Non-Health Sector Collaboration



Takeaway :

1. Robust Health Foundation.(PHC , UHC)
2. Adapt to Thai Context.
3. Bottom up :
    - Intersectoral Collaboration
    - Institutionalize Health Literate organizations and Communities.
    - Health Literacy Extension.
4. Top down : Embedded Health Literacy into National Long-term Plan and Hospital Accreditation.