

Thailand's Rural Doctor Movement and Democratization of Public Health

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Abstract

In November 2024, the Ramon Magsaysay Award Foundation honored the Rural Doctor Movement of Thailand, comprising the Rural Doctor Society (RDS) and the Rural Doctor Foundation (RDF), for their significant contributions to Thai public health over nearly 50 years. Originally formed as a self-help group addressing the working conditions of rural doctors in the 1970s, this movement has evolved into an influential, autonomous professional network within the country's healthcare system. This academic article argues that, while advocating for their goals, rural doctors also play a crucial role in promoting democratic ideals within Thailand's public health sphere. Guided by Gardiner's (1994) work on the seven policies to enhance democratization in healthcare, this paper asserts that rural doctors navigated a landscape of political challenges and shortcomings in the Thai democratic system through their steadfast commitment to the right to health, public participation, transparency, accountability, decentralization of power and resources, and equitable access to healthcare services. By examining news articles and narrative accounts from rural doctors, this article deepens our understanding of the movement's lasting significance. It reinforces the movement's role as a champion of the Thai healthcare system and a promoter of democracy in public health that could serve as a model for other Asian nations. Through the lenses of history and democracy, this work offers a different and updated view of the movement. Furthermore, the international recognition received by rural doctors underscores the importance of studying other professions and organizations that contribute to the development of democracy in Thailand.

Introduction

Thailand has been recognized as a leader in responding to the COVID-19 pandemic, ranking first in the Global COVID-19 Recovery Index among 184 nations (PEMANDU Associates, 2022).

Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO, praised the country's efforts, which stem from decades of investment in healthcare infrastructure and universal coverage (World Health Organization, 2020; Thailand Shares Best Practices and Lessons Learned from

the COVID-19 Pandemic, 2020). This success can be attributed to the dedication of rural doctors, whose advocacy for healthcare improvements has been crucial during the pandemic

The Rural Doctor Movement, comprising the Rural Doctor Society (RDS) and the Rural Doctor Foundation (RDF), began in the 1970s and has significantly improved Thailand's public health system. Their advocacy was crucial in enacting the National Health Security Act of 2002, establishing universal health coverage. Over the years, rural doctors have influenced health policies and created various organizations to assist the Ministry of Public Health. They manage community hospitals, champion public health initiatives, and promote equitable access to quality services. Additionally, the movement monitors government practices and addresses corruption within the Ministry of Public Health (Wibulpolprasert & Pengpaibon, Integrated strategies to tackle the inequitable distribution of doctors in Thailand: four decades of experience, 2003, p. 13; Harris, *Who Governs?: Autonomous Political Networks as a Challenge to Power in Thailand*, 2014, pp. 13-14).

Various studies highlight the complex relationship between democracy and public health. This paper builds on Gardiner's (1994) work, proposing seven policies to enhance democratization in health care: empowering district health systems, improving coordination in service delivery, promoting community participation, addressing human and reproductive rights, ensuring cost-effective resource allocation, implementing equitable access, and focusing on the sustainability of these policies. Rooted in the 1978 Alma Ata Declaration, these policies aim to bolster democratic processes and improve health outcomes in developing countries. With the rise of technology and social media, this study also emphasizes patient and family engagement in health decisions, moving towards a person-centered approach that prioritizes wellness and

social conditions over traditional hierarchies focused solely on sickness (Tang et al., 2016, pp. 1-2).

Thailand is classified as a flawed democracy, ranked 63rd out of 167 countries and 5th in Southeast Asia in the 2023 Democracy Index by the Economic Intelligence Unit. The index evaluates electoral processes, government functionality, political participation, political culture, and civil liberties. Key factors contributing to its flawed democracy include a history of military rule, political dynasties, suppression of dissent, and unelected officials in government. During the COVID-19 pandemic, authoritarian measures were implemented to control the virus, including curfews and restrictions on information, which challenged democratization efforts in public health (Chachavalpongpan, 2020; Thailand falls 8 places in Democracy Index, 2024).

Given former Prime Minister Prayut Chan-o-cha's authoritarian policies and military leadership, it is worth exploring how Thailand succeeded during the pandemic. Was it due to the Prayut administration's management, or was it the result of the health infrastructure built by the Rural Doctor Movement over time?

The complexity of Thai public health within the framework of democracy and the democratization of public health is underscored by these inquiries. To further understand this, this article answers the following questions: (1) What role has the Rural Doctor Movement played in advancing the democratization of Thai public health? Additionally, (2) In what ways has the Rural Doctor Movement advocated for the democratization of public health despite the challenges posed by Thailand's democratic system?

This study argues that the Rural Doctor Movement is crucial in democratizing Thailand's public health despite the country's political challenges and flawed democracy. By analyzing news articles, narrative accounts and works of the rural doctors, and early academic research on the

movement, this article reveals that the movement continues to advocate for the right to health, public participation, transparency, accountability, decentralization of power and resources, and equity of access to medicine and healthcare services, despite the challenges they faced over time.

This work provides an updated perspective on the movement, presenting a fresh approach to examining the contributions of rural doctors to the Thai public health system. It delves into the history and essence of the movement, the rural doctors' role in Thailand's political and democratic landscape, and their impact on democratizing the public health sector. By examining the movement through the lenses of history and democracy, this article enriches our comprehension and acknowledgment of the movement's enduring significance over the past five decades. Additionally, it contributes to the ongoing discourse on public health, emphasizing the pivotal role of democracy in the health sector and society.

The Origins of the Rural Doctor Movement and the Rural Doctor Federation

The Rural Doctor Movement, which the Ramon Magsaysay Award Foundation awarded in 2024 for exemplifying the greatness of spirit in service of the people, began from the 1960s to 1970s to combat the brain drain of doctors leaving for the U.S. The formation of the movement was a result of the "bonded" public service programs introduced by the Thai government in 1967, requiring young health professionals to practice in rural areas for three years in exchange for educational subsidies (Pagaiya & Noree, 2008, pp. 10-11; Nam 2018, p. 223).

In addition, involvement in the student democracy movement of the 1970s, including protests against military rule, further shaped these doctors' perspectives on social justice

(Bamber, 1997, p. 236; Nam, 2018, p. 224). After the violent crackdown on the 1976 protests, many medical students aligned with the Communist Party, providing care in remote areas. Inspired by global health initiatives like the Barefoot Doctors Model in China and the WHO's 1978 Declaration on Primary Healthcare, they sought to enhance public health and promote Health for All (Nam, 2018, p. 224; Puaksom, 2023, pp. 1-2).

Despite needing more managerial training, many rural doctors in Thailand became hospital directors and faced administrative challenges. Their inexperience sometimes led to regulatory violations, often due to misguidance from accountants and difficulties in personnel management. This management inexperience and political awakening brought my student activism, plus their deepened commitment to health equity resulted in the formation of the Rural Doctor Federation (Sahaphan phaet chonnabot) in 1976 to advance rural healthcare, tackle healthcare access issues, share insights from rural physicians, and support the medical professionals in underserved areas (Wibulpolprasert & Pengpaibon, 2003, p. 13; Harris, *Who Governs?*, 2014, p. 10).

The 1976 coup significantly influenced the Rural Doctor Federation's activities. Due to the Cold War, rural doctors' community involvement raised military suspicions, leading some progressive doctors to align with the communist insurgency. The Federation removed the term "Federation" from its name to avoid national security scrutiny, becoming the Rural Doctor Society (Chomrom phaet chonnabot) in February 1978. This change aimed to soften its political image following tragic events in Thailand, including the October 6, 1976 Thammasat massacre, where right-wing groups targeted student activists (Harris, *Who Governs?*, 2014, pp. 10-11; Harris, *Achieving Access: Professional Movements and the Politics of Health Universalism*, 2017, pp. 39-40).

The Formation of the Rural Doctor Society (RDS) and the Rural Doctor Foundation (RDF)

The Rural Doctor Society started as an informal group for top young physicians from Thailand's leading medical schools to share experiences relevant to rural healthcare. Dr. Uthain Jaranasri was the first president, with Dr. Mani Praphansin as secretary and Dr. Suwit Wibulprasert as deputy secretary from 1978 to 1979. The RDS supported rural doctors, hosted training programs for hospital management roles, and published the *Journal of the Rural Doctor Society*. It also initiated management training, recognized outstanding performance, facilitated visits by senior doctors to boost morale, and offered coaching in rural hospitals. Through social development initiatives, RDS's influence extended to rural communities (Wibulprasert & Pengpaibon, 2003, p. 13; Harris, "Developmental Capture" of the State: Explaining Thailand's Universal Coverage Policy 2014, p. 172).

In 1982, the Rural Doctor Society created the Rural Doctor Foundation (RDF) to support rural health projects and meet the needs of rural communities. Dr. Mani Praphansin, a past president of the RDS, was instrumental in establishing the RDF, also known as *Mulniti phaet chonnabot*. The foundation serves as the formal organization of the Rural Doctor Movement, allowing for better mobilization of resources and providing legal status to the informal network of rural doctors in Thailand. While the RDS operates as a flexible and informal network, the RDF focuses on funding, publishing, and adhering to Thai laws for organizations (Nam, 2018, p. 223; Sukhampha, 2024, pp. 4-5).

The movement has significantly influenced the Thai healthcare system by driving key reforms through its strong ties with the Ministry of Public Health. The Rural Doctor Society and Rural Doctor Federation form an influential network of professionals who advocate for health system reforms.

These rural doctors, called policy entrepreneurs, collaborate with larger social entities to promote their agenda. Their flexible structure allows them to pursue reforms amidst political shifts, military juntas, and bureaucratic challenges. However, it also exposes them to political repercussions from the Ministry of Public Health (Harris, *Who Governs?*, 2014, pp. 8-9; Puaksom, 2023, p. 14; Sukhampha 2024, pp. 7-9).

The RDS established the Sampran Forum in 1986, which included around 20 progressive medical professionals and rural doctors focused on health policy discussions, including universal coverage. The Forum operated independently from the RDS, and membership was by invitation, comprising rural doctors, bureaucrats, senators, and public officials. Members of the Forum held vital positions in Thailand's healthcare system. They won elections to the Medical Council of Thailand from 1987 to 1993, which led to significant reforms in medical education and residency training (Wibulprasert & Pengpaibon, 2003, p. 13; Harris, *Who Governs?*, 2014, pp. 10-11, p. 21).

The Rural Doctor Movement evolved over decades from a self-help group to a political movement, shifting focus with leadership changes. Initially, the movement's leaders focused on enhancing rural health facilities. However, as figures such as Dr. Vichai Choekvivat, Dr. Choochai Supawongse, and the late Dr. Sanguan Nittayaramphong—who emerged from backgrounds in student activism—assumed leadership roles, the movement became increasingly politically engaged (Wibulprasert & Pengpaibon, 2003, p. 13).

Retiring rural doctors, including Dr. Kriangsak Watcharanukulkiat, Dr. Arak Wongworachart, and Dr. Pongthep Wongwatcharapaibool, comprise the movement. Under the leadership of Dr. Supat Hasuwannakit, the RDS promotes justice and good governance while combating corruption and supporting communities. Along with the RDF leadership of Dr. Choochai Supawongse,

they collaborate with the Ministry of Public Health and other agencies to improve the Thai healthcare system (RDS: The group of doctors fighting COVID – and corruption – in Thailand, 2021).

The Rural Doctor Movement and the Democratization of Public Health in Thailand

For the Rural Doctor Movement, democracy and public health are related. Guided by the teachings of the monk Buddhadasa Bhikkhu, the movement's commitment to Buddhist communitarianism, which emphasizes the importance of community as the building blocks of democracy, is reflected in the accomplishments and principles of the rural doctors. Other Buddhist teachings on the notion of self-sacrifice, humaneness, non-violence, a lack of concern for personal wealth, and forgiveness also became influential in the activism of rural doctors since the 1970s student movement and the development of the philosophical bases of their interest in social reform (Bamber, 1997, p. 247).

Aside from their medical work in rural areas, the movement is also active in Thai politics, particularly in its commitment to good governance and democracy. The active involvement of rural doctors in the democratic movements in Thailand started in the 1990s. The health professionals, including the members of the Rural Doctor Society, joined the protest campaign against the military coup in 1991. Many medical personnel were closely involved in the Black May demonstration of 1992. After the fall of the military leadership of the National Peace Keeping Council (NPKC), the medical professionals continued participating in the democratic movement. They formed the Health Assembly for Democracy to campaign for democracy and promote the 1992 election. They also joined as watchdogs during the election and assisted the teachers in rural areas. Prominent members of this formation included known

members of the RDS, such as Dr. Surapong Suebwonglee, Dr. Vichai Chokevivat, and Dr. Sanguan Nittayaramphong (Bamber, 1997, pp. 240-242).

The rural doctors also supported Dr. Prawese Wasi and the 1997 People's Constitution, replacing the military constitution of 1991. The new constitution prompted civil society organizations to become more engaged in Thai politics, including the network of rural doctors and their linkage with other NGOs. It paved the way for rural doctors to transform the health care system. It allowed them to launch their proposed legislation through the help of different NGOs, such as the Foundation for Consumers, led by Saree Aungsomwang, and the AIDS Access Foundation, founded by former Senator Jon Ungpakorn (Harris, *Achieving Access*, 2017, pp. 45-52).

In 2006, the rural doctors generally shied away from becoming active in the polarized political situation between the People's Alliance for Democracy (PAD) or "Yellow Shirts," an anti-former Prime Minister Thaksin Shinawatra coalition, and the United Front for Democracy against Dictatorship (UDD) or "Red Shirts," a reaction movement against PAD. Mostly, the doctors tried to remain above the fray in the battles between the two factions for years (Harris, *Who Governs?*, 2014, pp. 15-16). Despite not directly associating with the two groups, the rural doctors still contributed to democratic campaigns, especially on public health matters.

From 2013-2014, the People's Democratic Reform Committee (PDRC), a coalition led by Suthep Thaugsuban, opposed the government of Yingluck Shinawatra by organizing protests in Thailand. In 2013, Suthep urged the Rural Doctor Society to set up provincial units of the PDRC to mobilize reform support from the rural people as they are well respected in their communities. However, the Rural Doctor Society emphasized that they only acted as a facilitator and not as the host of the PDRC's provincial network. The Society only participated in the anti-government demon-

demonstrations led by the PDRC because they also opposed corruption and the Ministry of Public Health's policies, such as the adjustment of the allowances of the medical workers, the medical-hub policy supporting the growth of private hospitals, and political intervention in the public health agencies (Rural Doctors Society's backing of PDRC raises questions, 2013; PM's resignation the solution, Suthep tells army, 2013; Tangprasert, 2013).

The Rural Doctor Society continues to advocate for democracy by urging the government to respect democratic principles, particularly the people's will. In 2022, they also asked the former Prime Minister and military leader Prayut Chan-ocha to step down after he took power through a military coup in 2014 (Rural doctors again urge Prayut to step down after year rule, 2022). In the recent general election, the RDS, under the leadership of Dr. Supat Hasuwannakit, issued a statement endorsing the progressive Move Forward Party leader, Pita Limjaroenrat, as the next Prime Minister. The Society also urged the members of the House of Representatives and the Senate to respect people's votes and facilitate the forming of the government as soon as possible (Rural Doctor Society joins calls for respect of electorate's wishes, 2023).

The rural doctors' involvement in different political and democratic events only showed the movement's political pragmatism and perseverance in developing public health policies and protecting the right to health of the Thai people through democracy. Given the movement's history and involvement in democratic events in Thailand, what were its contributions to the democratization of the public health system, and how did the rural doctors push for the democratization of public health despite Thailand's democratic challenges?

Human Rights and Right to Healthcare

As the rural doctors participated in democratic events throughout history, the movement also played a crucial role in democratizing Thailand's public health despite being pragmatic in politics and having a flawed democracy in the political system. The rural doctors advocate human rights and the right to health, public participation, decentralization of power and resources, transparency and accountability, and equity of access to medicine and healthcare services.

The movement, particularly Dr. Sanguan and the other rural doctors who were part of the Sampran Forum, acted as the prime mover of the National Health Security Act of 2002, which paved the way for creating the universal health coverage program in Thailand. This law provided the Thai people access to affordable health services. Former Prime Minister Thaksin Shinawatra's sponsorship of the UCS and his Thai Rak Thai Party's legislative majority were not the only crucial ingredients in the UCS's realization. The UCS also succeeded in the solidarity coalition of the Ministry of Public Health and non-governmental organizations, which the rural doctors facilitated. The network of rural doctors was responsible for initiating and designing the healthcare policy, introducing it to Thaksin and his party skillfully enacting it as law (Nam, 2018, pp. 237-238).

After the Thai Rak Thai Party won the 2001 election, critics argued that its policies were a form of populism. The "30 Baht Treats All Diseases" policy also fell into this category because it was seen as a radical reform in the public healthcare system, and its name sounded too market-oriented (Chardchawarn, 2018, p. 189).

Despite it being labeled as a populist policy of Thaksin's party, there is no doubt that universal health coverage contributed a lot to Thai society, especially the poor, vulnerable, and disadvantaged people. As a result of the universal coverage, a

people. As a result of the universal coverage, a gradual increase in the use of health services was recorded, and many outpatient visits, mainly from rural hospitals, emerged from 2003 to 2010. A decreasing trend in health-impovertised households was also recorded as the UCS contributes to improving poverty reduction. The UCS contributed significantly to the development of Thailand's health information system, and public expenditures on goods such as medicines and medical supplies also spilled over in various sectors (International Labour Organization, 2016).

Twenty-two years after the UCS was formally introduced in Thailand, over 99% of Thai citizens are now covered under one of the three tax-funded healthcare schemes, including the UCS (Thammatacharee, Enhancing convenience: 22nd year of UCS, 2024). The Universal Coverage Scheme started by Dr. Sanguan and the network of rural doctors continues to serve the Thai people. It underwent many improvements, such as removing the copayment of 30 baht per visit in 2008 and increasing the coverage regarding population and benefits packages. Recently, the government led by former Prime Minister Srettha Thavasin has been improving the scheme's accessibility by allowing healthcare beneficiaries to access coverage anywhere in Thailand, not only limited to their registered hospitals (Thammatacharee, From 'Treats All Diseases' to 'Treatment Anywhere': The Transformation of Thailand's Universal Coverage Scheme, 2024).

The movement also lobbied for improvements in the UCS, such as granting universal healthcare coverage to the stateless people living in the northern Thai provinces and at the Thailand and Myanmar borders. In 2020, it was reported that around 500,000 people were given healthcare coverage. The United Nations has praised this inclusion of the stateless people as a model for developing countries. Together with other NGOs, including the foundations that the rural doctors are associated with and the Ministry of Public

Health, they signed a memorandum of understanding to speed up the national verification process and assist the stateless people (Healthcare rights of stateless people, 2020; Thailand extends health coverage to non-citizens, 2024).

The movement democratizes the public health sector in Thailand by giving people access to medical services through universal health care and primary health care programs. The right to healthcare is not confined to the walls and corridors of hospitals. For rural doctors, it also involves the quality of life and the community where the people live.

Public Participation

The rural doctors embody the ideals of democracy by advocating public participation in matters concerning the people's health. They were associated with civil society groups and rural communities. The movement generated a strong network among medical professionals. They connected with similar rural medical associations, such as the Rural Pharmacists' Society and the Rural Nurses' Society. The network of the RDS worked with a group of progressive medical professionals to form various NGOs dedicated to improving the rural public health system, such as the Primary Health Care Coordinating Committee for Thai NGOs, which was established by Dr. Prawese in 1983, the Thai Development Support Committee, and the Foundation for Consumers led by Saree Aungsomwang (Nam, 2018, pp. 223, 232-233).

When some rural doctors were promoted to government positions and became bureaucrats, the RDS supported the alliance between the bureaucrats and non-governmental organizations to push their public health agenda. It was easy for the rural doctors to facilitate the partnership because the bureaucrats from the Ministry of Public Health and the NGO leaders shared experiences in social movements, politics, and the health profession. Many were former activists

during the 1970s and shared a progressive orientation. A number of the NGO leaders were also members of the medical groups mentioned who changed their careers and pursued the NGO sector. The NGOs supported the rural doctors and the bureaucrats by conducting a grassroots campaign that contributed to the people's awareness (Nam, 2018, pp. 223, 232).

For example, during the developmental stage of the UCS, various NGOs contributed to the network of rural doctors, especially in establishing a primary-care-centered system in secondary and tertiary hospitals. NGOs participated by training villagers in preventive health practices. Examples of NGOs that joined the campaign of the bureaucrats in 2000 were the Slum Dwellers' Network, Consumers' Network, AIDS Network, Women's Network, AIDS Access Foundation, Thai Volunteers Service Foundation, and the Consumer Protection Foundation. Together, they launched nationwide campaigns, distributed pamphlets, held workshops, and dispatched volunteers to villages nationwide (Nam, 2018, pp. 229-234).

The movement and its network usually engage with the public by gaining support through protests and signature campaigns. In 2000, the network gathered 50,000 signatures to force the passage of the UCS in the parliament (Harris, *Who Governs?*, 2014, pp. 12-13).

In addition to the UCS, the movement deployed the signature campaign for enacting anti-tobacco bills and, later, the Health Promotion Foundation Act of 2001. This law aims to stimulate, support, and develop a systematic approach to health promotion in Thailand. With the passage of the law, the Thai Health Promotion Foundation (ThaiHealth) was created to use taxes on tobacco and alcohol to fund health promotion programs.

The movement for the bill started in 1986 when Dr. Prawase and the Folk Doctor Foundation (Moh Chaoban), a group of Buddhist monks trained in primary health care to assist doctors

and health personnel in rural areas (Wasi, 1986), launched the Thai Anti-Smoking Campaign Project. This campaign was supported by the RDS and the leadership of Dr. Choochai in October 1987 when 250 community doctors and nurses from all over the country participated in a 7-day run originating from all four regions of Thailand. The run started and ended at the Bangkok Metropolitan Administration City Hall and covered a distance of over 3,000 kilometers. This run was a turning point in Thailand's health campaign's history. It demanded the rights of non-smokers, and over 6 million people signed the petition supporting this cause, resulting in the passage of two tobacco acts in the Thai Parliament, the Tobacco Product Control Act of 1992 and the Non-Smoker's Health Protection Act of 1992 (Siwaraksa, 2002, pp. 13-15; Vateesatokit, 2003, pp. 155-156).

After the two tobacco acts were passed in 1992, the Health Systems Research Institute (HSRI), the first organizational offspring of the Sampran Forum, researched setting up a sin-tax-financed organization and became the center of knowledge that pushed the anti-smoking campaign forward (Siwaraksa, 2002, pp. 15-16). The Health Promotion Foundation Act, a product of various networks, including the rural doctors, played a crucial role in the passage of universal health coverage a year later because of its sustainability and because it reduced the government's financial burden on healthcare. In addition, health promotion and prevention programs are essential facets of a successful universal healthcare (Sopitarchasak et al., 2015, p. 63).

Recently, the members who are based in rural areas applied the concept of communitarianism when they went to the dense communities of Bangkok in 2021 and provided COVID-19 response assistance. Under the leadership of Dr. Supat, he led a series of teams to Bangkok from July to August 2021 to screen people for COVID-19 using rapid antigen test kits (ATKs). They also prescribed medication for those who

tested positive and vaccinated those who were negative for the virus. Almost 200,000 people in 369 communities in Bangkok received a response from the rural doctors and the government. The Rural Doctor Society worked with other non-governmental organizations like the Slum Dwellers' Network. The people appreciated the Society's efforts and were recognized by the Bangkok Metropolitan Administration (RDS: The group of doctors fighting COVID – and corruption – in Thailand, 2021; BMA grateful to rural doctors for helping with COVID-19 tests in Bangkok communities, 2021).

The movement also democratizes health care by engaging the public with the correct health information through its Facebook page. By providing comments and sharing them with other people, the Thai people become aware, and at the same time, they are provided an avenue to be part of the discourse on public health. The RDS actively assisted the Ministry of Public Health in providing advisories to the public about COVID-19 during the peak of the pandemic (Thai Rural Doctors Society claims COVID-19 infections are rising, not falling, 2021; Doctors warn of new Covid wave in Thailand, hospitals told to be ready, 2022). With the legalization of marijuana in the country, the RDS is also active in providing information to the people about the effects of the legalization on Thai society, such as pointing out snack products with cannabis that are available in the market that can be purchased easily by the children (Rural Doctor Society wants public debate over sale of ganja-mixed snacks, 2022).

Decentralization of Power and Resources

The movement contributes to the democratization of public health by supporting the decentralization of power and resources. Decentralization in the public health system refers to the transfer of responsibility for health services from the central government to the local government, which improves the health system's efficiency

and responsiveness (Jongudomsuk & Srisasalux, 2012, pp. 347-350).

The conventional structure of the Ministry of Public Health limited the rural doctors' ability to instill changes in the health system, and it provided them with constrained autonomy. To be efficient in delivering health services to the people, the rural doctors did not just collaborate with the NGOs, but they also scaled down the responsibilities of the Ministry of Public Health. The rural doctors also created new semi-autonomous health organizations that operated outside of the hierarchy of the ministry (i.e., the Health Systems Research Institute, Thai Health Promotion Foundation, the National Health Foundation, the Society and Health Institute, the International Health Policy Program, the National Health Security Office (NHSO), the National Health Assembly, and Health Accreditation Institute) (Harris, *Who Governs?*, 2014, pp. 13-14).

The movement's advocacy for decentralization manifested in the UCS that the rural doctors pushed for, particularly the financial strategies and distribution of healthcare resources. Under the program, adequately managed and decentralized financial management can result in equitable resource distribution and benefit the rural population and primary healthcare services (Wibulpolprasert & Pengpaibon, 2003, pp. 12-13).

The active involvement of civil society groups, such as NGOs, in the advocacies of the movement also showed the decentralization of power in decision-making and policymaking. It was evident since the rural doctors pushed for implementing the primary healthcare approach, the legislation of prominent public health bills, and the COVID-19 pandemic response of the rural doctors.

Transparency and Accountability

The movement also used its influence not just in policymaking but also as the watchdog and voice of the people. Being a watchdog, the

rural doctors democratize the public health by promoting transparency and accountability. In August 1998, the RDS revealed to the public a scheme by the Minister of Public Health to embezzle funds by overcharging hospitals for drugs. Dr. Yongyut Thammayuth, the president of the Rural Doctor Foundation at that time, and Dr. Vichai Chokevivat confirmed the corruption in the medicine and medical supply procurement process. Many former presidents of the foundation came out and confirmed the issue. They submitted a formal request to former Prime Minister Chuan Leekpai to set up an investigation committee. The RDF and other organizations and sectors of civil society, such as the Rural Pharmacist Foundation, mobilized their fight through radio and television. The drug purchasing scandal resulted in the resignation of the health minister and one deputy health minister. One of the minister's advisers was sentenced to six years' imprisonment. The success of the RDS boosted the morale of the rural doctors. It was the first time in Thai history that corruption was exposed and supported by continuous pressure and systematically organized by the public through the initiative of rural doctors against high-level politicians and high-ranking bureaucrats (Potisophon, 2003; Wibulpolprasert & Pengpaibon, 2003, p. 14).

In 2008, due to the fear of sanctions from foreign governments and retaliation from the pharmaceutical companies, the newly appointed Public Health Minister Chaiya Sasomsab threatened to withdraw the support for the Thai government's compulsory licensing for cancer drugs that was signed by the previous minister, Dr. Mongkol Na Songkhla, a known member of the Sampran Forum. These compulsory licenses allow the overriding of patents on expensive cancer drugs so Thai patients can get cheap generic versions. The Rural Doctor Society and the network of rural doctors, including the NGOs, pressured the Ministry of Public Health to continue the compulsory licensing and filed a petition to impeach the minister.

Due to various accusations, such as his failure to declare the assets of his wife after he was sworn in as a minister and including his impeachment complaint due to his stance on generic cancer drugs, the Constitutional Court ordered Health Minister Chaiya Sasomsap to quit, and it prompted him to resign from his post (Thai court orders health minister to quit, 2008; Taylor, 2008; Wibulpolprasert et al., 2011, pp. 1-2, 5-8).

Aside from being the voice of the people, rural doctors also serve as the voice of the healthcare professionals. The Ministry of Public Health implemented a new allowance rate for medical workers in 2013. From basing it on how remote the area the healthcare workers were, it was changed to a new rate based on how many patients they served. The former presidents of the Rural Doctor Society, such as Dr. Kriangsak Watcharanukulkiat and Dr. Arak Wongworachart, opposed the new allowance rate and emphasized that the new plan was unfair to doctors who worked in rural areas. More doctors were prompted to quit provincial hospitals to work in private hospitals (Ministry to set new rate for state doctors, 2013; Rural doctors urge Pradit to go, 2013; Rural doctors pull out after govt slashes hardship allowance, 2013).

During the pandemic, the Rural Doctor Society raised many issues regarding the Prayut administration's COVID-19 response, such as the government's procurement of COVID-19 vaccines and the purchase of 8.5 million allegedly low-quality ATKs from a Chinese company at double the price quoted online (RDS: The group of doctors fighting COVID – and corruption – in Thailand, 2021).

Equity of Access to Medicine and Healthcare Services

The movement consistently reiterated its advocacy for making healthcare services accessible to everyone through its primary healthcare initiatives and the UCS. In addition to raising awareness among rural populations about the importance of

healthcare, the movement democratized Thai public health by making medicines accessible to the people. The efforts made by the Rural Doctor Society in 1998 to expose the drug purchasing scandal and in 2008 to impeach the health minister due to compulsory licensing did not only show their commitment as a watchdog but also their support of national drug policies, especially making the medicines more accessible to the Thai people and in the rural areas.

In addition, Dr. Vichai, who was the Chair of the Committee to Support the Implementation of the Government Use of Patents, pushed for the overriding of patents on Kaletra, an antiretroviral therapy (ART) medicine for HIV-1 and other medications (Thailand seeks deeper drug price cuts than Brazil deal, 2007; Wibulpolprasert et al., 2011, p. 5).

Aside from the prominent members of the movement, the network of rural doctors also played a vital role in implementing government use licenses for generic versions of patented medicines in Thailand. The movement emphasized the need for access to affordable alternatives amidst the high prices of patented drugs. The NGOs and advocacy groups supported the rural doctors by raising public awareness. The network used the evidence and research generated by scholars and experts to support their public pressure and media campaigns. They also underwent capacity building on intellectual property rights, pharmaceutical patents, and the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement. The civil movement collaborated with international NGOs like Médecins Sans Frontières, Third World Network, and Oxfam to gather support and expertise. They also worked with international bodies such as the World Health Organization and the World Trade Organization (Wibulpolprasert et al., 2011). With the help of the movement, rural doctors empowered the people and democratized the public health sector by actively engaging them in their campaigns to

make medicines accessible to everyone. By ensuring that medicine and healthcare services are available to everyone, they not only enhance the public health system but also help reduce social inequality in Thailand.

Conclusion

The five decades of existence and relevance of the movement only show that rural doctors serve as an essential piece in the democratic social movements of Thailand. From becoming a self-help group to a political movement group, the rural doctor proved that democracy and public health are inseparable concepts. The democracy of Thailand might not be perfect or too complicated to comprehend. However, the Rural Doctor Movement continuously does its part to ensure democracy in the country and its public health system. As the rural doctors heal their patients in the communities, they also heal the country's social ills, particularly the challenges of democracy. The movement plays a valuable role in Thailand's public health democratization. By being pragmatic and having a loose network, they pushed for various reforms in the Thai healthcare system that enabled them to democratize it through human rights and the right to health, public participation, decentralization of power and resources, transparency and accountability, and equity of access to medicine and healthcare services. Despite the series of military juntas, political instability brought by polarization, issues on bureaucracy, silencing dissent, and political interests, the rural doctors still managed to thrive and achieve their contributions to the Thai public health sector. However, democracy is still an ongoing battle, and the democratization of public health is still a process in Thailand. The challenges and the work of the rural doctors remain, and it is now in the hands of the next generation of rural doctors how they will continue the fight for the Thai people. As this article

offers a different and updated perspective on the movement, it highlights the democratic approach and contributions of rural doctors to the Thai public health system. With the new government following Prayut's military leadership, this topic is worth exploring, particularly how the movement adapts to the current administration while continuing its legacies after five decades. Furthermore, given the international recognition received by rural doctors from the Ramon Magsaysay Award Foundation, it is important to continue studying other professions and organizations that also contribute to the development of Thai democracy.

References

- BMA grateful to rural doctors for helping with Covid-19 tests in Bangkok communities. (2021, August 11). *The Nation*. <https://www.nationthailand.com/in-focus/40004520>
- Bamber, S. (1997). The Thai medical profession and political activism. In K. Hewison (Ed.), *Political change in Thailand: Democracy and participation*. London: Routledge.
- Chachavalpongpun, P. (2020). COVID-19 attacks the regime: The case of Thailand. *The Asia-Pacific Journal*.
- Chardchawarn, S. (2018). Case study 7: Dr. Sanguan Nitayarumphong and public healthcare reform in Thailand. In A. H. Nishihara, M. Matsunaga, I. Nonaka, & K. Yokomichi (Eds.), *Knowledge creation in public administrations: Innovative government in Southeast Asia and Japan*. Cham, Switzerland: Springer International Publishing.
- Doctors warn of new Covid wave in Thailand, hospitals told to be ready. (2022, July 5). *The Nation*. <https://www.nationthailand.com/in-focus/40017376>
- Gardiner, C. (1994). Democracy and health: Implications for MOH policies. In M. Reich (Ed.), *Democracy and health: An overview of issues presented in four papers*. Boston, MA: Data for Decision Making Project, Harvard School of Public Health.
- Harris, J. (2014). "Developmental capture" of the state: Explaining Thailand's universal coverage policy. *Journal of Health Politics, Policy and Law*.
- Harris, J. (2014). Who governs?: Autonomous political networks as a challenge to power in Thailand. *Journal of Contemporary Asia*, 1–23.
- Harris, J. (2017). *Achieving access: Professional movements and the politics of health universalism*. London: Cornell University Press.
- Healthcare rights of stateless people. (2020, July 13). *National Health Security Office*. <https://eng.nhso.go.th/view/1/DescriptionNews/Healthcare-rights-of-stateless-people-/158/EN-US>
- International Labour Organization. (2016). *Universal healthcare coverage scheme*. Switzerland: International Labour Organization.
- Jongudomsuk, P., & Srisasalux, J. (2012). A decade of health-care decentralization in Thailand: What lessons can be drawn? *WHO South-East Asia Journal of Public Health*.
- Ministry to set new rate for state doctors. (2013, March 22). *The Nation*. <https://www.nationthailand.com/in-focus/30202580>
- Nam, I. (2018). Partnering for universal health coverage in Thailand: Bureaucrats and NGOs. *Asian Survey*, 58(2), 213–239.
- Pagaiya, N., & Noree, T. (2008). *Thailand's health workforce: A review of challenges and experiences*. Washington, DC: The World Bank.
- PEMANDU Associates. (2022, December 23). *Full GCI ranking: Ranking of countries by recovery index*. <https://covid19.pemandu.org/gci-ranking/>
- PM's resignation the solution, Suthep tells army. (2013, December 14). *Bangkok Post*. <https://www.bangkokpost.com/thailand/politics/384843/military-refuses-to-pick-a-side>

- Pongutta, S., Suphanchaimat, R., Patcharanarumol, W., & Tangcharoensathien, V. (2019). Lessons from the Thai Health Promotion Foundation. *Bulletin of the World Health Organization*, 213–220.
- Potisophon, S. (2003). Citizen mobilization in the fight against corruption: The case of health care funding in Thailand. *Open Government Forum*. Seoul: OECD.
- Puaksom, D. (2023). Thailand's Rural Doctor Society in the 1970s–80s and its struggles to improve health in the countryside. In V. Neelakantan (Ed.), *The geopolitics of health in South and Southeast Asia*. London: Routledge.
- RDS: The group of doctors fighting COVID – and corruption – in Thailand. (2021, August 18). *Thai PBS World*.
- Rural Doctor Society joins calls for respect of electorate's wishes. (2023, May 17). *The Nation*. <https://www.nationthailand.com/thailand/politics/40027710>
- Rural Doctor Society wants public debate over sale of ganja-mixed snacks. (2022, July 14). *The Nation*. <https://www.nationthailand.com/in-focus/40017723>
- Rural Doctors Society's backing of PDRC raises questions. (2013, December 17). *The Nation*. <https://www.nationthailand.com/in-focus/30222276>
- Rural doctors again urge Prayut to step down after year rule. (2022, August 19). *Thai News Room*. <https://thainewsroom.com/2022/08/19/rural-doctors-again-urge-prayut-to-step-down-after-8-year-rule/>
- Rural doctors pull out after govt slashes hardship allowance. (2013, April 3). *HFfocus*. <https://www.hffocus.org/content/2013/04/2720>
- Rural doctors urge Pradit to go. (2013, March 21). *HFfocus*. <https://www.hffocus.org/content/2013/03/2609>
- Siwaraksa, P. (2002). *The birth of the ThaiHealth Fund*. Bangkok: Thai Health Promotion Foundation.
- Sopitarchasak, S., Adulyanon, S., & Lorthong, T. (2015). Thai Health Promotion Foundation: Innovative enabler for health promotion. *World Health and Population*.
- Sukhampha, R. (2024). Diffusion of global health norms through a national medical professional movement in the universal healthcare of Thailand. *Frontiers in Public Health*.
- Tang, P. C., Smith, M. D., Adler-Milstein, J., Delbanco, T., Downs, S. J., Mallya, G. G., ... Sands, D. Z. (2016). The democratization of health care: A vital direction for health and health care. *National Academy of Medicine Perspectives*.
- Tangprasert, P. (2013, December 16). PDRC's rural supporters get to work on offshoots. *Bangkok Post*.
- Taylor, L. (2008, April 1). Thai public health minister faces impeachment campaign. *PharmaTimes Online*. https://pharmatimes.com/news/thai_public_health_minister_faces_impeachment_campaign_987378/
- Thammatacharee, J. (2024, January 11). Enhancing convenience: 22nd year of UCS. *National Health Security Office*. <https://eng.nhso.go.th/view/1/DescriptionNews/Enhancing-convenience-22nd-year-of-UCS/587/EN-US>
- Thammatacharee, J. (2024, April 22). From 'treats all diseases' to 'treatment anywhere': The transformation of Thailand's universal coverage scheme. *National Health Security Office*. <https://eng.nhso.go.th/view/1/Secretary-General/From-Treats-All-Diseases-to-Treatment-Anywhere-The-Transformation-of-Thailands-Universal-Coverage-Scheme/610/EN-US>
- Thai Rural Doctors Society claims COVID-19 infections are rising, not falling. (2021, October 10). *Thai PBS World*. <https://www.thaipbsworld.com/thai-rural-doctors-society-claims-covid-19-infections-are-rising-not-falling/>
- Thai court orders health minister to quit. (2008, July 9). *Reuters*. <https://www.reuters.com/article/idUSBKK62912/>

- Thai court orders health minister to quit. (2008, July 9). *Reuters*. <https://www.reuters.com/article/idUSBKK62912/>
- Thailand extends health coverage to non-citizens. (2024, January 12). *Royal Thai Embassy, Washington D.C.* <https://washingtondc.thaiembassy.org/en/content/thailand-extends-health-coverage-to-non-citizens>
- Thailand falls 8 places in democracy index. (2024, February 17). *Bangkok Post*. <https://www.bangkokpost.com/thailand/general/2743780/thailand-falls-8-places-in-democracy-index>
- Thailand seeks deeper drug price cuts than Brazil deal. (2007, August 10). *Reuters*. <https://www.reuters.com/article/idUSBKK29335/>
- Thailand shares best practices and lessons learned from the COVID-19 pandemic. (2020, September 2). *Greater Mekong Subregion*. <https://www.greatermekong.org/thailand-shares-best-practices-and-lessons-learned-covid-19-pandemic>
- Vateesatokit, P. (2003). Tailoring tobacco control efforts to the country: The example of Thailand. In J. d. Beyer & L. Waverley Brigden (Eds.), *Tobacco control policy: Strategies, successes, and setbacks*. Washington, DC: The World Bank.
- Wasi, P. (1986, July). Bareheaded doctors. *World Health*.
- Wibulpolprasert, S., & Pengpaibon, P. (2003). Integrated strategies to tackle the inequitable distribution of doctors in Thailand: Four decades of experience. *Human Resources for Health*, 1–17.
- Wibulpolprasert, S., Chokevivat, V., Oh, C., & Yamabhai, I. (2011). Government use licenses in Thailand: The power of evidence, civil movement and political leadership. *Globalization and Health*, 1–8.
- World Health Organization. (2020, September 19). Thailand: How a strong health system fights a pandemic. <https://www.who.int/news-room/feature-stories/detail/how-a-strong-health-system-fights-a-pandemic-in-thailand>