Children’s Right to Health

Thailand’s overall health policy

- Thailand has implemented a broad-based and rights-based health policy. Three main health security systems have been provided to all Thais, namely: (1) the Civil Servant Medical Benefit Scheme covering about 5 million people; (2) the Social Security Scheme covering about 9.8 million workers and employees in formal sector; and, (3) the Universal Healthcare Coverage Scheme for those not covered by the two aforementioned schemes numbering around 47.3 million people.
- The Government has improved the Universal Healthcare Coverage Scheme by increasing the budget to allow for a higher unit cost per person. Thai nationals under the scheme are entitled to free medical treatment for most diseases. Social security and health insurance is also available for informal and non-Thai workers.
- Health centers at the sub-district level have been upgraded to Health Promotion Hospitals across the country to enable those in rural areas to access higher quality healthcare and services. The Government has also provided training to almost one million Community or Village Health Volunteers so that they can provide on-site primary healthcare and help disseminate health-related information to people in the community.

Current status of children’s right to health under Thailand’s legal framework

- The promotion and protection of the rights of children, including their right to health, is a priority for Thailand. Since becoming a Party to the Convention on the Rights of the Child (CRC) in 1992, Thailand has enacted new laws and amended several pieces of legislation to bring them into alignment with the CRC’s provisions. The most notable one is the Child Protection Act of 2003, which provides protection to all children, including street children, orphans, and children in difficult circumstances, such as impoverished, abandoned or disabled children. Section 22 of the Act states that the best interests of the child shall be given primary importance in the treatment of children, and discrimination of an unfair nature shall be prohibited. The Act also protects children from acts of torture, exploitation and discrimination.
- Domestic legislation which contribute to the promotion and protection of children’s right to health are as follows:

     Article 80 (1) stipulates that the State shall implement social, public health, education and cultural policies to protect and develop children and youth, to support their growth and provide basic education, to promote equality between men and women, to enhance and develop the integrity of families and communities, including to provide assistance and welfare to the elderly, indigent, disabled or handicapped, and those in difficulties to ensure better quality of life and the ability to depend on themselves.

     Article 80 (2) requires the State to promote, support and develop a health system with an emphasis on the sustainable good health of the people, provide standardized health services, and encourage the private sector and the community to participate in the development of the health system.
2. **The Labour Protection Act (No. 2) B.E. 2541 (1998)**

   Chapter 4 contains specific provisions on the employment of young workers. Examples of these are Section 44 which forbids the employment of a child under 15 years of age and Section 47 which prohibits an employer from requiring a worker under eighteen years old to work between 22.00 – 06.00 hrs. Section 49 of the Act also states that an employer shall not require a worker under eighteen years old to perform work which may be hazardous to the worker’s health.


   Section 6 emphasizes the principle of the best interest of the child and youth and guarantees their right to standardized health services.


   The Act aims to provide protection to victims of domestic violence, including children, with respect to their human rights and human dignity. It also requires any person who witnesses an act of domestic violence to notify such incident to the authorities. The Act sets out procedures for victim rehabilitation, which is to be carried out by a multidisciplinary team comprising government agencies and NGOs. Victims are provided with psychological care and protection against repeated acts of violence, including the issuance of protection orders to protect victims living in violence-prone situations during investigation and court proceedings.


   The Act prescribes heavy penalties for all offenders involved in trafficking in persons. It contains provisions on assistance and care to victims. The Act also provides for the establishment of a fund to support the prevention and suppression of human trafficking.

   Actions taken for the rehabilitation of the victims of human trafficking, many of which are children, are based on a victim-based approach. They include the provision of quality physical, psychological and social treatment, and rehabilitation services. After the victims have been transferred to the Protection and Occupation Development Centers and other welfare centers, the treatment and rehabilitation processes commence with an interview and the recording of the person’s profile, in order to carry out an evaluation of the problems concerned. The victims are provided with basic needs and social services, such as medical services, counseling, legal assistance, and recreational activities. Various types of education are promoted, be they alternative education, informal education or short-term vocational training. A written report on the progress of the rehabilitation will be prepared and the victim’s readiness for deportation, social reintegration, vocational training and job placement in accordance with specific needs and suitability, will be evaluated. The social reintegration of the victim will be followed up and monitored.

   - Apart from these laws, Thailand’s commitment to the promotion and protection of children’s right to health is evidenced by the fact that Thailand submitted its commitments to the United Nations’ Every Woman Every Child (EWEC) Global Strategy for Women’s and Children’s Health in March 2012. The commitments demonstrate the political will of the Thai Government to fully cooperate with the UN
The Role of schools in the promotion of children’s right to health

- Schools play an important role in the promotion of children’s right to health. The Ministry of Public Health has initiated a strategy on “a Health Promoting School”, aiming to encourage schools nationwide to strengthen their capacity to establish a healthy and suitable environment for students. This is in line with the World Health Organization’s definition of a health promoting school, which means a school constantly strengthening its capacity as a healthy setting for living, learning and working.
- The concept behind the said initiative was developed through the mainstreaming of a health perspective in education, with the ultimate goal of bringing up children who are “good, smart, and happy”. This is also being used as one of the indicators to assess schools all over the country in terms of their educational quality. As guidance, a manual on the implementation of a Health Promoting School will be provided.
- Both public and private schools will participate in the said project. A committee will be established consisting of teachers, students, parents, health personnel and community representatives to develop a plan of action to achieve a health promoting school.
- Apart from this initiative, health promotion is also integrated in the school curricula and textbooks.

Examples of good practices to promote and protect children’s right to health, particularly in relation to children in especially difficult circumstances

- The Civil Registration Act of 2008 provides all children born in Thailand with the right to birth registration regardless of their nationality or status. This helps serve as the basis for their entitlement to basic health services and education in Thailand.
- Breast milk feeding is being promoted, while the marketing of breast milk substitute in public hospitals has been banned.
- A universal salt iodization programme has been launched, whereby commonly consumed food is fortified with iodine.

Children living in rural areas

- Health centers at the sub-district level are being upgraded to Health Promotion Hospitals in order to enhance access to quality medical care and services for persons living in rural areas, including children. Special attention has been given to addressing child malnutrition in the country. As a result, the situation has continuously improved during the past two decades. Projects, including a Royally-sponsored project, have been put in place to improve maternal and child health in remote mountainous areas.

Children of migrant workers

- Children of migrant workers aged less than 15 years have been allowed to be registered along with their parents. If their parents have been formally registered with the authorities, health insurance coverage by the Ministry of Public Health is available to them on a voluntary basis at minimal cost per person per year. This covers disease prevention and control, health promotion, treatment, as well as pre-natal and post-natal care. As for children of unregistered migrant workers, they are provided with health care and treatment, including immunization at their communities on a humanitarian basis.
Displaced persons

• Medical treatment and care, including disease prevention and immunization, for displaced children from Myanmar in temporary shelters along the border is being provided jointly by the Ministry of Public Health and various NGOs which have set up clinics inside the shelter areas. A referral system is in place whereby persons with serious medical conditions will be transferred to nearby hospitals.

Children with HIV/AIDS

• Care and treatment of HIV/AIDS is covered under the Universal Healthcare Coverage Scheme.
• Access to care and treatment for HIV/AIDS for disadvantaged or other marginalized groups is being promoted with financial support from other sources such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Children living in the Southern Border Provinces

• Children living in the Southern Border Provinces (SBPs) benefit from social, health and educational services on an equal basis with children in other regions of the country. However, the Thai Government is fully aware of the especially difficult circumstances faced by children living in this region. A Plan of Action on the Protection and Development of Children and Youth in the SBPs is being drafted which will call for more concerted action by all relevant government agencies in promoting and protecting children’s rights in an effective and comprehensive manner.
• The Thai Government places importance on protecting the mental health of children in the SBPs. The Ministry of Public Health is implementing a long-term plan to monitor the psychological impact of the violence on children. Psychologists are present at all district hospitals to assist children who have been traumatized, while welfare officers also conduct home visits to provide comfort for children. Rehabilitation activities are also provided.

Main challenges and barriers in the implementation of children’s right to health

• Even though health security is provided to all Thai nationals, including children, discrepancies still exist between benefits under each health security scheme. This needs to be improved so that all persons can access the same standard of medical treatment. Thailand is also mindful of ensuring the right to health of persons without a clear legal status.
• Violence against children remains an important challenge, whether it is in the form of domestic violence, sexual exploitation or trafficking. This problem requires more effective law enforcement, which also entails more awareness and understanding of the laws on the part of the Government officials, as well as other relevant sectors.
• The issue of street children is also a significant challenge. The Government and NGOs have been helping these children by providing teachers, counseling, shelters, as well as bringing them into the educational system and reintegrating them with their families. However, this problem still needs to be continuously tackled through a systematic and effective strategy.