THE NATIONAL SANGHA HEALTH CHARTER: A MECHANISM FOR BUDDHIST MONKS’ HEALTH PROMOTION

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ABSTRACT

Thai monks have health problems, especially chronic diseases, such as diabetes, hypertension, ischemic heart disease, and hyperlipidemia which cause by; food and drink consumption (offered by householders) and risk behaviors of some monks like smoking. Monks’ health problems are being addressed by various agencies, but on an ad hoc basis and lack mechanisms of operation, integration with various sectors, and operate only in certain areas. From “The 5th National Health Assembly, resolution no. 7 on ‘Buddhist Monks and Building Well – Being’” Thai Sangha Supreme Council is to pass and announce “The National Sangha Health Charter 2560 B.E.” in order promote health of Buddhist monk and community around the country.

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Objectives of this study were to describe processes of drafting and adopting National Sangha Health Charter as well as to explore the possible ways of implementation of the NSHC by the Thai Sangha in difference levels. Participatory action research (PAR) was applied since authors were involved all process of charter drafting and supporting the implementation of the Thai Sangha in difference areas.

The results of the study showed that participation the charter was developed under the process of participation of various sectors i.e. Thai Sangha, health sector, academic sector, GO, NGOs and civil society. The Buddhist principles were emphasized to be considered by the stakeholder in implementing the charter to promote monks’ health i.e. self-care and caring for the fellow monks, role of community to promote monks’ health and role of monks as the community health promoter. The implementation of the charter is in difference levels and areas. In policy level, the declaration made in the 10th NHA urge the key agencies to commit to synergically move this policy forwards. There are Sangha organizations around the country trying their best to find out the possible ways to promote monks’ health such as Thai ID (Smart Card) for the efficient and effective delivery of health services and public health management, health screening program, temple health volunteer (Nursing Monk) training program, a residence for sick monks and health promotion temple. Therefore, the charter became a core framework, guideline and tool to drive and promote the Buddhist monks’ health and sustainable development of society around country.

1. INTRODUCTION

In Thailand, 95 percent of Thai people are Buddhists, for whom the teachings of the Buddha serve as a way of life and become the foundation of the rituals and culture that are identity and heritage of the Thai nation. Buddhist monks play a highly important role in inherit Buddhism, developing knowledge of virtue and ethics, and in the development of local community societies, serving as positive role models for communities in taking care of their own health, temple environment, and expanding those results into developing well-being of the community.
Buddhist monks, in Thailand, have faced health problems, as ordinary people, especially chronic diseases, such as diabetes, hypertension, ischemic heart disease, and hyperlipidemia, for which one important contributing factor is the food offered to them by householders who lack knowledge, understanding and awareness of the drawbacks to illness among monks. In addition, some monks engage in risk behaviors, which are causes of illness, such as smoking tobacco, drinking coffee, drinking energy drinks, and lacking proper exercise, and that if these matters are not addressed, more monks will become ill.

Buddhist monks’ health problems, in Thailand, are being addressed by various agencies, but still lack mechanisms of operation, integration with various sectors, and covered only in certain areas. Although Buddhist monks have their rights in UHC and health insurance, they still have problems on access to medical and health services, including continuous and comprehensive care when they are sick. Therefore, if there is no process development of promoting and caring for monks’ health, this will cause the mechanism of inherit Buddhism and righteous development of virtue and ethics that is important to Thailand to be weakened.

However, many operations have been implemented, such as the Health Promoting Temple Project, the Monks’ Network for Health Promotion Project of the Department of Health, Ministry of Public Health; the Monks’ health management in Si-khio district by the Health Assembly of Nakhon Ratchasima along with the Sangha Pathana Network of Khorat; the successful project addressing the problem of unplanned teen pregnancy of the abbot of Wat Sirattnaram, Chonsombun sub-district, Nong Muang district, Lopburi; the 5-S Temple project by monks in Saraburi; and Serene Temple, Healthy Monks by Community Means project in Singburi.

It is very necessary to address importance of health care for monks so they have a good quality of life, and well-being physically, emotionally, intellectually, and socially, as well as to arrange an environment that promotes health, by building connections between the temple and the community, making monks healthy, temples stable, and the community resilient.
The Fifth National Health Assembly – NHA has, therefore, passed the resolution (Health Assembly 5 / Resolution 7 – 20 December 2012) on “Buddhist Monks and Building Well-Being”,1 requesting concerned agencies such as Office of National Buddhism (an agency responsible for monk affairs), Ministry of Public Health, Ministry of the Interior, Ministry of Social Development and Human Security, Ministry of Culture, academic institutes, local administration, community organizations, related public and private networks to take comprehensive action of health care for monks.

However, the implementation of the resolution was carried out only by some interested group for three – four years. Then the National Health Commission appointed the specific committee comprised of the representatives of both Sangha and Buddhist lay people to drive the resolution effectively. The committee decided to develop the “National Sangha Health Charter NSHC” in order have an effective guideline and framework for the good health of monks and communities nationwide. The research project was, therefore, developed aiming to get the participation of all stakeholders with the support of National Health Commission Office and Thailand Health Promotion Foundation.

2. OBJECTIVES OF THE RESEARCH

Objectives of this research were:

- To describe processes of drafting and adopting National Sangha Health Charter and
- To explore the possible ways of implementation of the National Sangha Health Charter by the Thai Sangha in difference levels.

Research Methodology

This research was carried out by participatory action research (PAR), since the researchers were involved in all process of charter drafting and supporting the implementation of the Thai Sangha in difference areas.

Research Findings

1. The Process of Drafting and Adopting the NSHC

The results of the study showed that participation the charter was developed under the process of participation of various sectors i.e. Thai Sangha, health sector, academic sector, GO, NGOs and civil society.

Firstly, the drafting committee was appointed by Phra Prahmabundit, Rector of Mahachulalongkornrajavidyalaya University as academic sector of the Thai Sangha. This committee comprised of 10 members from MCU, Thai Sangha and National Health Commission and met regularly to draft the National Sangha Health Charter as for public hearing from the stakeholders. The draft of National Sangha Health Charter was developed with preamble, glossary and other 5 Chapters and 30 sections as follows:

- Preamble (2 sections)
- Glossary (1 sections)
- Chapter 1 Philosophy and Main Concept of the National Sangha Health Charter. (3 sections)
- Chapter 2 The Sangha Community and Health Care According to the Dharma-Vinaya Principles. (8 sections)
- Chapter 3 Community and Society with Proper Health Care of Sangha According to Dharma- Vinaya Rules. (5 sections)
- Chapter 4 The Role of Sangha in Leading the Well-Being of Community and Society. (4 sections)
- Chapter 5 Driving the National Sangha Health Charter into Practice. (7 sections)

Secondly, after having the draft of National Sangha Health Charter, five public hearing forums were introduced in five regions of the Sangha administration. The first forum was held in Central region at MCU main campus, Ayutthaya, followed by North-eastern region at Khon Kean province, and Northern region at Phrae province, Southern region at Nakhon Sri Thammarat province and Dhammayuttika Nikaya at Nakhon Pathom Province. Various
sectors i.e. Thai Sangha, health sector, academic sector, GO, NGOs and civil society actively participate in the forum to learn, share and give suggestion to improve the National Sangha Health Charter as good as possible.

After gathering the suggestion from the stakeholder, the drafting committee, then, revised and finalized the National Sangha Health Charter with preamble, glossary and other 5 Chapters and 37 sections as follows:

- **Preamble (2 sections)**
- **Glossary (1 sections)**
- **Chapter 1 Philosophy and Main Concept of the National Sangha Health Charter. (3 sections)**
- **Chapter 2 The Sangha Community and Health Care According to the Dharma-Vinaya Principles. (8 sections)**
- **Chapter 3 Community and Society with Proper Health Care of Sangha According to Dharma-Vinaya Rules. (10 sections)**
- **Chapter 4 The Role of Sangha in Leading the Well-Being of Community and Society. (5 sections)**
- **Chapter 5 Driving the National Sangha Health Charter into Practice. (8 sections)**

The National Sangha Health Charter is considered to be public policy. The next step is, therefore, to pass it through the Sangha administration process requesting approval from the Sangha Committee for Public Welfare and the Sangha Supreme Council. The National Sangha Health Charter was formally introduced at the 10th National Health Assembly held on December 20th, 2017, at IMPACT Forum Exhibition & Convention Center, Nonthaburi Province, Thailand, where H.H. the Supreme Patriarch of Thailand sent his message of appreciation to be read in the opening ceremony “Promotion of comprehensive wellbeings should enhance knowledge and understanding of the Buddhist way alongside the medical and health sciences so that wellbeing is built in a profound and sustainable

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2. Phra Rajvoramuni (Phol Abhakaro), The National Sangha Health Charter, 2560 B.E., Published and Disseminated by: Phrakhruboromathatkijjathorn, 2017
manner, covering both the worldly and Dharma dimensions”. To ensure the effective implementation of the National Sangha Health Charter, the executives of relevant organizations such as Ministry of Public Health, National Health Commission Office – NHCO, Thailand Health Promotion Foundation, National Health Security Office – NHSO and National Office of Buddhism jointly signed an MoU on implementation of the National Sangha Health Charter immediately after the formal introduction of the National Sangha Health Charter.

3. WAYS OF IMPLEMENTING THE NSHC

Regarding the possible ways of implementation of NSHC, the study showed that the Buddhist principles were emphasized to be considered by the stakeholder in implementing the charter to promote monks’ health in three important chapters i.e. self-care and caring for the fellow monks, role of community to promote Buddhist monks’ health and role of Buddhist monks as the community health promoter. The implementation of the National Sangha Health Charter is in different levels and areas around the country.

In policy level, the introduction of the National Sangha Health Charter made in the 10th National Health Assembly urge the key agencies to commit to synergically move this policy forwards. There are Sangha organizations around the country trying their best to find out the possible ways to promote monks’ health.

3.1. Thai ID (Smart Card) for Buddhist Monks

In 2002, the new Thai government passed the National Health Security Act with a great deal of popular support. It has since become one of the most important social tools for health systems reform in Thailand. The new Universal Coverage Scheme (UCS), or “30 Baht Scheme”, combined the already existing Medical Welfare Scheme and the Voluntary Health Card Scheme to expand coverage to an additional 18 million people. Through the Universal Coverage Scheme and other, existing schemes, Thailand has expanded coverage to 65 million people, or roughly 98% of the population.

3. Somdet Phra Ariyavangsagatanyana, Supreme Patriarch, Dhamma Message for the 10th National Health Assembly, Wat Ratchabophit Sathitmahasimaram, 30 August 2017
The Universal Coverage Scheme enrolls those not covered by either the Civil Servant Medical Benefit Scheme (CSMBS) or the Compulsory Social Security Scheme (SSS)) – about 74% of the population. The Universal Coverage Scheme is financed solely from general tax revenue. The Baht 30 co-payment was abolished by the next government in November 2006, and the system is now totally free of charge. The UCS adopted the national ID card as its membership card, so all individual-level information is linked to the national identification number.

The Sangha Supreme Council has ordered Buddhist monks nationwide, as Thai nationality, to have their national identification card to receive national health security benefits. The Sangha in different part of Thailand is asking support form the Department of Provincial Administration under the Ministry of Interior to open special channel for monk to have national identification card. It is still on process. The Sangha sub-district governor of Tambol Chansen, Nakhon Sawan Province, may be a very good example of the Sangha who cooperated with Taklee District and provided transportation for monks around Tambol Chansen to get national identification card. In addition, The Thai Sangha has also to develop the database of the temples as well as Buddhist monks that linked with other government services nowadays.

3.2. Temple Health Volunteer (Nursing Monk) Training Program

Department of Health, Ministry of Public Health, had been trying very hard to develop a training program for temple health volunteer (nursing) monks since early 2000. After the National Sangha Health Charter was introduced, Department of Health, arranged numbers of workshop to revise the program under the guideline of the charter to be sure for volunteer monks of having both Buddhist way and the basic medical and health sciences. Monks would have good opportunity to learn knowledge on health promotion for self-care, caring for the fellow monks, and community health promotion. Phra Promwachirayan, Chair of the Public Welfare Committee of the Sangha Supreme Council, revealed that this has been jointly developed with the government for the first time as in-depth work in order to provide knowledge and understanding of the health care
of monks though the curriculum to develop phra “Gilānupatthāka” which means, in National Sangha Health Charter, a monk who treats sick monks and is also involved in health promotion, disease prevention and managing health threats to the Sangha.\(^4\)

With the leadership of the Sangha provincial governor of Sukhothai province, the training program for temple health volunteer (nursing) monks was introduced in Sukhothai province. 100 monks from difference sub-districts jointed the training program. There are three modules in entire program comprised of: 1) basic knowledge of Buddhist way and health care; 2) practice at their respective temples and Sub-district Health Promoting Hospital and 3) lesson learned. The program was jointly supported by National Health Commission Office – NHCO, Thailand Health Promotion Foundation, National Health Security Office, Mahachulalongkornrajavidyalaya University, Provincial Administrative Organization and many other local organizations. Temple health volunteer (nursing) monks passed the program received certificate together with health check set to continue working on self-care, caring for the fellow monks, and community health promotion.

3.3. Health Screening Program for Monks

Following the guideline in National Sangha Health Charter, the Public hospital, under the Ministry of Public Health, with the UCS has provided the health screening program particularly for Buddhist monks in order the record and monitor health status of monks under the service of respective hospital. The program aimed to identify the issues which allowed for prompt treatment, which can - reduce complications that may lead to loss of life, and also help save on medical costs. In many areas, where temple health volunteer (nursing) monks were available, they worked together on health screening program.

3.4. A Residence for the Sick Monks

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When the monks and novices were ill, they needed to be treated at the hospital. In the treatment of patients (monks) must use medical treatment methods along with the use of Buddhist way to help in the treatment of the mind. With monks and novices when receiving treatment at the hospital, it is absolutely necessary to engage in Buddhism along with medical treatment. However, after leaving the hospital, many monks need to continue physical therapy. The residence for the sick monk in the temple is very much necessary nowadays.

The District Sangha Governor of Maung, Stun Province in southern Thailand has provided the residence for the sick monk in his temple, Wat Chanathipchalerm, the royal temple. Apart from introducing the training program for temple health volunteer (nursing) monks in district level, he has extended to create a residence for the sick monk in the temple. That is not just for the monks living in his temple, but generously for various monks who had to come to the provincial hospital. Many of them often encounter the problems in traveling. They have to start from their temple in remote area in a very early morning and return to the temple at late night. A residence for the sick monk in the temple is, now, ready to serve the monks in different districts traveling to see a doctor. They, therefore, can come one day in advance and stay overnight at this place and meet a doctor in the following day. This is one very good example of implementing the National Sangha Health Charter.

3.5. Health Promotion Temple

Health Promotion Temple project began in 2003 as a result of the Healthy Thailand agenda. Historically, temples have been viewed as community hubs and centers for community activities. When PHC first began in Thailand, monks were often considered “bare-headed doctors” and were trained in a range of basic healthcare interventions and traditions. The Health Promotion Temple project

5. Interview Phrakhru Sunthonthammanites, Deputy abbot of Wat Chanathipchalerm, the royal temple, Satun -24/01/2019
came in the wake of a modern, transitioning healthcare system: once residents started seeking care in hospitals instead of with traditional healers, monks had to redefine their traditional healthcare roles to continue to help the community. In this context, monks shifted their focus to health promotion and disease prevention with an emphasis on mental and physical wellbeing. Similar to Community Health Volunteer – CHVs, monks bring primary health care back to the community level and provide residents with a care provider that is more easily accessible and who is familiar with the community and cultural norms.

Department of Health, Ministry of Public Health has created a health promotion measure project, integrating health promotion and environmental health together with art and culture in the form of a temple, using the main 5 R, i.e. clean/shady, peaceful, health to be promoted, creative arts, and participation of civil society in development, to be able to manage health promotion and increase health knowledge, create local communities and health literate organizations, to the “Health Literate Temple”, campaigning for the community to organize a liquor-free events, healthy food offerings, etc. At present, there are 4,320 temples that measure health promotion measures and join with network partners such as Chulalongkorn University, Mahachulalongkornrajavidyalaya University, Thailand Health Promotion Foundation and monks network for community development developed curriculum development phra “Gilānupatthāka” (Temple Health Volunteer - Nursing Monk) to promote the health of monks within the temple to have health knowledge and drive the implementation of the National Sangha Health Charter.

3.6. One Temple One Hospital/Sub-district Health Promoting Hospital - OTOH

On August 22, 2018, the “Launching on Driving of the National Sangha Health Charter to the Area” was held at Mahachulalongkornrajavidyalaya University (Khon Kaen Campus), Khon Kaen Province. Both sectors, Government, as secular sector, chair by Deputy Prime Minister, General Chatchai Sarikalaya, and the Sangha, as monastic sector, chair by Phra
Promwachiryan, Chair of the Public Welfare Committee of the Sangha Supreme Council, jointly organized the launching to drive the National Sangha Health Charter into the area. The goals were set under two projects i.e. (i) The “One Temple One Hospital/ Sub-district Health Promotion Hospital” project, under Ministry of Public Health, and (ii) the “Driving Moral Community with the Power of the ‘Bowon’ (Community-Temple-School)” project, under Ministry of Culture, integrated with the action plan to drive the National Sangha Health Charter as follows:

Short-term goal (2-month): matching 50 target areas of “One Temple One Hospital/ Sub-district Health Promotion Hospital”

Long-term goal (1 year, 2019): matching 5,000 target areas of “One Temple One Hospital/ Sub-district Health Promotion Hospital”.

The necessary activities required by all areas are:

- Training program for phra “Gilānupatthāka” (Temple Health Volunteer - Nursing Monk).
- Developing database of monks in the temple, and providing 100% identification cards for the monks.
- Developing the temple to meet the standard of “Health Promotion Temple”
- Health screening for all monks in all temples.
- Supporting the temple to develop moral community according to the “Driving Moral Community with the Power of the ‘Bowon’ (Community-Temple-School)” project.

Hopefully, the implementation of the National Sangha Health Charter to cover entire temples around the country is possible by expanding through the governing as well as the Sangha mechanisms in the year 2020. Deputy Prime Minister, General Chatchai Sarikalaya, urged the representatives of all sectors attending in the meeting that “May all parties help to stimulate and drive the

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National Sangha Health Charter in working out to match 5,000 target areas of ‘One Temple One Hospital/ Sub-district Health Promotion Hospital’ in 2019.”

4. CONCLUSION

National Sangha Health Charter, therefore, became a core framework, guideline and tool to drive and promote the Buddhist monks’ health and sustainable development of society around Thailand. This lesson learned of developing the National Sangha Health Charter may be concrete example of gathering the resources to develop the same and different kinds of public policy supporting monks’ health promotion for self-care, caring for the fellow monks, and community health promotion and even other issues for sustainability of Buddhism.

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