

THAILAND

National Voluntary Presentation (NVP)

For the Annual Ministerial Review (AMR) at ECOSOC 2014

On the theme “Addressing ongoing and emerging challenges

for meeting the Millennium Development Goals in 2015

and for sustaining development gains in the future”

Introduction

1. The Millennium Development Goals (MDGs) are the targets set by the United Nations in 2000 to improve the living quality of people by addressing hunger, poverty and inequality, illiteracy, sickness and environmental degradation through international cooperation. Thailand had achieved several important MDG targets prior to the 2015 timeframe, including goals on the eradication of poverty and hunger, as well as goals on education, gender equality and health. These early achievements have allowed Thailand to pursue the more ambitious and challenging Millennium Development Goals Plus (MDG+) with prospects for achievement in several areas.
2. Thailand's approach to development and the MDGs is strongly guided by the Sufficiency Economy Philosophy (SEP), first introduced by His Majesty King Bhumibol Adulyadej in 1975, enabling Thais to rely on themselves, conduct their lives and pursue their destiny with dignity. The philosophy relies on wisdom and integrity, which then enables the principles of *moderation, reasonableness and resilience* as a guide for Thailand's people-centred development.
3. Placing people at the heart of development, Thailand has significantly invested in her people through human capital development initiatives such as the Life Cycle Development (LCD) strategy and health care initiatives such as the Universal Health Care Scheme (UHCS). Universal Health Coverage (UHC), which Thailand had achieved as early as 2002, ensures equitable entitlement to health care for all Thais and has been integral to Thailand's advances in attaining the MDGs on health.
4. As a development partner, Thailand recognizes the importance of fostering partnerships for development and has been an active regional player in assisting other countries to attain their MDGs. Today, Thailand's development cooperation has extended beyond its neighbours such as Cambodia, Myanmar, Laos and Viet Nam; and to other countries in other regions such as Africa, Latin America, the Middle East and Central Asia.
5. To officially report its progress on the MDGs, Thailand had published two Thailand MDGs Reports in 2004 and 2009. It is currently in the process of publishing the final report for 2015. The two previous reports—which assessed Thailand's progress on the MDGs, identified obstacles to reach the targets and defined the challenges after the MDGs—are not only beneficial to the country's own future development plans but may also provide lessons-learned for countries seeking to fulfill their MDGs.
6. Thailand's NVP report is an extract of the most recent Thailand MDGs Report and contains 5 main parts: (1) Progress on achieving the MDGs; (2) Challenges to achieving the MDGs; (3) Keys to success; (4) Development gaps; and (5) Focus areas of the post-2015 Development Agenda.

I. Progress on Achieving the Millennium Development Goals (MDGs)

7. Goal 1A: Eradicate poverty and hunger

Thailand had successfully achieved the MDG target to halve the poverty rate. It is presently committed to achieving the more ambitious MDG+ target to reduce the country's overall poverty rate below 4 per cent. Poverty reduction in Thailand has been continuously improving. In 2009, there were 12.3 million persons or 17.9 per cent of total population living in poverty, as measured by the National Poverty Line. In 2012, the number was reduced to 8.4 million or 12.6 per cent of the total population. Country demographics reveal that the working-age population (age 15-59) accounted for the largest share with 4.6 million people in poverty. Children (age 0-14) and elder persons (age 60 or over) accounted for 2.1 million and 1.7 million respectively. A breakdown of economic activities 2012 data shows that as many as 2.3 million persons out of the 4.6 million poor labor worked in the agricultural sector—a 69.6 per cent share.

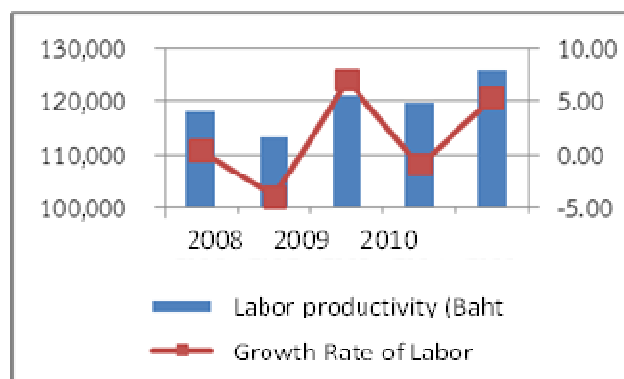
This is consistent with the fact that two-thirds of the poor live in rural areas and are concentrated in the North and Northeast regions. The Northeast region alone is a source for 3.7 million poor persons, accounting for 19.8 per cent of its population and 44.5 per cent of the poor in the country.

In order to ensure that no one is left behind against poverty, the Thai Government has put in place **poverty-reduction programmes** to address the issue which can be classified into 4 categories: (1) programmes to support cost of living e.g. the Blue Flag Programme (Thong Fah)¹, Programme to support compulsory education and Energy Credit Card; (2) promote employment, raise income and create income stability through 300-Baht minimum wage policy, 15,000-Baht salary for the Bachelors' graduates, agricultural product price-raise and Community Vocational-training Centers; (3) programmes to promote funding-accessibility in order to create jobs through the Village/Urban Community Funds, Thai Women Empowerment Funds and Business Fund; and (4) improve welfare through increases in allowances for the elderly and persons with disabilities and expansion of social security coverage to cover the informal sector.

Challenges on poverty-reduction are predominantly structural issues including the vulnerable group of 7.2 million near-poor persons and access to education. There is also a challenge in improving unskilled labor access to vocational training. This group alone accounted for 7.6 million people or 90.5 per cent of the poor, half of which were older than 40 years old and were in need of skill improvement.

8. **Goal 1B: Full and productive employment and decent work for all**

This target is potentially achievable as the unemployment rate in Thailand stood at a low 0.66 per cent in 2012. Labor productivity has also improved to 125,784 Baht per person, or a 5.2 per cent increase from 2011. Further efforts are, however, necessary to ensure that 24.8 million people, or 62.7 per cent of the labor force in the informal sector, receive protection through social security coverage, hence reaching the MDG target.



Programmes employed to achieve the target include the one million-Baht increase to each of the Village/Urban Community Funds, establishment of the Thai Women Empowerment Funds with a 100 million-Baht budget for each province, Business Fund Programme, SML (Small, Medium and Large Business) Funds, expansion of the social security coverage to include the informal sectors, 300-Baht minimum wage and 15,000-Baht salary for Bachelors' graduates.

¹ The Blue Flag Programme (Thong Fah) is an initiative by the Thai Government to help lower the cost of living of Thai people country-wide by endorsing participating outlets that sell consumer goods, including ready-to-eat food, at low and fair prices.

9. Goal 1C: Halve the proportion of people who suffer from hunger

Thailand achieved this target but has to further address nutritional concerns. For example, the proportion of underweight children aged 0-72 months increased from 3.5 per cent in 2009 to 10.42 per cent in 2011. The Northeast was the region with the highest proportion at 11.76 per cent. Meanwhile, proportion of overweight children aged 0-72 months also rose from 2.9 per cent in 2009 to 9.7 per cent in 2011. A similar trend was found in the proportion of overweight children aged 6-18, from 6.93 per cent in 2010 to 9.03 per cent in 2011.

10. Goal 2: Universal primary education

Thailand has yet to achieve universal primary education although the country's gross enrolment rate exceeded 100 per cent since 2009. The net enrolment rate, however, continued to be lower than the targeted 100 per cent. In 2012, net enrolment rate was 87.64 per cent. The combination of over-100 per cent gross enrolment rate with lower-than-100 per cent net enrolment rate reflects that some students started school late. The report *'All Children School by 2015: Global Initiative on Out-of-School Children'* by UNICEF suggested that these over-aged students usually came from families who live in remote areas, have low income and uneducated parents. The report also indicated that the over-aged students are also more likely to leave schools. Accordingly, Thailand has been continuously improving the quality and standards of primary education—in terms of teachers, curriculum and materials. There are also programmes to reduce educational inequality as well as to promote students' ethics and morality. However, the programmes to reduce over-aged students and retention should be immediately and continuously implemented such that the universal primary education target is reached by 2015.

11. Goal 3: Promote gender equality and empower women

Thailand already achieved the target of eliminating gender disparities in primary and secondary education by 2005 and in all levels of education by 2015. Across the country, Thai girls and boys are given equal access to education. In terms of empowering women, in 2011, Thailand had its first female Prime Minister who, later in 2013, also became the first female Minister of Defense, signifying a remarkable step forward in Thailand's political landscape. Building on such milestones, Thailand continues to strive towards increasing the overall opportunities for women to reach executive or decision-making levels and reaching the target to double the proportion of women in parliament, sub-district administrative organizations and executive positions in the civil service between 2002-2006. Enhancing women's role is also targeted at the central government, provincial government levels and the private sector. In 2012, women accounted for 6.43 per cent of all decision-making positions of local administration. The rate was 39 per cent in private sector—although decreasing from year 2011, yet continued to rank third out of 34 countries surveyed by the Grant Thornton. Thailand has also seen an increased share of women entering the labor force at 52.14 per cent in 2012. This was a result of both successful interventions by women-empowerment organizations and mechanisms at all levels including government programmes supporting the elderly and women. The Thai Women Empowerment Fund allocates 7,700 million Baht or an average of 100 million Baht per province. The programme is very beneficial for improving economic conditions of women and could achieve greater result with further improvement in its management and accessibility to all women.

12. Goal 4: Reduce under-five mortality rate (U5MR)

The reduction of under-five mortality rate had been achieved and there is continuous progression in the reduction rate due to larger coverage of health services. This achievement is immensely attributed to Thailand's successful Universal Health Care Scheme which has raised child vaccination coverage to 99 per cent. Also, the Sai Yai Rak Project, which promotes quality antenatal care, delivery room, post-delivery care and skill training for the care personnel, enables

mothers and children to widely access the services—both health care and vaccination. As a result, the U5MR came down from 9.1 per 1,000 live births in 2008 to 9.1 per 1,000 live births in 2012. Infant mortality rate (IMR) also decreased in line with wider health care coverage starting from the family-planning process. This helps reduce genetic diseases and improve children's health and live births. In Mae Hong Son, where 80 per cent of the population are tribal people from the highlands, U5MR fell from 13.4 per cent in 2008 to 12.2 per cent in 2012 while IMR rose from 9.5 per cent to 10.4 per cent. On the other hand, the two mortality rates remained high and did not significantly change in the three Most-Southern provinces as accessibility to health services remains a challenge in the area. In 2012, the U5MR and IMR were highest in Narathiwat with the rates of 16.8 per 1,000 live births and 14.0 per 1,000 live births, respectively. Accordingly, the ratios of child-delivery at home in these provinces were among the highest and infants that did not survive when born at home were not recorded in the registration system. Half of the deaths were found in infants of less than 7-days of age.

13. **Goal 5: Improve maternal health**

Maternal mortality rate (MMR) declined from 38.5 per 1,000 live births in 2008 to 31.8 in 2010, reflecting the medical advancement and accessibility of the mothers to health services. This was mainly a result of the coverage-expansion in Universal Health Care Scheme, which now includes outpatient, in-patient, emergency, dental, kidney-replacement, HIV medicines and chronic disease treatment services. However, high maternal mortality rates in the highlands require policy attention—particularly the issues of pregnancy at the age lower than 20 and post-delivery bleeding. While the mountainous geography has already limited the access to health care services, the traditional beliefs and cultures in the area further impede the MMR-reduction measures. As for birth control, Thailand has a contraceptive usage rate of 80 per cent which is equivalent to developed countries. Despite that, underage pregnancy has been increasing. Teenage pregnancy has increased from 31 per 1,000 women aged 15-19 in 2000 to 53 in 2012. In addition, marriage before the age of 18 also rose from 19.7 per cent in 2005 to 22.1 per cent in 2012, due mainly to underage pregnancy. Also, pregnancy at premature ages can cause unsuccessful births or disabilities. Programmes to reduce underage pregnancy include the One Stop Crisis Centre (OSCC) providing consulting services to the underage pregnancy and setting up of Teenage Clinics throughout the country by the Ministry of Public Health (MOPH) to promote sex education, general health care and birth controls.

14. **Goal 6: Combat HIV/AIDS, malaria and other diseases**

Thailand is likely to achieve this target. The spread of HIV/AIDS has decreased from the rates of 0.50 per cent and 0.58 per cent in male youth and female youth, respectively in 2008 to 0.4 per cent in 2012. The rate among pregnant women also fell from 0.72 per cent in 2008 to 0.51 per cent in 2012. With the HIV/AIDS treatment covered by the Universal Health Care Scheme since 2005, the number of HIV-infected persons receiving the antivirus has doubled from 100,000 prior to 2005 to 200,000. For **malaria**, the incidence rate stood at 0.17 per 1,000 population in 2012. However, the rate is increasing in the rubber-plantation areas. Similarly, **Tuberculosis** (TB) infection has increased rapidly since 2000. The TB incidence was 46.9 per 100,000 population in 2012 with treatment success rate of 85.22 per cent in 2011. For **coronary artery disease**, the incidence rate rose from 140.9 to 334.8 per 100,000 population between 2002-2011, more than doubling in 10 years. Despite better accessibility to services, death rate also rose from 14.4 to 22.5 per 100,000 population—a 156 per cent increase.

15. **Goal 7: Environmental sustainability target**

Thailand has not yet achieved the MDG's environmental sustainability goal. Among Thailand's national environmental priorities is addressing water resource challenges such as water shortage, water quality and flood. The Population and Housing Census 2000, conducted by the National Statistical Office (NSO), showed that 98.2 per cent of urban households and 99.0 per cent

of rural households had access to improved water source. This means that there is still a certain group of population with lack of improved water source. The problem is more prominent in the rural areas. In addition, the quality of improved water source was found to be below the standards.

In order to address these issues, measures have been introduced by related agencies which includes the Drinking Pipe Water Project, public sanitation-improvement project, ground water-improvement project, forest and wildlife conservation project, coastal resources rehabilitation project, agro-forestry project and Ban Munkong Project by the Community Organizations Development Institute, which helps improve living conditions in slums.

In terms of conserving Thailand’s rich biodiversity, Thailand has formulated National Biodiversity Strategies and Action Plans (NBSAPs), in accordance with obligations under the Convention on Biological Diversity (CBD), since 1994. There were three consecutive NBSAPs, which were entitled “National policies, measures and plans on the conservation and sustainable utilization of biodiversity”: the first NBSAP (1998-2002); the second NBSAP (2003-2007); and the third NBSAP (2008-2012). The third NBSAP was formulated based on the 2010 biodiversity target adopted at the World Summit on Sustainable Development (WSSD) in 2002.

Moreover, by 2015, countries in the Greater Mekong Subregion (GMS) will have established priority biodiversity conservation landscapes and corridors for maintaining the quality of ecosystems, ensuring sustainable use of shared natural resources, and improving the livelihoods of people in the region. The Biodiversity Conservation Corridor Initiative will be achieved over 10 years from 2005 to 2015.

MDG Indicators	2005	2008	2013	MDGs Target	MDG+ Target
Proportion of urban households with sustainable access to improved water source (%)	96.3	-	98.2	98.2	-
Proportion of rural households with sustainable access to improved water source (%)	87.0	-	99	88.2	-
Proportion of urban households with access to improved sanitation (%)	99.6	-	99.8	99.5	-
Proportion of rural households with access to improved sanitation (%)	98.6	-	99.6	91.5	-
<i>Source:</i> NSO, Population and Housing Census 2000 and 2010, Population Surveys.					

16. Goal 8: Develop a global partnership for development

Development cooperation has been an integral part of Thailand’s foreign policy. As a development partner and a former recipient country, Thailand has the advantage of understanding the challenges of development and the unique needs of developing countries. Thailand has, therefore, emphasized that its cooperation for development via bilateral cooperation and partnership/triangular cooperation meets the development necessities of recipient countries e.g. agriculture, education and health. Bilateral cooperation has been in the forms of scholarships, trainings and development projects. In 2013, Thailand International Development Cooperation Agency (TICA) had increased the number of scholarships from the previous year to more than 2,000 scholarships—annual as well as specific-areas scholarships—valued at approximately 360 million Baht. Lao People’s Democratic Republic, Cambodia, Myanmar and Viet Nam continued to be the major receiving countries. Thailand is now expanding its cooperation to other regions including Africa and Latin America. As for the

partnership/triangular cooperation, Thailand has developed partnerships with many developed countries e.g. France, Germany, USA, New Zealand and Japan as well as international organizations such as the United Nations Population Fund (UNFPA) and the United Nations Development Programme (UNDP) to provide assistance to other developing countries. The major achievements in 2013 were the Triangular Thai-French cooperation on treatment and prevention of shrimps' itch infection in Mozambique, Thai-German cooperation on Nam Xong Sub-river Basin Management in Lao People's Democratic Republic, Thai-USA cooperation on Malaria Prevention and Control in Myanmar-Thailand Border Areas, Thai-UNFPA cooperation on population and reproductive health development in Bhutan and Thai-UNDP cooperation in developing the Universal Health Coverage Schemes for neighbouring and other developing countries.

II. Challenges to achieving the Millennium Development Goals (MDGs)

17. Providing proper nutrition to Thai children and addressing obesity

Thai children have improved in physical growth with higher average heights, lower ratios of underweight and stunted growth children. However, the number of obese and overweight children increased considerably. Meanwhile, malnutrition is still an ongoing problem particularly among poor children. The most common vitamin deficiencies in Thailand are iodine- and iron-deficiencies, both of which are crucial nutrition for brain development. The ASEAN Children Nutrition and Health Survey showed that 20 per cent of Thai children aged 6 months to 12 years were overweight while 60-70 per cent did not receive sufficient nutrition and are vitamin deficient namely in iron, calcium, vitamin A, C and D. The results were consistent with the data compiled by the Department of Health, MOPH, which showed that in 2012, 12.5 per cent of students aged 6-12 years were obese, 17.1 per cent were shorter than standards and 6.6 per cent were underweight. The latter two conditions would have effects on brain development causing slow learning process and low immunity while obesity increases risks for chronic diseases. Estimates suggest that by 2015, 1 out of 10 obese children has the risk of developing diabetes, high blood pressure and cardiovascular diseases.

18. Raising labor productivity as a major factor to sustainably upgrading the living standards of workers

Although the labor productivity went up by 5.2 per cent in 2012, the average increase over the 2008-2012 period was only 1.5 per cent which reflects the persisting limitations to fully raise labor productivity. One such limitation is the significant number of unskilled Thai labor with 50 per cent of the labor force having only primary education or lower. In addition, a sizeable number of Thai labor continues to lack income security as well as social security coverage. Although government policies to raise income such as the 300-Baht minimum wage—applied to employees in the private sector—and the 15,000 Baht salary for Bachelors' graduates—applied to those in civil services—provide a certain degree of income assurance to specific groups, these policies have yet to fully cover the entire labor force. In 2012, the social security scheme began to allow labor in informal sector to join the scheme on a voluntary basis but only 1.3 million workers or 6.3 per cent of all labor in informal sector entered the scheme so far. It is, therefore, another challenging issue to make coverage universal in the future.

19. Raising the quality of Thai education

Education is a sector Thailand has invested heavily in—as much as 20 per cent of its government budget (Comptroller General's Department, 2013)—and raising the quality of Thai education has been a priority of successive administrations. Challenges for educational reform include improving student achievements, developing living skills, promoting abilities to apply theories into practice and to acquire new knowledge, improving quality of teachers and teaching methods as well as expansion of curriculum to cover ethics, human rights, religion and morality. During 2006-2011, the average Ordinary National Educational Test (ONET) scores for

6th graders were lower than half of the total scores. Although most Thai children received primary education, their achievements are still lower than standards. The retention rate has continuously declined over the past 5 years—attributed to the provision of universal compulsory education. Nonetheless, retention rate at higher levels of education and ratio compulsory education graduates not continuing in school increased. Moreover, disparities across school sizes and across geographical areas are also prominent, both in terms of teacher quality and educational resources.

Net Enrolment Rates

Educational Level	2007	2008	2009	2010	2011
Lower secondary	67.92	67.93	68.62	69.88	69.61
Upper secondary (incl. vocational)	56.51	55.38	57.49	57.58	55.96
Bachelor's degree (incl. higher vocational)	22.73	23.94	23.95	23.14	21.94
<i>Source: Socio-economic Surveys by NSO</i>					

Education Level/ Subject	Average scores (%)			
	2008	2009	2010	2011
Grade 6	43.81	36.22	32.16	45.41
Thai	42.02	38.58	31.22	50.04
English	37.77	31.75	20.99	38.37
Mathematics	43.76	35.88	34.85	52.40
Science	51.68	38.67	41.56	40.82
<i>Source: National Institute of Educational Testing Service</i>				

20. Promoting positive attitude toward gender equality

In Thailand, women already have equal educational opportunity as men. Nonetheless, there remains reservation on women's roles in political decision-making and management. This is partly due to women's burden in taking care of family and male bias in both public and private sectors. Accordingly, attitude toward gender equality in the national development process should be enhanced. Moreover, education on human rights and youth-related laws should be promoted together with the end of abuses on children, women, elderly and persons with disabilities. This is expected to ultimately reduce abuses in family, community and society altogether.

21. Decreasing mortality rates in specific regions

Both infant mortality rate (IMR) and under-five mortality rate (U5MR) have continuously been declining. However, the mortality rates remained high in the Northern highlands and the three Most-Southern provinces. This was due mainly to difficulties for the service providers to reach these areas.

22. Decreasing underage pregnancy

Birth control rate in Thailand has been high, resulting in a low birth rate. However, the ratio of underage pregnancy has rapidly increased. Records by the Ministry of Public Health (MOPH) shows that there were 53.8 births per 1,000 women aged 15-19 years in 2012. This ratio is almost double the rate of 31.1 births recorded in 2000 with repeated pregnancy of 15,440 cases or 11.9 per cent of total underage pregnancy. This figure is higher than in high-income countries in Asia i.e. Japan, Republic of Korea and Singapore.

23. Lowering HIV prevalence among population having a high risk for HIV

The overall HIV/AIDS prevalence rate in Thailand is declining. However, HIV prevalence among population having a high risk for HIV infection such as sex workers, men who have sex with men (MSM), and injecting drug users has remained high. The proactive services for these vulnerable groups to be diagnosed HIV infection and treated as early as possible, will be another effective way to reduce the spread of HIV disease.

24. Ensuring access to quality water and addressing environmental sustainability

The safe drinking water in Thailand provided by the Metropolitan Waterworks Authority (MWA) in Bangkok and the Provincial Waterworks Authorities (PWA) in other cities undergoes quality control that complies with high standards and meets the national water quality standards. However, there remain challenges regarding the quality of the drinking water sources and the quality of water pipelines. These challenges need to be resolved if Thailand is to provide safe drinking water to 80 per cent of the people living in urban areas and 50 per cent of the people living in rural areas by 2015—a target Thailand aims to achieve which establishes the bar higher than the targets set by the MDGs on water. Other challenging areas that need to be urgently addressed by all relevant sectors include improving air quality, reducing carbon dioxide emission, ensuring food/energy security and implementing integrated environmental management.

25. Addressing the absorptive capacity of partner countries in development cooperation

The implementation of international development cooperation, in the overall picture, is as planned. Thailand can better respond to the needs of partner countries. Nevertheless, there are some external factors affecting successful cooperation such as the absorptive capacity of partner countries in both readiness and capacity of personnel, policy, regulation and budget.

III. Keys to success

26. Achievements or near-achievements of the MDGs for Thailand were results of commitments and cooperation from all involved parties—those that formed the thinking fundamentals, the policies as well as all the projects which improved people’s quality of life. There are three crucial factors for the MDG success: (1) the Sufficiency Economy Philosophy (SEP), which is a foundation of the National Plans; (2) the Life Cycle Development (LCD) strategy, which acts as guidelines for human resources development under the current population structural change; and (3) accessibility of health care services, particularly the low-income group, through the Universal Health Coverage Scheme (UHCS).

27. The **Sufficiency Economy Philosophy (SEP)** is a concept of living bestowed by His Majesty King Bhumibol Adulyadej since 1975. The philosophy places importance on human resource development and emphasizes a way of life based on self-reliance, subsistence, rationale, immunity against improvidence, awareness, morality as well as recognizing diversities in geo-ecological system, economy, culture and traditions, as well as participation. The National Economic and Social Development Plan of Thailand (henceforth the Plan) has placed SEP at the heart of national development and management from the 8th Plan onward. The Plans since aimed at improving the well-being of Thai people, taking the middle path toward stability, quality and sustainability. They also incorporated the shift in the planning process from “by government to the people” toward “with people’s participation” to formulate development plan that is moderate, rational and immune against risks based on competency, cautiousness,

perseverance and morality. To achieve such results, the people and community would have to understand and apply the Philosophy into their way of life, learn to live moderately and actively participate in their community. Accordingly, SEP has been incorporated into poverty-eradication projects e.g. land distribution to small farmers based on New Agricultural Theory—dividing the piece of land into area for living, subsistence farming and commercial farming; integrating the Philosophy into One Tambon One Product (OTOP) Project by emphasizing local knowledge and each Tambon or sub-district's competency. The supports for OTOP Project by the government came in the forms of budget as well as knowledge-sharing, particularly knowledge on developing the product standards, management and marketing. At the same time, educational institutions also helped develop the product such as the packaging design.

28. The **Life Cycle Development (LCD) strategy** aims to develop all Thais by emphasizing on the development approaches that will be able to fill the policy gap. This policy gap can be either development issues or target groups that are not covered by the current interventions. LCD strategy is basically a translation of the Population Plan during the 11th National Economic and Social Development Plan (2012-2016) into action. The development goals and approaches of each life spans are as follows;

- **Newborn and Early Childhood (0-5 years).** The development goals are that all children are born as quality individuals, raised with age-appropriate development in all aspects and ready for development to their full potential during adulthood. The major development approaches include; offering a co-pay health insurance package to mother and child, providing a welfare coupon to poor pregnant women, supporting activities of local early childhood centres and expanding private sector's participation in providing social welfare for preschool children in local communities and workplaces.
- **Student in Compulsory Education (6-14 years).** The development goals are that all children are given adequate nutrition, embedded with life skills, immune against risk behaviors, cultivated with a good culture, and educated by quality education that is aligned with the 21st century skills. The major development approaches include; encouraging community and local government participation in working with local educational institutions to help improve child learning and development in both IQ and EQ, assisting children migrating with their parents or dropping out from school to return to education and develop their job skills, promoting good teachers at develop further and increase their teaching effectiveness, upgrading the quality of basic education to the 21st century skills, developing conditional social transfer in education for poor children, and providing houses for poor children who study and behave well (Ban Nam Jai or Home of Kindness).
- **Teenager and Student in High School, Vocational School and Tertiary Education (15-21 years).** The development goals are that all students are developed by standardized knowledge and professional skills. They do have morality and ethics, have ability to work with others of different ages and different cultures, have competencies that respond to the country's demand, and are able to generate their own income during the time of studying. The major development approaches include developing monitoring and prevention system of adolescent pregnancy together with improving adolescent pregnancy's standard of living, promoting working while studying, supporting "sending good children back to society" project, developing knowledge and diverse skill sets that have a quality conformed to the 21st century skills, and integrating STEM education (Science, Technology, Engineering and Mathematics) into learning process to increase students' problem solving skill and creativity of innovation to be used in everyday life and work.

- **Working-Age Population (15-59 years).** The development goals are that workers have sufficient knowledge, constantly improve their skills, have strong saving schemes and are protected under occupational health, safety and labor legislation according to the principle of decent work. The major development approaches include; encouraging all labor force to attain basic education, promoting those in informal sector to join social security and saving scheme, fostering all Thai enterprises to reach occupational health and safety standards, promoting role of women in economy according to their potentials, and supporting the promoted industrial and service sectors to create integrated professional qualifications and occupational skill standards.
 - **Elderly (60 years and up).** The development goals are that elderly are provided with skill-improvement supports, protected by standardized quality of health care and are able to live with dignity through support from their family and community. The major development approaches include; establishing income security for older persons by encouraging pre-retirement savings, expanding coverage of long-term care at local level, raising awareness of values of elderly, developing information system for elderly, encouraging employment according to experience and potential of elderly, researching more on long term care insurance, encouraging eldercare at family and community level, and improving the efficiency of referral system.
29. Thailand's **accessibility of health care services** has been critical to Thailand's MDGs achievements. Thailand's national health security system provided through 3 major programmes covers services ranging from health promotion, disease prevention to rehabilitation according to the medical indication without or with minimum charge. At present, there are 47.24 out of 64 million Thai people or 75.29 per cent who are covered by the universal coverage scheme, 15.24 per cent covered by social security and 7.89 per cent covered by the civil service welfare system. The universal coverage is theoretically a fundamental right under the Thai Constitution which aims to protect all Thai nationals who are not covered by social security and the civil service welfare system. Its services cover both inpatient and outpatient, and also cover the rights to receive renal replacement therapy, antiretroviral (ARVs), and treatment of chronic diseases. The universal coverage has led the poor to get access to health care services without any charge, children to remain eligible for vaccines, mothers to get access to prenatal and postnatal care, and HIV-infected patients to get access to treatment. Annually, the government allocates budget through the National Health Security Office (NHSO) of approximately 2,895.09 Baht per person or 141,430.924 million Baht in total for such health care. In addition, there are also other budget appropriation for particular health care services including service budget for HIV/AIDs infected patients of approximately 2,946.997 million Baht, service budget for chronic kidney disease patients of approximately 5,178.804 million Baht, service budget for diabetes and hypertension control and prevention of approximately 801.240 million Baht, budget for efficiency improvement of service unit of approximately 900 million Baht to remote and risk areas, and compensation budget of approximately 3,000 million Baht.

IV. Development Gaps

30. Although Thailand's national development programmes and interventions in the past have led to the achievements and near-achievements of the MDGs, there are still development gaps which **pose a challenge for the next development agenda**. This includes (1) quality and inequality of public services; (2) disparities and accessibility to poverty-reduction development; (3) changes in health situation; (4) environmental quality and disasters; and (5) good governance.

31. Quality and Inequality of Public Services

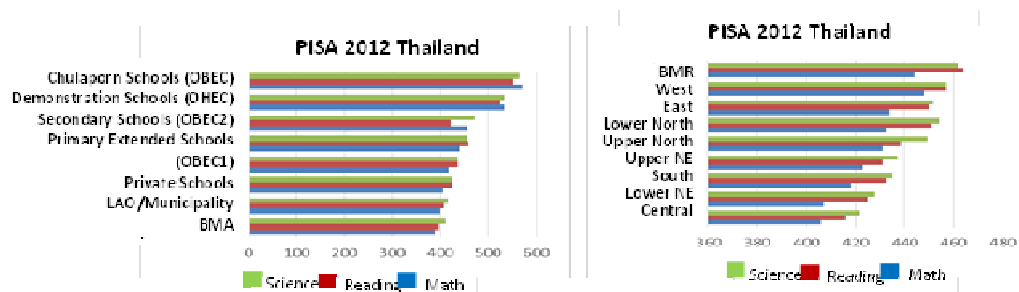
- When considering the quality of schools, it is found that a number of schools do not meet the criteria for evaluating the quality of education. In 2010, there were 11,780 schools or 34.48 per cent of all schools at primary education level that failed to pass the assessment.

Number of schools at OBEC level had undergone the quality assessment in 2010

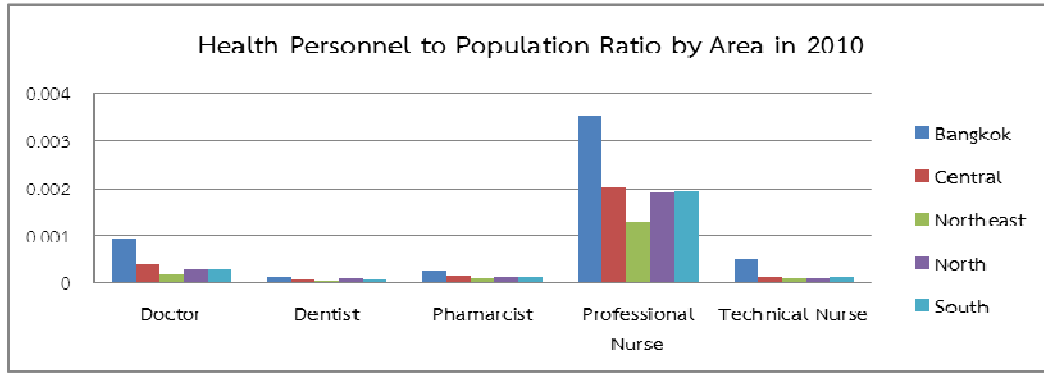
Region	Pass	Fail	All	Proportion of Failure
North	4406	2819	7225	39.02
South	2337	1517	3854	39.36
East	1417	644	2016	31.25
West	1100	630	1730	36.42
North East	9867	4374	14241	30.71
Central	3254	1796	5050	35.56
Total	22381	11780	34161	34.48

Source: Office of the Basic Education Commission (OBEC)

- Moreover, the schools under different department/organization also have different quality. Students in demonstration schools under the Office of Higher Education Commission (OHEC) usually have higher test score than those in schools which belong to other departments/organizations. In the meantime, although there is continuous improvement in the quality of education, particularly in the quality of students, international standards have not been met. According to the Programme for International Student Assessment (PISA) results of Thai students in 2012, reading and science test score improved significantly while mathematics score increased slightly. However, all the scores have not met the average score of OECD countries.

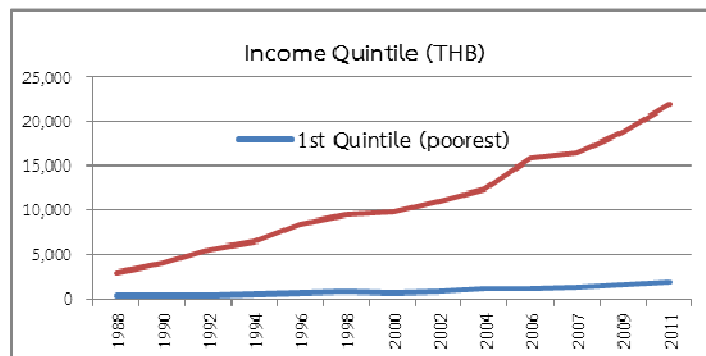


- In terms of health care services, the distribution of health-related resources is uneven among regions. A survey on health resources in 2010 found that the difference of doctor-population ratio between Bangkok and the Northeast region was as high as 4.7 times. While the doctor-population ratio in Bangkok was around 1:1052, the ratio in the North East was 1:4947. Like a doctor, other health-related professions density such as nurse, pharmacist and dentist is also different among regions. The inequality of health-related resources distribution has led to the poorer quality of health care services in the areas with insufficient resources available.



32. Disparities and Accessibility to Poverty-Reduction Development

- Inequality has been a chronic problem of Thai society and is becoming more severe. During 1988-2011, the income gap among groups has increased continuously reflecting a disparity in benefit distribution or a difference in economic value added. People who take most of the benefit are typically the rich and owners of capital while the working and middle class usually occupy less than half of the national income. This inequality of income and benefit distribution makes the poor remain poor while the rich get richer. Moreover, the income inequality has also led to the inequality of other dimensions including educational inequality and inequality in public services and social welfare.



- Overall, attendance in compulsory education is complete. However, enrolment rate decline as the level of education gets higher. In 2012, net enrolment in primary education was 87.6 per cent, lower secondary level was 67.6 per cent, upper secondary level was 55.1 per cent and undergraduate level was merely 28.5 per cent. In addition, there is an educational inequality among people with different standard of living and among people living in urban and rural areas especially in the upper secondary education and higher educational level. Certainly, those who have access to higher education will have better opportunities and choices of occupation to generate income for themselves and their family, than those who do not have the opportunity to attain higher education.
- Only 41.8 per cent of the poor below the minimum standard of living or under the poverty line, could access education at this level. Those living above the poverty line and the rich, on the other hand, could access education at this level at around 58.23 per cent. Regarding the education at undergraduate level (high vocational certificate included), only 5.33 per cent of the poor living under poverty line can attain this level of education while around 24.22 per cent of those living above poverty line attain this education. Undergraduate education is less accessible partly due to its high cost of attendance. Moreover, tertiary education institutions are mostly located in Bangkok and major cities so people living in urban areas will have easier access both in terms of transportation and cost, than those living in rural areas.

- Inequality of land ownership in Thailand is also huge as land holding is concentrated among a small group. Land owners at the top wealth and land ownership quintiles own land more than those in the bottom wealth quintiles - as high as 325.7 times. Land owners at the fifth quintile (top wealth) own land up to 79.9 per cent of all areas while the first quintile (bottom wealth) own land only around 0.3 per cent of all areas.

33. Changes in Health Situation

- According to the Health Statistics Report, the **number of patients with a chronic non-communicable disease is increasing**. In 2012, there were 1,009,389 hypertension patients, 674,826 diabetes patients, 274,753 patients with ischemic heart disease, 227,848 patients with cerebrovascular disease and 434,166 cancer patients; which increased by 9.7 per cent, 8.6 per cent, 3.7 per cent, 7.4 per cent and 6.2 per cent from 2011, respectively. Cancer has remained the leading cause of death in Thailand. This is partly due to the changing of people's lifestyles that lead to the inappropriate health behaviors such as unbalanced diet, over-consumption of sugar, salt and fat, insufficient consumption of vegetables and fruits, lack of exercise, harmful smoking and drinking, and more stressful situations.
- **Adolescent pregnancy has a tendency to increase and become younger but prevention has remained low**. The impacts of adolescent pregnancy are: (1) Impact on health both in terms of physical immaturity, sexually transmitted infection, abortion and risks to newborn's health, and mental stress of pregnancy and parenting; (2) Impact on education as pregnant adolescents usually drop out of school. Although they are able to return to education after giving birth, the interruption period still negatively affects the single teen mother's capacity and ability to generate income in the future; and (3) Impact on the economy. Teenage parents will lose their income opportunity leading to less tax contribution. Likewise, the unplanned baby will place a burden on healthcare and other social services.
- **The demographic structure has been changing toward an aging society**, with decreasing proportion of children and the labor force, and increasing proportion of elderly who are at risk of health problems. Chronic diseases caused by age-related degeneration of the organs include high blood pressure, cardiovascular stroke, diabetes, arthritis and Alzheimer's disease. These illnesses will worsen the old-age dependency situation and the assistance needed depends on the level of dependency. However, at present, the elderly welfare provided by government and other organizations is not inclusive. Some groups of elderly who cannot get access to welfare are mainly those working in informal sectors.

34. Environmental Quality and Disasters

- **Thailand's degrading natural resources and environment** are a result of changes that are both physical and related to usage. Climate change also further exacerbates the situation and the current trend of natural resources depletion continues especially in the area of water use with more shortages occurring. The unsustainable consumption patterns and behaviors in both household and manufacturing sectors are depleting resources and increasing waste. Increasing pressure on natural resources is impacting biodiversity in marine ecosystems, coastal ecology, wetlands and forests. Moreover, the coastal plain will be eroded which in turn cause damages to coastal communities, agricultural areas, tourist attractions, and can contribute to increased migration. Furthermore, natural disasters will become more common and will be a major obstacle to development. Vulnerable areas to flood, storm and drought will increase and will affect agricultural production, food security, energy, health and quality of life.

35. **Good Governance**

- Continued and determined efforts should be directed to suppressing corruption and misconduct, with the increased participation of civil society and communities. This can be achieved through legislative revisions, public scrutiny, and enhanced inspection and performance assessment systems.
- People participation in the public administration process should be further encouraged, particularly in economic, social and environmental development policy-making and planning at the national and local levels. In addition, the promotion of extensive, fair, and prompt access to public and official information should be further pursued.
- Thailand will need to improve and make public service delivery more proactive, inclusive and efficient; including by increasing the number of one-stop service and joint service centres, as well as by implementing a comprehensive e-Government system.

V. Focus Areas of the post-2015 Development Agenda

36. The challenging issues of MDGs mentioned earlier can be translated into 7 focus areas of post-2015 Development Agenda and its development goals as follows;

1) Born and Raised as Quality People

- Reproductive health since family planning, parental preparation, pregnancy, birth, and nutrition (breastfed included)
- Age-appropriate development

2) Opportunity, Quality of Education and Access to Information

- Opportunity for education beyond compulsory level and educational achievement
- Access to internet, information and knowledge

3) Labour Productivity and Social Protection

- Employment, labour productivity and decent work/job
- Accessible social protection such as social security and social welfare

4) Values and Preparation for Elderly

- Income or livelihood security and opportunity for creating values to society
- Age-appropriate social protections and social services such as long term care

5) Inclusive Growth

- Gender equality, regional equality, and equality of the specific target group such as people with disability, elderly, children and women
- Distribution of income and assets
- Equality of opportunity and quality of social services particularly health care, education and consumer protection
- Basic infrastructures and access to services
- Access to resources to improve quality of life such as water supply for consumption, agriculture, land, forestry and forest products used for subsistence purpose

6) Green Growth

- Environmentally friendly production and consumption
- Sustainable conservation and use of biodiversity and ecosystem
- Clean energy and pollution reduction
- Preparing for climate change and disaster risk management
- Cooperation in the implementation of environmental protection and natural resource conservation activities

7) Good Governance

- Transparency, public participation in development process and in evaluation of government's operation
- Rule of law/good governance
- Human rights

Summary

37. Thailand had already achieved most MDGs and is likely to achieve all MDG targets by 2015. Although various factors may be attributed to this success, effective policy and programme interventions, including the Life Cycle Development strategy and the Universal Health Care Scheme, have been central to these accomplishments. Moreover, the Sufficiency Economy Philosophy—as an overarching guide to Thailand's people-centred development approach—continues to empower people and communities first and foremost. As the end of the MDGs in 2015 approaches, Thailand is determined to fulfill its remaining goals while it also looks ahead to continued involvement in forming the post-2015 development agenda.
38. Thailand will continue its contribution to the global development process through its leading role in helping its neighbours as well as other developing countries strengthen their capacity to fulfill their MDGs commitments and future development endeavours. Thailand stands ready to share its knowledge and experience in alleviating poverty and achieving the MDGs with other countries through means such as bilateral/trilateral cooperation, South-South Cooperation and multilateral frameworks which not only benefit individual countries but also regional and sub-regional community and economy.

Annex: Summary of the assessment on MDGs Targets

MDG and MDG+ Targets		2014 Assessment
MDG Goal 1		Eradicate Poverty and Hunger
MDG 1A	Halve, between 1990 and 2015, the proportion of population living in extreme poverty	Achieved
MDG+	<i>Reduce poverty to less than 4 per cent by 2009</i>	<i>Not achieved</i>
MDG 1B	Achieve full and productive employment and decent work for all, including women and young people	Potentially
MDG 1C	Halve, between 1990 and 2015, the proportion of population who suffer from hunger.	Achieved
MDG Goal 2		Achieve Universal Primary Education
MDG 2A	Ensure that, by 2015, boys and girls alike, will be able to complete a full course of primary schooling	Achieved
MDG+	<i>Universal lower secondary education by 2006</i>	<i>Not achieved</i>
MDG+	<i>Universal upper secondary education by 2015</i>	<i>Unlikely</i>
MDG Goal 3		Promote Gender Equality and Empower Women
MDG 3A	Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Achieved
MDG+	<i>Double the proportion of women in the national parliament, Sub-district Administrative Organizations, and executive positions in the civil service by during 2002-2006</i>	<i>Not achieved</i>
MDG Goal 4		Reduce Child Mortality
MDG 4A	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Not applicable
MDG+	<i>Reduce IMR to 15 per 1,000 live births by 2006</i>	<i>Cannot assess due to change of data</i>
MDG+	<i>Reduce by half, between 2005 and 2015, the U5MR in highland areas, selected northern provinces and three southernmost provinces</i>	<i>Unlikely</i>
MDG Goal 5		Improve Maternal Health
MDG 5A	Reduce by three-quarters, between 1990-2015, the maternal mortality ratio	Not applicable
MDG+	<i>Reduce maternal mortality ratio to 18 per 100,000 live births by 2006</i>	<i>Cannot assess due to change of data</i>
MDG+	<i>Reduce by half, between 2005 and 2015, the maternal mortality ratio in highland areas, selected northern provinces and the three southernmost provinces</i>	<i>Potentially</i>
MDG 5B	Achieve, by 2015, universal access to reproductive health	Likely
MDG Goal 6		Combat HIV/AIDS, Malaria and Other Diseases
MDG 6A	Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Achieved
MDG 6B	Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	Likely
MDG+	<i>Reduce HIV prevalence among reproductive adults to 1 percent by 2006</i>	<i>Cannot assess due to change of data</i>

MDG and MDG+ Targets		2014 Assessment
MDG 6C	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Malaria – Already achieved TB – Unlikely Coronary Artery Diseases - Unlikely
MDG+	<i>Reduce malaria incidence in 30 border provinces to less than 1.4 per 1,000 by 2006</i>	<i>Achieved</i>
MDG Goal 7	Ensure Environmental Sustainability	
MDG 7A	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Potentially
MDG 7B	Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	Potentially
MDG+	<i>Increase the share of renewable energy to 8 per cent of the commercial final energy by 2011</i>	<i>Likely</i>
MDG+	<i>Increase the share of municipal waste recycled to 30 percent by 2006</i>	<i>Not achieved</i>
MDG 7C	Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	Achieved
MDG 7D	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	Likely
MDG Goal 8	Develop a global partnership for development	
MDG 8B	Address the special needs of the least developed countries	Achieved
MDG 8E	In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	Achieved
MDG 8F	In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	Achieved