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The problems associated with the integration of Traditional Thai Medicine (TTM) in public health policy

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Abstract

In 2011, Traditional Thai Medicine (TTM) was integrated into Thailand's national healthcare policy with an established minimum target for use at 5**%.** After making concerted efforts, the government still has not met this target**.** The literature suggests that the benefits received from using TTM have not been well-recognized in Thailand, causing adoption to be unsuccessful. Clearly, the policies and practices surrounding TTM have not yet been systematically investigated in the existing health-based research, which has focused on the simple measures of consumption and access. This qualitative study aims to explain the current problems facing TTM, which are related to TTM policies and practices in Thailand and aims to explore two distinct areas: 1) current problems facing TTM (how it is being used in the public healthcare system by Thai healthcare professionals) and 2) how to support better promotion for TTM. In this study, 15 in-depth interviews with healthcare professionals across the public and private sectors were conducted on the subject of TTM policies and practices. By examining the aspects of the informants*'* experiences and drawing upon the Diffusion of Innovation (DoI) framework to reveal the overarching themes, which were expressed by all of informants, the collected data was able to be used to identify a thematic map. With respect to the integration of TTM into public healthcare, the findings indicated that inconsistencies had, in fact, existed between policies and practices of those making the regulations versus the healthcare professionals in their roles as supporters. The major conflicts were as follows: 1) biases towards TTM by the policy makers; 2) a limitation

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of knowledge & attitude towards TTM & TTM doctors by medical doctors; 3) a conflict of work flow inside and outside of the Ministry of Public Health (MoPH); 4) legal obstacles, which had been impeding the development of TTM; and 5) a budgetary deficit, which meant that funds were not available to support TTM when attempting to integrate TTM into public healthcare policies in Thailand.

Keywords*:* Traditional Medicine, Traditional Thai Medicine, Public Health, Diffusion of Innovation*.*

Los problemas asociados con la integración de la medicina tradicional tailandesa (TTM) en la política de salud pública

Resumen

En 2011, la Medicina Tradicional Tailandesa (TTM) se integró en la política nacional de salud de Tailandia con un objetivo mínimo establecido para su uso del 5%. Después de realizar esfuerzos concertados, el gobierno aún no ha cumplido este objetivo. La literatura sugiere que los beneficios recibidos por el uso de TTM no han sido bien reconocidos en Tailandia, lo que permite que la adopción no tenga éxito. Claramente, las políticas y prácticas que rodean la TTM aún no se han investigado sistemáticamente en investigaciones existentes basadas en la salud, que se han centrado en las medidas simples de consumo y acceso. Este estudio cualitativo tiene como objetivo explicar los problemas actuales que enfrenta TTM, que están relacionados con las políticas y prácticas de TTM en Tailandia y tiene como objetivo explorar dos áreas distintas: 1) problemas actuales que enfrenta TTM (cómo la salud tailandesa lo está utilizando en el sistema público de salud) profesionales) y 2) cómo apoyar una mejor promoción para TTM. En este estudio, se realizaron 15 entrevistas en profundidad con profesionales de la salud en los sectores público y privado sobre el tema de las políticas y prácticas de TTM. Al examinar los aspectos de las experiencias de los informantes y recurrir al marco de Difusión de la Innovación (DoI) para revelar los temas generales,

que fueron expresados por todos los informantes, los datos recopilados se pudieron utilizar para identificar un mapa temático. Con respecto a la integración de TTM en la atención médica pública, los resultados indicaron que, de hecho, existían inconsistencias entre las políticas y las prácticas de quienes elaboraron las reglamentaciones frente a los profesionales de la salud en su papel de partidarios. Las principales complicaciones fueron las siguientes: 1) sesgos hacia TTM por parte de los formuladores de políticas; 2) una limitación del conocimiento y actitud hacia los médicos TTM y TTM por parte de los médicos; 3) un conflicto de flujo de trabajo dentro y fuera del Ministerio de Salud Pública (MoPH); 4) obstáculos legales, que habían estado impidiendo el desarrollo de TTM; y 5) un déficit presupuestario, lo que significaba que no había fondos disponibles para apoyar la TTM cuando se intentaba integrar la TTM en las políticas públicas de salud en Tailandia.

Palabras clave: medicina tradicional, medicina tradicional tailandesa, salud pública, difusión de la innovación.

1. BACKGROUND

Thailand has its own system of traditional medicine called 'Traditional Thai Medicine (TTM)', which is the practice of the art of healing based on Thai traditional knowledge or textbooks that has been passed on and developed from generation to generation (Chokevivat & Chuthaputti, 2005). However, in 1916-1978, the development of TTM in Thailand was obstructed by a government policy that suspended its growth and impeded further development (Kudngaongarm, 2011). As a result, the status of TTM in Thailand's healthcare system waned over a period of 60 years (Chokevivat & Chuthaputti, 2005; World Health Organization, 2009), and it was that factor that paved the way for modern medicine to become the main public healthcare delivery

system in Thailand (Chokevivat & Chuthaputti, 2005; Thongruang, 2014). Consequently, TTM has become a branch of non-conventional or alternative medicine in the public healthcare system of Thailand (Chokevivat & Chuthaputti, 2005).

In 1978, TTM made a comeback in Thailand when the World Health Organization (WHO) issued the Alma-Ata Declaration, which focused on the need to integrate Traditional Medicine (TM) into the national healthcare system (Chokevivat & Chuthaputti, 2005) by urging member countries to include TM and medicinal plants in their primary healthcare (PHC) programs by formulating national policies, strategies, and plans of action to launch and sustain PHC (Chokevivat & Chuthaputti, 2005, p. 7). Consequently, TTM has been integrated into Thailand national healthcare policy since the creation of the 4th National Economic and Social Development Plan (1977–1981) until the present (Chokevivat & Chuthaputti, 2005). In particular, the 10th National Health Development Plan (2007–2011) included the **'**Sufficiency Health System**'** Strategic Plan, which is based on King Bhumibol Adulyadej's 'Sufficiency Economy', which was formulated to achieve good health and good service, as well as to assist in developing the country's macro-economic abilities (World Health Organization, 2009, p. 100). Consequently, an annual national target usage for TTM was set at a minimum level of 5% of the total value for all medicines used (modern and herbal medicines combined) at all levels of public health service facilities (Vadhnapijyakul & Suttipanta, 2014).

Despite the Thai Government's strong support for TTM development and the MoPH's implementation of several policies to promote the integration of TTM into the healthcare system, the results have not been as successful as had been expected (Vadhnapijyakul & Suttipanta, 2014). The use of TTM was approximately 3.5% by 2011 (Thungkhampien, 2012). In 2013, the National Statistical Office of Thailand reported that among Thai citizens, there was a low level of TTM awareness and usage (Ganghair, 2014). In 2015, the use of TTM in Thailand was just about 2.6% (Peltzer & Pengpid, 2015). Based on this figure, it can be claimed that the usage of TTM is currently decreasing, and it is important to note that TTM has still not been fully integrated into the healthcare system of Thailand (Aphisamacharayothin, 2014). Consequently, in Thailand, the lack of uptake of TTM calls the following into question: *'What are the problems associated with the integration of Traditional Thai Medicine (TTM) in public health policy?'*

Successful incorporation of TTM into the mainstream healthcare system will require more in-depth analyses of physicians' experiences about the use of TTM **(**Jehso, 2015**).** Clearly, TTM policies and practices have not yet been systematically investigated in the existing health-based research, which has focused on the simple measures of access and practice of TTM related to policy. Moreover, no clear explanations of poor usage have been given, and neither has what it means in relation to the adoption of TTM been explored (Thongruang, 2014). In previous studies, there have been only a few assessments of the possible reasons for this lack of adoption of TTM in Thailand.

For the successful integration of TTM into the mainstream healthcare delivery system, the social, cultural, political, and economic contexts related to the practice of TTM need to be considered (Jehso, 2015) by the health professionals, who act in the roles of supporters. As a result, how TTM is being currently used in public healthcare system should be scrutinized. This should include the information from health professionals about the problems associated with TTM. Specifically, the gap between policies and practices of TTM should be significantly investigated, which will allow for a greater comprehension of the factors influencing the adoption and/or rejection of TTM policies and practices. Therefore, suggestions should be made about more effective forms of governmental promotion for TTM to encourage greater usage in Thailand, which may result in greater physical well-being for Thai citizens and may enhance the Thai economy.

1.1. Aims

1. To explain the current problems facing TTM and how it is being used in the public healthcare system by Thai healthcare professionals.

2. To identify the gaps existing in TTM policies and practices in Thailand.

3. To enhance the promotion of TTM in Thailand.

1.2. Research Questions

1**.** What is the current consciousness and practice of TTM by the Thai healthcare professionals?

2**.** What are the problems in integrating TTM policies and practices into the public healthcare system?

3**.** What are the factors influencing the adoption and/or rejection of TTM policies and practices?

2. METHODS

In order to gather and analyze the data related to the research questions for this study, systematic procedures and tools were used to accomplish this by utilizing in-depth interviews with 15 health professionals from five roles (promoter, healer, controller, vendor, and researcher) from both government and private sectors in three of the four different regions of Thailand (Northeastern, Northern, and Central Thailand, including Bangkok). This was considered to be sufficient for the thematic saturation of the data collection process (Thongruang, 2014). No interviews were conducted in Southern Thailand. Therefore, with respect to Thailand's larger population, the findings from this study are limited and have, therefore, been generalized. As such, the findings herein may not reflect the experiences and opinions of health professionals in other regions or in the country as a whole.

The aims of In-depth interviews were used to understand the roles of TTM in their lives, their needs, and their problems. Also included were the visions and missions, which were related to TTM

policies and practices from their unique points of view. The following key assumptions were made in this study: 1) the questions were accurately translated from English to Thai, and 2) the data was transcribed and translated from Thai into English without any errors. Furthermore, in this study, it was also assumed that the data from all of the participants had been valid and reliable and that no commercial, in-confidence, or sensitive data to be divulged questions had been asked in the interviews. Operating in this manner made it possible to avoid collecting data, which contained the individual biases of the participants.

This study has applied the 'Diffusion of Innovation (DoI) Theory' by Rogers as its conceptual underpinning, given that it has offered me the ability to provide a theoretical and practical framework and has helped me to achieve the objectives of the study. Specific to an innovation, 'If the idea seems new to the individual, it is an innovation' (Rogers, 1983 p.11). In Thailand's history, TTM was obstructed for over 60 years (Chokevivat and Chuthaputti, 2005) and the TTM revival has continued since the creation of the 4th National Economic and Social Development Plan (1977-1981) up until now (World Health Organization, 2009). Based on the precepts of Rogers, 'TTM policies and TTM products themselves' are considered as 'the innovation' in this study. Thus, Rogers' five characteristics of innovation consist of the following: 1) relative advantage, 2) compatibility, 3) complexity, 4) trial ability and 5) observability, in which the results of an innovation are clearly visible to others (Rogers, 1983). When seeking to improve products or behaviors with respect to

TTM, these five have helped me to create a valuable checklist to identify the weaknesses to be addressed (Robinson, 2009). In addition, it has offered the following three valuable insights into the processes of social change: 1) the qualities that allow an innovation to spread, 2) the importance of peer-peer conversations and peer networks, and 3) understanding the needs of different user segments (Robinson, 2009, p.1). In particular, if a health education program is viewed as an innovation, this theory could be used to describe the patterns that the target population could follow in adopting the program (World Health Organization, 2012). Following thematic analysis of the interview data outlined by Braun and Clarke (2006), the complementary tools of NVivo software and manual methods were used in the process of analyzing the data to improve the reliability and validity of the research.

3. FINDINGS

The results consisted of five key themes, which can be summarized as follows: 1) **Theme 1:** Bias about TTM by the policy makers, 2) **Theme 2:** A limitation of knowledge & attitude towards TTM & TTM doctors by Medical doctors, 3) **Theme 3:** A conflict of work flow inside and outside of the Ministry of Public Health (MoPH), 4) **Theme 4:** the legal obstacles impeding the development of TTM, and 5) **Theme 5:** A budget deficiency to support TTM.

Theme 1: Bias about TTM by the policy makers

Based on the questions concerning TTM's progress in Thailand, all of them could see that better progress had been made with TTM than in the past even though the informants performed different roles and worked in different sectors. With respect to 'The performance of the MoPH', the majority of the interviewees from both sectors stated that the MoPH had made good progress to promote TTM over last 10 years. Yet, when informants from both of sectors were asked about the reasons why TTM had not currently met the national target usage at 5%, the findings revealed that all of the informants had acknowledged that there were some issues related to their roles and that they had not been impressed about the progress of TTM. The main reason was that the medical doctors had been the group of people, who had been given the control over TTM policies and practices. This working group, however, consisted of individuals awaiting transfers to a better positions or to other departments and/or were awaiting retirement. Moreover, the majority of the informants mentioned that a panel of medical doctors, who were the members of committee board, had only a limited knowledge of TTM. Furthermore, they did not have faith & belief in its efficacy. For instance, a Private Vendor - (2) gave further reasons (based on her own ideas) by mentioning that the members of the committee board and top management within the MoPH were biased against TTM. Moreover, these individuals had felt ashamed to be at board meetings when they were required to give presentations about TTM.

"At present time, whoever brings TTM to the meeting will feel ashamed because (of) the committee board or higher members. In the

presentations, they always mention about the drug for serious diseases, such as cancer or others, but for TTM, no one will dare to present because of their important position and dignity. They feel like they will lose face." (A Vendor in the Private Sector- 2)

Based on the informant's voices, the majority of them claimed that the public relations tasks to disseminate TTM knowledge to the people had only been considered to be 'a secondary task' and 'a waste of the budget'. Consequently, through the eyes of the policy makers at all levels of the management, the TTM's task had not been deemed to be 'important'. Thus, in response to the TTM mission, the decisions being made by them had been unclear, which meant that as in the past, TTM is still facing the effects of inconsistencies between the policies and the practices. Furthermore, these inconsistencies have caused less TTM usage in public healthcare system of Thailand.

Theme 2: A limitation of knowledge & attitude towards TTM & TTM doctors by medical doctors

Almost all of the governmental people interviewed (9/11 informants) strongly claimed that the role of conventional doctors was to be the major supporters, who could encourage TTM usage. However, there was a problem - they lacked TTM knowledge of and did not trust in them. One of the reasons why conventional doctors lack TTM knowledge was revealed by one of the Academicians - (1) who is actually a medical doctor. He mentioned his experiences in treating patients and collecting data for his research on one particular

disease. He specifically noted that some "Thai diseases have strange names". Additionally, many of the symptoms of these diseases could be caused by many kinds of factors. Without realizing the Thai names of the diseases and regardless the forms of the treatments to be chosen (TTM or conventional medicines), medical doctors would still be unable to understand how to treat these diseases.

The findings also revealed that conventional doctors also had biases against TTM treatments including products. As a result, only some types of TTM had been supported by research studies and it was these, which had been accepted by the medical doctors, such as Turmeric and Creyat. An explanation provided by an FDA staff member indicated that in the view of the medical doctors, they had been prescribing some types of TTM, which had previously been supported by research studies in order to ensure the safety of the patients, medical doctors.

Aside from a lack of knowledge & attitude towards TTM products and treatments, the findings also showed that the medical doctors have had biases against the government TTM doctors. Due to their biases, they are rarely recommending that their patients visit the government TTM doctors. In fact, the Academician – (1), who is also a medical doctor strongly stated that the government TTM doctors cannot diagnose illnesses because they have only studied for a short time period. He went on to state that even if they could, they do not currently have the authority to do so. In light of government regulations, the government TTM doctors are faced with working under the conditions in which conventional treatments have a better

claims system. If they are unable to prove that they can treat patients, conventional doctors will not accept them. This situation has caused the government TTM doctors to be forced to play only a small role. Sadly, this means there are few opportunities for these TTM doctors in hospitals. He also claimed that the government TTM doctors had separated themselves from conventional doctors and that they did not want to learn together as noted below:

"Thai traditional students have been trained for only the theory. Therefore, if we evaluate the potential of graduating Thai Traditional Doctors, they have just 20-30% of the knowledge from the original ones. This means they only know the theory, but when some patients walk in, they cannot diagnose the cause of disease, so they cannot treat (it) and do not accept it. Besides, Thai traditional doctors have to encounter the situation of working in conventional medical hospitals that have a better claims system and medical doctors would rather believe in the result of treatment than the theory. Therefore, Thai traditional doctors have to really be experts." (An Academician for the Government- 1)

Accordingly, medical doctors play vital roles in providing TTM in the public healthcare system. However, they have had limitations and biases against TTM products, as well as the government TTM doctors. These biases have caused the conditions that have resulted in TTM usage to be under the national target. Even now, TTM has still not been fully integrated into public healthcare system of Thailand.

Theme 3: A conflict of work flow inside and outside of the MoPH

Based on the findings, inconsistent practices have caused these problems to arise due to the fact that factors, which cannot co-exist, have been incorporated into 'each department of the MoPH and into each Ministry at all levels'. For instance, one of governmental informants stated: "*We may get the news that some herbs are announced by The MoPH as national herbs and need to be produced for domestic use. Yet, from the perspective of Ministry of Agriculture and Cooperatives, these herbs are forbidden to be produced and imported because they are considered to be dangerous herbs. This is an easy example of the conflict." (An Academician for the Government - 3)***.**

Specifically referencing the internal situation at the MoPH, some governmental informants mentioned that inside the MoPH, there existed policies, such as **'**Promote & Arrest**'** as noted below**:**

"Some products do not have the certification from the Food and Drug Administration

(FDA). However, the Department for Development of Thai Traditional Medicine and

Alternative Medicine (DTAM) tries to promote those herbal medicines, therefore the

FDA tries to stop it, which creates a conflict in function inside the MoPH." (A Mid-level

Official at the MoPH-3)

While one department inside the MoPH had been implementing practices to promote TTM, other departments had been arresting people, who were selling TTM. One member of management at the MoPH-(2) admitted that inside the MoPH there was a state of 'incomplete integration', which had caused conflict with respect to the work flow. Yet, in order to gain a clear direction about the work, they were currently trying to fix the problems inside the MoPH by conducting meetings to coordinate between three departments (The Department of Medical Science, the FDA Department, and the DTAM Department), all of which had been designated as having a role to play in developing and promoting TTM.

Nonetheless, almost half (5/11) of the governmental informants claimed that the conflict concerning the work flow inside of the MoPH had contributed to making TTM products and treatments more difficult to develop and to promote within Thai society. In addition, the interviewees from both sectors frequently mentioned that the MoPH had been working with no direction, no plans, and no strategies because the divisions/departments, which support TTM, had just been newly formed. Thus, the MoPH still has a lot of work to do in order to promote TTM uptake.

Theme 4: Legal obstacles impeding the development of TTM

With respect to 'the laws' of Thailand, only negative viewpoints were expressed by all interviewees concerning how the conditions had been affecting them as they carried out their roles. According to their statements, the legal obstacles were multitudinous, and the multiple information gaps and the inadequate legal updates had made it difficult

to fully comprehend the situations. Moreover, the factor that has grossly led to the underdevelopment of TTM and a lack of public uptake to has been the historic 'freezing of TTM'. The subsequent portion presents a summary of the problems stemming from the policies and laws in the three following areas: 1) The process of drug registration is too strict, 2) the GMP and PICS standards are not suitable for TTM, and 3) the punishments for breaking the laws are too lenient.

4.1) The process for drug registration is too strict

This negative issue was mentioned only by 'three vendors from both sectors' because for all three of them, this issue had directly affected their businesses. These three individuals had specifically mentioned the 'FDA Department and Laws' and how the FDA had made developing TTM a difficult process. It was significantly claimed that the laws regarding registration are far too strict, and the informants expressed how that point was making it difficult for them and other vendors to follow the laws. Therefore, they could not produce TTM products to supply for the public hospitals.

In addition, a government vendor claimed that the FDA staff members had not been learning and assimilating new information, which is a vital element. They also had not been updating the herbal medicine information from around the world. These behaviours have caused conditions in which TTM remains underdeveloped, and ultimately, these behaviours have led to TTM being disqualified from being sold in the marketplace.

"I did not mean FDA is not good, but they do not understand herbs as expected. I think the overly strict regulations do not help to develop herbs; on the other hand, it is an obstacle. Today, the law is another thing that makes growing herbs difficult. The officers inside the sector do not have perceptions & knowledge, as well as do not learn new things about herbs. By the time they find out the information, our drugs still will not have gotten the registration and will not be able to be sold." (The MoPH-Vendor)

However, based on her role and working experiences in drug registration, an FDA staff member argued that the FDA solely focuses upon three areas: safety, quality, and efficiency. If the vendor's registration is based on a traditional formula and has traditional knowledge as its foundation, it will not cause any problems. She claimed, nonetheless, that based on her experiences, many vendors have, by themselves, created new drug formulas without performing any research and/or without having any information to support their actions. It is the role of the FDA to focus upon the quality control of the products, which are being produced.

4.2) The GMP and PICS standards are not suitable for TTM

According to the standards of TTM, the findings showed that this issue had not only been raised by all three vendors, who were being directly affected by the specific standards of GMP and PIC (Pharmaceutical Inspection Co-operation Scheme), but it had also been raised by two members of the managerial staff at the MoPH (one at the high-level, one at the mid-level), and by one academician. Their five

comments on this particular issue reflect the negative views (more than the positive ones) concerning the development of TTM. For instance, one of the government's academicians - (3) mentioned that at present, TTM did not have the proper standards. Thus, the government has established the GMP standard to control the quality of TTM. Meanwhile, the GMP represents a major obstacle to TTM development because some vendors have been unable to afford the investment that is required to meet the governmental standards of GMP. Therefore, based on this factor, they might have to close their businesses in the future. Others, who wanted to invest their money, did not know when or if they would ever receive a return on their investments. Thus, they may struggle in the process of conducting business. Such circumstances may have led to higher prices for TTM arising from less competition in the marketplace. As a result, people will return to using conventional medicines instead. Consequently, neither of these scenarios is good for the traders.

"For the manufacturing (of TTM), the problems are: 1) investment and 2) the target market. How many factories can invest more money to be like the government standard structure? If we ask them about their future plans for their businesses, I think they will say they will remain the same as long as the government allows (it) and does not force them. Some small businessmen who cannot handle (it) will have to stop, and the rest of the traders are some big companies that can control the price of TTM. Therefore, the high price would make consumers return to using modern medicines again" (A Vendor in the Private Sector-1)

Consequently, one management staff member of the MoPH- (2) strongly stated: *'For Thai wisdom, if you do like that, you cannot fight against foreign countries'*. She made this statement because she felt that the standards for TTM had created a condition in which TTM could not compete with the foreign-made drugs. As a result, the informants from both sectors suggested that without specifically using the same standards as conventional medicines, they would like the government to set standards for TTM by examining the procedures used in manufacturing traditional medicines in other countries in order to specifically help to set the standards for TTM. Furthermore, the government must set a 'contingency plan' to support TTM businesses, such as establishing a central government manufacturing unit for vendors, who cannot invest in GMP manufacturing. This would allow them to continue to produce their TTM products supply for the hospitals including marketplace, and to receive support in areas, such as product design for the development of TTM.

4.3) Punishments for breaking the laws are too lenient

With respect to the punishments for breaking the laws, the majority of the informants from both sectors stated that 'punishment under the law' is another obstacle to the development of TTM. A managerial staff member - (2) noted that the punishments were not strong enough and that the fines were very small. Thus, some vendors still continue to break the law by advertising their TTM using exaggerated claims. It is important to note that in this process, TTM's image and trustworthiness is being damaged. Moreover, these vendors

later paid the small fines because it was worth it for them. *"For example, when they can sell 1 million Baht, they just pay only 10,000-20,000 baht for the fine. For Thai society, it needs to use strong punishments because they do not obey the law (when the) fines are only a small amount of money when compared with the (financial) gains the vendor can get from selling." (A High-level Official at the MoPH-2).*

Based on a discussion with an FDA staff member, she mentioned that they had acknowledged

the fact that the vendors were exaggerating the claims of the products. Also, she agreed that because the fines were small, it had encouraged vendors to break the laws. Nevertheless, she further noted that the problem was the laws, which had been in effect 'since 1967', and as such, these laws could not be updated or amended to suit the current circumstances.

In summation, the informants from both sectors had frequently noted that the policies and laws, including the practices, did not support the development of TTM. They also noted that this had led to a situation in which TTM's image was tarnished, and thus, TTM were unable to accordingly compete with foreign products.

Theme 5: ***A budget deficiency to support TTM***

The issue of 'Budget deficiency' was solely raised by the governmental informants, who frequently mentioned the existence of a budgetary shortfall with respect to developing & promoting the use of TTM as a part of their organizational missions. Consequently, this has

had a problematic effect on developing & promoting TTM, as well as hiring new staff members to carry out the required duties.

With respect to the development & promotion of TTM, a MoPH vendor, who actually worked closely with The MoPH, claimed that it was the duty of The MoPH to pass on news and knowledge to the public. She further stated that it was rarely done because the MoPH had run out of money to accomplish this. Moreover, both of the MoPH management staff members also mentioned the budgetary shortages and the difficulties that these shortages had brought to their divisions/departments. The first one mentioned that his department had played a role in disseminating knowledge to the public, but they had only received '0.2% of the total budget of the MoPH'. He further claimed that the overpowering impetus to use conventional medicines had caused a disproportionate budgetary allotment within his department as noted below:

"The budget proportion provided to the department is around 0.2% of the MoPH. This department plays the role in disseminating the knowledge, and now there is collection and further development in order that the existed things can be beneficial and further developed. I have been working here for five years. I have proposed the budget to the Cabinet and got a good feedback and the encouragement from everyone. Yet, I did not get that budget. It indicates that the influence of Western Medicine is still overpowering. Therefore, we are unable to keep up with Western Medicine." (A High- level Official at the MoPH-1)

The second member of management, in charge of promoting and communicating about TTM, had accepted that their performance was based upon the budget. Moreover, this individual acknowledged the situation of having to face a budgetary shortfall and still having to run public relations activities. As a result, she had tried to stretch the budget by using social media instead. At a later date, however, they discovered that the information was not under their control. In truth, the information was incorrect, and that was the factor, which caused many problems and resulted in a lot of hard work.

Moreover, the FDA staff has also been facing a budgetary shortfall causing them to be unable to disseminate the correct information about TTM usage, which is their responsibility. In addition, the conventional doctors at the MoPH also claimed that their hospital alone had had to promote each campaign, including TTM campaigns, and that they had had to accomplish this with the limited funds that they had on hand.

Furthermore, both management members (High-level Officials at the MoPH 1 - 2) stated that aside from running out of funds to develop and promote TTM, their department had experienced budgetary shortages and had been unable to find the funding to hire new staff members to fill the positions and to assume the necessary duties to carry out the organizational activities. Moreover, an FDA staff member also acknowledged that there were many TTM advertisements that contained exaggerated claims and that there were TTM products that had low quality standards. However, they had been facing a budgetary shortfall, which had left them unable to hire new

staff members to monitor the exaggerated claims advertising and the illegal products.

In summation, the majority of the governmental informants stated that with respect to encouraging TTM uptake, budgetary shortages had affected the tasks for which they were responsible, as well as their performance standards that impact on improving future promotion and uptake of TTM.

4. DISCUSSION AND IMPLICATION

Thailand, the findings significantly showed that using TTM was the best for the physical health and well-being of the Thai people. The results also suggested that the government should promote TTM to be used as a primary treatment. In truth, the majority of the informants stated that TTM is a medicine that 'fits' the Thai way of life because it is a food, which can be found all around Thailand, and because the Thai people are already using it (Senachai, 2019). In regard to the national budget, it was also found to be the most cost-effective. Fortunately, TTM has been recognized and is available in many modern hospitals (Chotchoungchatchai, et al., 2012); unfortunately, it has not yet been fully integrated into all aspects of healthcare (Aphisamacharayothin, 2014). As a consequence of this, TTM usage has not met the minimum national target set 5% (Vadhnapijyakul & Suttipanta, 2014).

According to Rogers, there are five special characteristics of innovation: *1) relative advantage, 2) compatibility, 3) complexity, 4) trialability, and 5) observability,* in which the results of an innovation are made visible to others (Rogers, 1983). Even though TTM have officially returned as part of Thailand's healthcare system due to national Thai policies, there are the inconsistencies that exist between the policies and practices at all levels. The individuals responsible for these inconsistencies are the policy makers, the medical doctors, and the MoPH staff members, all of whom have active roles in supporting TTM's policies and practices. This took place because the TTM policy had been imposed to justify the state's image as a response to WHO policy, rather than issuing policies that truly supported TTM's development (Vadhnapijyakul, 2011). There are no practical guidelines and/or clear strategic plans to support the policy (Khaphol, et al., 2011), including financial assistance to support its promotion. Consequently, the policies and practices of TTM are not harmonious.

The differences in knowledge influence the creation of different power structures, and the power of TTM has been constructed from the acceptance of it and the need for it (Aphisamacharayothin, 2014). Nonetheless, many research studies conducted in Thailand have claimed that TTM treatments and medicines are structurally inferior to Western medicines, which is due to the lack of scientific research to support TTMs efficacy (Aphisamacharayothin, 2014; Chokevivat & Chuthaputti, 2005; Jehso, 2015; Thongruang, 2014; Sermsri 1989). The acceptance of TTM by medical doctors is related to the knowledge of health promotion (Aphisamacharayothin, 2014), which

includes the scientific basis of this service, which is congruent with the principles of modern medicine (Thongruang, 2014). However, the knowledge of TTM and TTM practices is far too complicated for the medical doctors based on the fact that they do not understand the traditional language of TTM (Aphisamacharayothin, 2014) because "Thai diseases have strange names". Some of them have had biases against TTM due to the lack of evidence to prove its effectiveness (Aphisamacharayothin, 2014; Chokevivat & Chuthaputti, 2005; Jehso, 2015; Senachai, 2019; Thongruang, 2014; Vadhnapijyakul & Suttipanta, 2014). As a result, their tendency is to only deem TTM treatment for 'massage' as acceptable, because it is practical and the results are obvious (Aphisamacharayothin, 2014; Senachai, 2019). As a consequence, the government TTM doctors seldom treat patients, who have been referred to them by medical doctors for further treatment (Thongruang, 2014; Vadhnapijyakul & Suttipanta, 2014). Thus, the medical doctors represent one of the main barriers to using TTM in public healthcare (Aphisamacharayothin, 2014; Brun, 2006; Chokevivat & Chuthaputti, 2005; Jehso, 2015; Mahidol University, 2012; Roekruangrit, Sumpaothong & Itharat, 2010; Senachai, 2019; Thongruang, 2014; Vadhnapijyakul & Suttipanta, 2014).

The provision of TTM in public healthcare is related to the rationale and policies of the government (Aphisamacharayothin, 2014). Sadly, the integration of TTM into public healthcare has failed in terms of "*Trialability"*, which is positively correlated with the rate of adoption (Rogers, 2003). As a consequence, if fewer TTM treatments and medicines are tried, then the more slowly they are

adopted. This is due to the fact that the supporters at all levels are still being questioned about TTM, and this is particularly evident given that the policy makers and medical doctors have not recognized *"the relative advantage of TTM over Western treatments and medicines".* In fact, they perceive the *"Complexity of TTM"* in which TTM is relatively difficult to understand and to use *(*Rogers, 2003, p. 16*)*. As a result, TTM neither appropriately fits its intended supporters (U.S. Department of Health and Human Services, 2005*)*, nor is it 'meaningful' enough for them to promote TTM adoption. Moreover, TTM is not seen as being 'congruent', and the problems surrounding the integration of TTM into the public healthcare system of Thailand still do, therefore, exist (Aphisamacharayothin, 2014).

To promote TTM, all interviewees strongly claimed that in order to create great strides for TTM, the governmental policies and practices were the most important factors. Appropriately using technology to bring attention to the use of Thai traditional medical knowledge and becoming self-reliant are the desired characteristics of a sufficiency health system required to promote TTM (Kongrerk, 2013). Finally, the development of TTM should be upheld to be a professional service (Aphisamacharayothin, 2014). A strengthened recognition of traditional systems may, indeed, help Thai citizens to enter a new age of 'medical enlightenment' (Taubman, 2010). As a result, several key suggestions were made in regard to 'the government's TTM policies and practices', 'Policy makers', 'Conventional doctors', and 'The MoPH and Staff'.

After examining 'the government's TTM policies and practices' the following suggestions were made: 1) the MoPH should assign all hospitals to use TTM in combination with modern medicines; 2) a list of diseases for which TTM could be used as the treatment protocol should be compiled; and 3) the government should create a roadmap, KPI, and a group of auditors to monitor those hospitals that are unable to meet their target TTM usage. Similarly, Khaphol, et al. (2011) noted that target usage goals should be set for the use of TTM products, mainly in primary and secondary healthcare settings.

The 'policy makers', such as the Prime Minister and the management staff members, need to operate in their roles as follows: 1) managerial staff members need to exhibit real action-based behaviors; 2) individuals need to have the potential to become Board members; and 3) those individuals who understand TTM need to make policies, and make important decisions about TTM. One fact, specifically mentioned by a government academician – (1), was that the top-ranking members of the Managing staff at all levels of the MoPH needed to have trust in TTM and believe in them. He believed that if they did just that, then everything would happen on its own.

"I think if they start by seeing it as important, (and) really want to use it as well as have the faith, everything will happen on its own."(An Academician for the Government - 1)

Nonetheless, during the development of TTM's policies, there should be equal participation by many healthcare professionals, who should also be involved in the processes of developing TTM and determining its policies. By accomplishing this, the monopoly of

power among some healthcare professionals could be reduced (Vadhnapijyakul and Suttipanta, 2014).

Specific to the practice of the conventional doctors, it is suggested that the government should establish 'Centers for TTM Research' and legislate funding to support research studies on TTM, and by doing so, the efficacy of TTM could increase its acceptance among medical doctors. Furthermore, it was suggested that the modern doctors need to be trained in using TTM, as well as need to have more experiences that would assist them in learning about TTM. Finally, a more in-depth analysis should be carried out to examine the experiences of physicians with the use of TTM **(**Jehso, 2015**).** If medical doctors would work alongside TTM doctors as team members in the hospitals (Chotchoungchatchai et al., 2012), then it would help to improve the knowledge of conventional doctors with respect to TTM**.** Finally, the communication for the promotion of TTM (particularly the media and application) must be developed in order to support the health professionals (Chotchoungchatchai et al., 2012; Senachai, 2019)**.**

At the organizational level, it may entail starting programs, changing regulations, or altering personnel roles (U.S. Department of Health and Human Services, 2005, p.28). Based on the informant's voices, there should be cooperation to solve problems within the MoPH, such as assigning the MOU to work together or to meet regularly in order to update the direction and to promote TTM to the public. This includes setting a 'contingency plan' to support vendor businesses, which could include: 1) establishing a government central

manufacturing unit for vendors, who cannot invest in GMP manufacturing and 2) adjusting the laws by making them similar to laws in developed countries, such as Australia, USA, and Canada. Taking the aforementioned actions would allow TTM to be further improved. This would encourage the vendors to continue to produce TTM products to supply TTM for the public.

To conclude, diffusion is a kind of social change constituting a process in which alterations occur within the structure and function of a social system *(*Rogers, 1983, p.6*).* The critical social and political environments have framed the innovations that have affected their diffusion (Des Jarlais et al, 2006). The rate of health innovation is sensitive to changes in the areas of both financing and delivering healthcare, which also includes the level of reimbursement that new innovations will be able to obtain (Gelijns & Rosenberg, 1994). Thailand, achieving a realistic goal for integrating TTM into the public healthcare system in a complementary way is crucial, due to its sustainable benefits for Thailand healthcare system (Chotchoungchatchai et al., 2012). The Thai government's support for promotion and development of TTM in the areas of finance (Chokevivat & Chuthaputti, 2005, Vadhnapijyakul, 2011), training, and education should be considered as a goal that should be seriously pursued (Vadhnapijyakul, 2011).

Hence, it is clear that government policies and financial support are the main driving forces that have brought TTM services to the public and have helped to increase people's awareness about its role in health promotion (Chokevivat & Chuthaputti, 2005). The adoption of

TTM into public healthcare not only includes the adoption of novelty, but it also involves making modifications to the attitudes and behaviors of individuals or groups of people (Lien & Jiang, 2016, p.1). Thus, the policies and the actions of the staff members must move in the same direction and must hold in mind a common goal: the health of the Thai people. If action is taken at all levels of management, then the government could announce policies in support of TTM, which would also encourage the staff members to become active. The uptake of TTM in Thailand could improve the country in accordance with the intentions of King Bhumibol Adulyadej's 'Sufficiency Economy' and the **'**Sufficiency Health System**'** Strategic Plan, both of which could aim to achieve good health and good service, and to help develop Thailand's macro-economics (World Health Organization, 2009, p. 100).

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