



© Ministry of Public Health, Thailand

Thailand's National Diabetes Remission Programme

Strengthening comprehensive diabetes care with innovative approaches

Executive summary

Thailand is facing a rising burden of type 2 diabetes (T2D), with prevalence increasing from 7.1% in 2004 to nearly 11% in 2025. Public health partners in Thailand worked together to address this challenge through new diabetes remission programmes that complement and reinforce comprehensive diabetes care nationwide.

Diabetes remission refers to maintaining an Glycated Hemoglobin A1c (HbA1c) level, an indicator of average blood glucose over the previous two to three months, below 6.5% for at least three months without medication. Rather than replacing standard T2D management, remission programmes in Thailand complement existing care by improving metabolic outcomes and encouraging sustained healthy lifestyles in newly diagnosed T2D within five-six years.

Building on successful pilots at Bangrakam Hospital, Ban Ta Khun Hospital, Kranuan Hospital and Phimai District Health Office, Thailand has introduced national diabetes remission guidelines (2023) and operational guidance (2024) to support nationwide scale-up. Early results indicate that a substantial number of individuals with T2D achieve remission, while many others experience improved blood sugar control and reduced reliance on medication. By embedding remission into hospital, primary care and community-led services, Thailand is broadening the scope of diabetes care and strengthening its national response.





Background

T2D has emerged as a major public health challenge in Thailand, with prevalence increasing from 7.1% in 2004 to nearly 11% in 2025. This trend is placing growing pressure on individuals, families and the health system. Complications such as cardiovascular disease, kidney failure and vision loss are driving higher costs and reducing quality of life.

Thailand's national diabetes response prioritizes prevention, access to medicines and long-term management. Within this framework, remission programmes for T2D have been introduced as a complementary strategy, offering an additional pathway for some people living with diabetes while reinforcing routine diabetes care.



Diabetes remission programmes are an innovative addition to Thailand's comprehensive diabetes care strategy, offering people living with diabetes extra opportunities for improved outcomes while complementing standard care practices and reducing diabetes drug use."

- Dr Krisada Hanbunjerd
Director of Division of Noncommunicable Diseases,
Department of Disease Control, Ministry of Public Health.

What is diabetes remission?

In Thailand, diabetes remission is characterized as achieving and maintaining an HbA1c below 6.5% (48 mmol/mol) for at least three months without glucose-lowering medicines. Remission initiatives are directed towards adults with recently diagnosed T2D, particularly those who are overweight or obese and not on insulin therapy. In Thailand, remission programmes are designed to complement, rather than replace, standard T2D management. They reinforce comprehensive care by improving metabolic management and promoting intensive lifestyle modification, supported by continuity of care and long-term monitoring.

From pilots to a national programme

At **Bangrakam Hospital in Phitsanulok Province**, the *PUWADOL Diabetes Academy* has been providing structured lifestyle support integrated into hospital outpatient services since 2018. Between 2020 and 2021, 106 participants were enrolled in the diabetes remission programme. Of these, 53 participants (50%) achieved remission, and among them, 42 (80%) were able to sustain remission at one year. Participants reported reduced medicine use and associated cost savings, highlighting the broader value of structured lifestyle interventions within routine hospital care.

106

participants enrolled in the diabetes remission programme

53

participants achieved remission

42

participants able to sustain remission at one year

At the **Phimai District Health Office in Nakhon Ratchasima Province**, the *Diabetes Mellitus Schools* initiative was launched in 2021 with 21 schools and scaled up rapidly to cover the entire province by 2023. By December 2023, a total of 1,513 participants had been enrolled. Of these, 107 participants (7%) achieved remission, while a much larger group, 804 participants (53%), experienced improved



blood sugar control with reduced medication use. These results demonstrate that community-led education and peer support can play an important role in complementing facility-based services and achieving improvements in diabetes outcomes.

These pilots illustrate that remission services can be delivered effectively in both clinical and community-based settings, while reinforcing ongoing T2D management.



National integration

Building on these pilot experiences, the Ministry of Public Health, in collaboration with professional associations, translated local lessons into national action. In 2023, national guidelines on diabetes remission were issued, followed by detailed operational guidance in 2024. These documents provide a common framework to help ensure diabetes remission programmes are delivered safely and consistently across the country.

The guidelines set out standardized eligibility criteria, establish structured curricula for intensive lifestyle modification by multidisciplinary teams and document best-practice models for integration into routine T2D care.

In practice, remission services are delivered through multiple entry points in the health system:

Community hospitals

operate multidisciplinary clinics, where doctors, nurses and dietitians deliver intensive lifestyle counselling and follow-up.

Primary health centres

extend support through regular visits and home-based follow-up by community health volunteers, ensuring continuity of care at the household level.

Community-led education initiatives

such as *Diabetes Mellitus Schools*, mobilize local resources, including retired teachers, to deliver structured group education, practical skills and peer support for sustained lifestyle change.

Early outcomes

Bangrakam Hospital:

50% achieved remission (53/106), with **80%** (43/53) of those maintaining remission after one year.

Phimai *Diabetes Mellitus School*:

7% achieved remission (107/1,513), with **53%** (804/1,513) achieving improved blood sugar control and reduced medicine use.

Together, these outcomes highlight that while some participants achieve remission, most experience meaningful health improvements through structured support.

Policy enablers and challenges

KEY ENABLERS

1. Strong political will and multisectoral collaboration.
2. Integration of remission into existing diabetes management systems.
3. Community engagement through health volunteers and *Diabetes Mellitus Schools*.
4. Effective systems and tools for monitoring and follow-up.
5. Capacity building for health professionals.

KEY CHALLENGES

1. Resource-intensive nature of implementing and scaling remission programmes, requiring substantial investment in the workforce, infrastructure and monitoring systems.
2. Lack of enabling environments that promote healthy lifestyle choices.
3. Uneven service delivery capacity across regions.
4. Absence of dedicated financing for remission services.
5. Fragmented health information systems.

“ Integrating diabetes remission programmes into current clinical services, and expanding these to include peer and community support, enhances health outcomes and improves the efficiency of our healthcare system.”

– Dr Petch Rawdaree

Chair of Diabetes Remission Programme and
Secretary-General of Diabetes Association of Thailand

Policy lessons

Remission is a complementary strategy that enhances, rather than replaces, standard approaches to T2D care.

Embedding remission into routine diabetes care pathways helps ensure that services are accessible and sustainable.

Early experiences show that remission programmes improve both clinical outcomes and health system efficiency, even among participants who do not achieve remission.

Scaling remission services nationally offers an opportunity to strengthen Thailand's comprehensive diabetes response while keeping long-term management a priority.

References

1. Diabetes Association of Thailand, “Principles and Practices for Diabetes Remission,” Translated doc. <https://www.dmthai.org/new/index.php/activities-and-news/dm-remission/dm-remission-media-manual-innovation/dmr-book-20250918>. [Accessed 2025].
2. Health Intervention and Technology Assessment Program Foundation. Policy Brief on Strengthening self-healthcare: Diabetes Remission (distributed as Thailand National UHC Conference 2024's conference paper) Translated doc.
3. Roengrudee Patanavanich (editor), Thailand National Health Examination Survey, 7th (2024-2025). <https://thai-nhes.com>. [Accessed 2025]