

PMAC Parallel Session
Governance by Partnership – an answer for post 2015
Experience from Thailand
By
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10.30 – 12.30 hrs
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Introduction

Good morning, distinguished guests, ladies and gentlemen. I am delighted and honoured to have a chance to present and share the experience on health governance system in Thailand which has been transformed from governance by state or command and order to a new style of governance. At present, we can say that Thailand has now moved forward to governance by partnership which has several and diverse networks play a role in the health systems.



According to Dr. Meuleman Louis, governance is the totality of interaction in which governments, other public organizations, private companies and civil society participate in order to 1) solve public challenges and 2) create new opportunities.

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Source: Dr. Meuleman Louis (2008)




For the health systems, which is a part of the whole system of the country, require good governance because of its complexity, dynamic and rapid change. One style of governance may fit to a certain time. Once the time and situation change, the governance form needs to adjust to fit the changing context. With this adaptation, it can well manage the health systems and maximize the benefit of the population and the society as a whole.

Main content

In the past the word “governance” was tied up with administration. The government was the ruler and the people is ruled. This is so called governance by state. It is a hierarchical approach. Thailand’s government practices this approach as well as the health systems do.

Characteristics of governance styles

H: "I'll do it for you" style

M: "Do it yourself style"

N: "Let's do it together style"

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Credited by Dr. Meuleman Louis

SYNERGY TO WELL-BEING
National Health Commission Office

During the beginning phase in the 50’s – 60’s, health governance in Thailand relied on the formal structure and the bureaucratic policy process of the Ministry of Public Health. Investment in health infrastructure, i.e, toilets, water wells, tap water system, health

services facilities, was well laid out to ensure that remote rural communities would have access to basic needs.

The turning point of the health governance in Thailand took place in the 70's from political activeness and environment. This period is dubbed as the period of Thai democracy in full bloom. The October 1973 uprising against the military ruling undeniably becomes a pivotal point in modern Thai history leading to the reforming in all aspects, not only political and socioeconomic sectors, but also health ever since.

In the 80's, Thailand had transformed into a newly industrialized country aiming to accelerate its economic growth. This may emerge governance by market in the health systems. The market forces have increasingly influenced and governed the health systems. The business sector, for example, the pharmaceutical industry, has engaged more in national policies to protect their benefits. Private hospitals have also mushroomed across the country to tap into the two-digit economic boom and tourism industry. Trade and health have turned out to be a controversial issue in the society.

Until the arrival of Primary Health Care approach of Alma Atta Declaration in 1978, that emphasizes public participation in health work, followed by Health Promotion approach of Ottawa Charter in 1986 that underscores 5 strategies leading to the expansion of the scope of health work to community, environment and public policy.

Thailand welcomed these approaches and adjusted its health systems accordingly. Besides, the health systems development was motivated by the political reform which could not deny participation of all sectors anymore. In the 90's, active citizens called for a higher level of public participation that is participation in policy making and drafting the new Constitution. The Constitution in 1997 was therefore named the People's Constitution.

The starting point of the systematic health systems reform was in 1992 when Health Systems Research Institute was established. This institute has an objective to generate system based knowledge for the health systems reform that changes the bio-medical oriented health systems to the bio-social oriented health systems. As you all know, the former system is managed by health professional, whereas the later system opens for multi sectors to be responsible and work hand in hand in accordance with governance by partnership.

In 2001, the National Health Promotion Fund was launched aiming to distract the excise tax of alcohol and tobacco products to support health promotion in all aspects. This is the funding source to empower government sector, private sector, civil society and community to support and manage health promotion. In 2002, National Health Security Act was promulgated to reform health financing and manage universal coverage. Board of the National Health Security Office is not limited to government officials, but includes representatives from local government, NGOs and profession organizations.



Since 2000, the National Health Bill had been developed and driven. Till 2007, the National Health Act was promulgated. The Act gives the definition of health as a state of human being which is perfect in physical, mental, spiritual and social aspects, all of which are holistic in balance and the definition of health systems as the overall relations in connection with health. In short, health is redefined as well-being that expands the scope of the health systems enormously. The new definition of health invites multi-sectors to be owners, partners and actors in the pluralistic health systems.

According to the Act, the National Health Commission is chaired by the Prime Minister in order to integrate health into all sectors. The Commission consists of the government sector, representatives of health professions, academia and representative of civil societies. The three sectors in the Commission manage and support the development and driving of healthy public policies.

Important tools of this Act are national health assembly, area based health assembly, issue based health assembly and health impact assessment. Besides, the Act talks about the development of health statute as a frame of health systems development's direction at the national and local level. With this idea, the local area health statutes are developed and implemented across the country.

Another example of governance by partnership is the process of national health assembly which is actually the process of developing and driving participatory healthy public policy into action. National Health Assembly has been organized 7 times after having the National Health Act. Currently we have 65 resolutions such as resolution on measures on asbestos free society, resolution on equal access to medicines, resolution on obesity management, resolution on management of illegal advertisement on medicines, food and

health products via radio, TV and internet, resolution on teenage pregnancy, resolution on system and structural management for daily life walking and cycling promotion, resolution on equal access to health care for people living with disabilities. This is to name a few.

Over 200 healthy public policies were developed and driven at an area base and an issue base. I can give examples of these healthy public policies to you such as management of food safety system, problem solving on liver fluke, good death strategy, and transformative health education in response to health needs of Thailand's context. I hope you notice that the diversity of the topics of healthy public policy, developed through all types of health assembly, is the result of the broaden definition of health.


Health assembly is a legitimate tool that opens a space for networks from various sectors to have a role in developing healthy public policies in a participatory manner. Especially national health assembly, 234 constituencies join the process of developing policy proposal throughout the year. And at the national health assembly, over 2000 people participate.

Developing policy proposals of each topic in the national health assembly are done with public hearing and consultation nationwide until the policy proposals are adopted on a consensus basis at the assembly. When driving the national health assembly's resolutions into action, joint collaboration still requires. This is so called social power that prefers collaboration not command and order. Each organization collaborate each other in accordance with its capacity and mandate.

Health impact assessment or HIA is another example to facilitate the development of healthy public policies at a development plan level, a project level and a community level, or community driven HIA. Thailand has conducted HIA in several topics, for example, health impacts from Maptaphut industrial zone, health impacts from mining, health impacts from coal power plant and biomass power plant, impacts from free trade agreement on access to medicines and health supplies.

Innovations in support to the pluralistic health systems

- 1. Broaden meaning of health and health systems** beyond medical and public health affairs.
- 2. Concrete and official systems and mechanisms** to continuously facilitate the above idea.
- 3. Multi-sectoral collaborations** or partnerships as a working procedure.
- 4. Interactive learning through actions** and new sets of knowledge from practice.
- 5. Platforms** for all sectors esp. for people sector to take part in public work in a systematic and continuous manner.
- 6. Complicated health issues** become **public agenda** that have technical work supported. Various sectors collectively think and find solutions.




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The functions of the abovementioned pluralistic health systems of Thailand are unique. Many laws have been created. Many mechanisms have been developed to facilitate the functions. All sectors have been clearly welcomed as actors. This complies with the “Health in All Policy” concept and the “All for Health for Health for All” direction. There have been many innovations as follows.

1. Health and health systems have the broaden meanings beyond medical and public health affairs.
2. There are concrete and official systems and mechanisms to continuously facilitate the above idea.
3. Multi-sectoral collaborations or partnerships become the working procedure. Somehow, it is the practice of participatory democracy.
4. An interactive learning through actions is formed that creates new sets of knowledge from practice.
5. The whole society, especially the people sector, has platforms to take part in public work in a systematic and continuous manner. This consequently strengthens the society.
6. Complicated health issues become public agenda that have technical work supported. Various sectors collectively think and find solutions. Therefore, solutions to such problems tend to succeed.

Challenges waiting ahead

1. Technical work
2. The quality of participatory healthy public policy processes
3. Unfamiliarity with the participatory approach for the government sector
4. Unfamiliarity with the broaden scope of work beyond medical aspects and the multi-sectors collaboration for health personnel
5. The time-consuming process of governance by partnership and requirement of trust.



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National Health Commission Office

The abovementioned health systems development reflects the governance by partnership/network which is complementary to the governance by state. However, many challenges are waiting ahead.

1. Technical work is not strong enough to support the development and implementation of healthy public policies.
2. The quality of participatory healthy public policy processes must be improved continuously.
3. Unfamiliarity with the participatory approach, that replaces commands and orders or the government-styled service management, delays full participation of governmental

organizations at the levels of policy formulation and implementation. This requires gradual understanding and learning.

4. Unfamiliarity with the broaden scope of work beyond medical aspects and the multi-sectors collaboration discourage health personnel from fully taking up this kind of work.
5. The process of governance by partnership is time-consuming and requires the development of trust, discussions and negotiation. Command and order cannot be exercised in the process. Therefore, work progresses slowly and is not accomplished as fast as expected.

Conclusion

Before ending my talk, I would like to underline that the society has now been complex and dynamic. More and various players come into play in the health systems. Hence, the health systems cannot be narrowed down to health care anymore. Governance by state as previously practiced is less effective. It may work for certain activities but not all. Thailand and global governance bodies should think of the new style of governance and apply each style of governance in response to problems. Nothing is perfect. Choose the best part of each governance style to complement one another.