A Debriefing

'An Introduction to Thailand's 4th National Health Assembly for Overseas Delegates'

2 – 4 February 2012
United Nations Conference Centre

The National Health Assembly

Thailand's National Health Assembly (NHA) works to form public health policy at the national, regional and local community levels. Held once a year, the assembly represents the pinnacle of a full year's work by local communities, academics, civil society groups, civil servants, politicians and NGOs.

The NHA is an evidence-based participatory public policy process, which aims to develop policies that will improve the health and wellbeing of the people of Thailand.

It is an open forum that reaches decisions based on consensus. Thailand's fourth National Health Assembly held in February 2012, was attended by over 1500 people, representing 206 constituencies, including every province in Thailand.

Overseas Delegates and their contribution

Twenty international delegates, from the government sector, academia and NGOs, working in both health and non-health sectors, were invited to observe the assembly in the hope that this would inspire them to apply the process of participatory healthy public policy to their own context, in their home countries.

These overseas delegates were given an orientation the day before the National Health Assembly: this included an overview of health system reform in Thailand, as well as a session explaining the principles and process of the NHA. This was followed by a walkthrough of three of the year's hot issues: Disaster management, Sustainable Watershed Management and Management of the Illegal Advertisement of Medicines and Health Products.

The delegates contributed their experience and expertise to the National Health Assembly;

- Two delegates from Asia-Pacific HealthGAEN Network gave presentations on 'Mainstreaming the Social Determinants of Health across the Health Sector';

- Three delegates from India gave presentations in a discussion entitled 'How to Hold Partners Accountable in Universal Health Coverage: A Wisdom from India and Thailand';
- Delegates from Uganda and Brazil took part in a planning meeting for a comparative study on national health assemblies; and a representative from Bangladesh gave a speech in the sub-committee on disaster management. During the three days of the assembly, the international delegates engaged with the process actively.

As well as this, all participants also engaged in daily reflection sessions where they could ask questions and share their experiences from the assembly.

Questions raised by Overseas Delegates

1. The Purpose of the National Health Assembly

What is the goal of the National Health Assembly?

The goal of the NHA is to use an evidence based participatory public policy process to create public policy to improve the health of Thai people..

Is the National Health Assembly the only method Thailand uses to generate public health policy?

In Thailand's social political system there are many ways that you can formulate public policy.

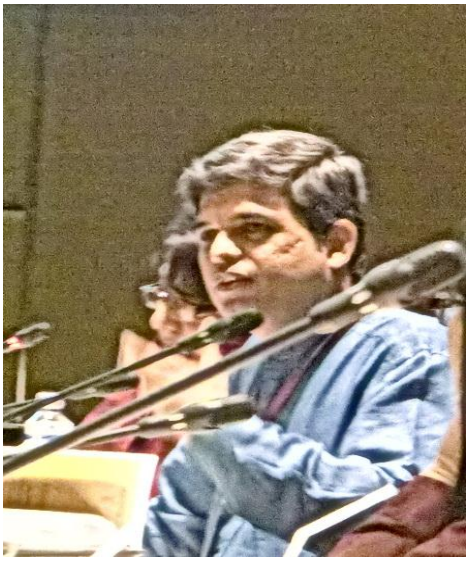
Under the current constitution 10,000 Thai citizens can sign their names to submit a bill to the parliament and the parliament has to consider that bill.

Alternatively academics can work with policy strategists in a ministry and propose something to the minister, or to the cabinet.

The NHA is another channel, one which requires the involvement of all sectors, the government sector, civil society, academia and the private sector.

What advantages does this have over other methods of devising public policy?

The strength of the NHA is that the evidence is put on the table and all parties learn. This learning creates new capacity; it is a kind of participatory democracy. It is not just about voting to select your representative and then going home, but about having a direct involvement in the policy process.



2. Principles of the National Health Assembly

What is the triangle that moves the mountain?

The NHA is founded on the idea that the combined force of social movements, academic and technical knowledge, and political involvement can solve any problem. These three forces are known as 'the triangle that moves the mountain'. The NHA is designed to unify and utilise these three forces.

Is it true that you try to encourage people to be more self-reliant?

The NHA tries to promote self-reliance, to encourage people to act to solve problems for themselves rather than waiting for central government to come and fix all their problems for them. This has been reflected in the resolutions; in the first year the resolutions requested that government act, this year, in the fourth NHA, the resolutions stress the need for constituencies to be more active and take responsibility for change.

3. Mechanisms of the National Health Assembly

How does the assembly work?

Approximately 1500 constituency representatives come together to discuss a limited number of proposed resolutions. These resolutions are then altered until a consensus is reached and a resolution is passed. These resolutions contain recommendations or requests for action, for central and local government organisations, for academics and for communities themselves.

Are the resolutions of the NHA enforced by law?

The NHA is a form of soft power. It is important to ask: "Do we want this national assembly to have resolutions to force people to do things, or do we want this NHA to use evidence to convince people to do things?" If people act willingly then implementation will be much easier. The NHA is a policy process for all sectors to use to formulate public policy.

Who are the members of the National Health Assembly?

There are 206 constituencies. These represent each of Thailand's 77 provinces as well as academic and professional groups, the media, political parties, government organisations, NGOs and independent community groups.

How are the constituencies chosen?

New constituencies are agreed on by the National Health Assembly Organising Committee (NHAOC). This committee is made up of members of the existing constituencies. They are drawn from all walks of life: NGOs, government departments, local community groups, local government organisations, academic organisations, the private sector, the media, professional bodies and politicians.

How do you ensure that these constituencies are representative?

As well as local health assemblies, this year saw regional health assemblies in the South and Centre of Thailand. That meant that the delegates from all the provinces in those areas had already agreed their position on the different resolutions and they came with one voice. Having already gone through a process of consensus building meant that they represented a wider discussion and were more accountable to their communities.

4. Agenda-setting

How do you choose the issues that get discussed at the end of year assembly?

The National Health Organizing Committee calls for proposed agenda items at the beginning of the year. Any organization or network can submit a proposed agenda item. The technical sub-committee selects the agenda items which meet the following criteria – an important issue, of public interest,

with impact on society, with supporting evidence, which it is feasibile to drive through to policy and action.

In addition to the National Health Assembly, Thailand has area-based and issue-based health assemblies which take place throughout the year. Local people who organize these health assemblies can discuss and propose agenda items for the NHA.

If important policy issues arise during the year do they have to wait until the next NHA to be discussed?

If important issues arise during the year they can be tackled by local Area Based Health Assemblies or Issue Based Health Assemblies. The NHA is one tool to create public policy on health, but not the only tool.

Do proposed resolutions come from the top down or from the bottom up?

Issues can be proposed by anyone: some come from the top down and others from the bottom up; regardless of who proposes an issue it must be discussed and deliberated on by everyone. For a resolution to be passed there must be complete consensus.

How can all the issues being discussed here, for example disaster management or water management, be debated by a health assembly? The issues seem much broader than those normally considered by public health organisations.

In Thailand we use the term wellbeing rather than health. This describes an idea of holistic health which covers physical, mental, spiritual and social factors. The resolutions from the NHA may propose actions to a number of different departments and organisations. One of the important issues examined at the NHA has been the social determinants of health, the understanding that health is caused by a wide variety of factors.

5. Engagement of all sectors

How does the National Ministry of Health feel about the NHA?

The Ministry of Health works well with the NHA, because the assembly helps the ministry do its job more easily. For example, this year's agenda item calling for management of the reuse of deteriorating cooking oil was proposed by Department of Health. This requires cooperation from the Ministry of Energy, Ministry of Commerce, and manufacturers to manage and change the use of deteriorating cooking oil to production of alternative energy biodiesel. If the resolution is adopted, the Ministry of Health will have public support for their work which will make implementation easier.

How much engagement is there from other government departments?

It is varied. Some departments will not yet engage with the process. A lot of the work of the NHA is with local government bodies because it became clear that a lot of problems can be solved at that level..

Do you expect to face resistance from the private sector to some of your resolutions? For example in your attempt to stop unethical drug promotion?

We don't expect resistance but indifference; the private companies, particularly the big drug companies, have more power than we do; however we aim to teach them with evidence. The resolution on 'access to medicine' met with a lot of opposition. There was a lot of dialogue before the assembly but despite that both multi-national and local companies opposed it.

6. After adoption of a National Health Assembly resolution

What happens to resolutions which come out of the assembly?

Some are sent to the cabinet, some are sent to specific ministries or departments. Individual resolutions will require different treatment depending on what action they propose. All resolutions are fed back to the groups and networks that make up the National Health Assembly for further discussion and implementation.

There is a monitoring and evaluation sub-committee which is responsible for monitoring the progress of each resolution. This sub-committee informs stakeholders of the details of each resolution and invites them to share their progress in implementation on a regular basis.

The Prime Minister Chairs the National Health Commission (NHC) which is responsible for distributing resolutions and plays a key role in organising the National Health Assembly, but the NHC submits resolutions to the cabinet, who is in control?

Not all resolutions are passed to the cabinet. Only those that require action from the cabinet will be passed to them. Often it is local government that must take action, so in those cases the cabinet is not involved. If a resolution must be submitted to cabinet then the National Health Commission will do so directly.

What has been the outcome of past resolutions? To what extent have they been taken up and implemented?

We have had around 30 resolutions already. Some have been implemented successfully and some have not. The resolutions are like certificates that can be used to support ongoing work, for example the resolution on a sustainable development plan for the southern region. People in the south used this resolution in talks with the government regarding their desired direction of development for their homeland. Resolutions from the NHA are not legally binding - it is a form of soft power.

What is the benefit of public participation? Won't the government just do what they want anyway?

Public participation can produce positive results, a good example is the National Health Security Bill. In 2001 60,000 Thai citizens signed their names to propose the bill to parliament. When the government saw that there was a bill from the people they had to submit their bill in parallel: otherwise the only bill considered would have been that of the people. The opposition then also proposed a bill.

Therefore at the first reading of the bill there were three drafts. The parliament approved the bill in the first reading and then appointed a special commission to decide which articles should be included by comparing the three drafts. The government draft was the one chosen as a starting point but the special commission examined each point and compared each draft. Five of the twenty seats on that commission went to civil society representatives. As a result the final National Insurance Health Act contains a lot of the articles that were proposed in the public draft of the bill.

Why does the NHA place such emphasis on evidence?

Without evidence it is difficult to implement solutions to problems, or to get government and other agencies to support the resolutions. There are different kinds of evidence: Experimental evidence, which is scientific, and experiential evidence, based on people's own experiences. Both of these are valid. Communities can play a key role in collecting data and building evidence to support a call for a resolution. Academics do not have a monopoly on evidence.

Often resolutions include a call for the collection of further evidence.

What does the NHA need to do better?

The NHA has not always been successful in getting government agencies or politicians to engage with the process.

One example of this was the Thai Food and Drug Administration (FDA). Two years ago the NHA passed a resolution relating to weight problems and obesity. One of the resolution's recommendations was for the implementation of a traffic-light food-labelling system which would help people choose healthy foods.

The cabinet approved the resolution and delegated responsibility for the various recommendations to the relevant departments. The FDA had not engaged with the process of drafting the resolution and so reconsidered the issue of food labelling in their Food Control Committee. This committee felt that there was not sufficient evidence to support the implementation of traffic-light food-labelling, and so the issue was passed back to the cabinet.

If the NHA is to produce resolutions that are implemented, then departments, like the FDA, need to be involved from the beginning of the process. Engagement is improving, this year the deputy director of the Thai FDA is taking part in the NHA, but this is an ongoing challenge.

What are the biggest challenges faced by the NHA?

The first challenge is getting strong evidence. The second challenge is ensuring the ownership and extensive participation of all stakeholders. The third challenge is ensuring that all the 200 plus constituencies really represent their interest groups. When eight people are selected to represent their province we need to see how they can be truly representative. The final challenge is ensuring that once resolutions are approved they are used and considered by all stakeholders.

Reflections and Observations on the Assembly from Overseas Delegates

Organisation

> ***"The NHA was much more organised than I had expected. People were talking about the right things and comments were kept to the issue, it was very sophisticated. Even at the World Health Assembly that wouldn't happen, so it is a good achievement.***
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> ***I was also struck by the assembly dialogue guidelines issued the chair, It was beautiful, "three minutes, reason, and love".***
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> ***Professor Don Matheson***
> ***Centre for Public Health Research, Massey University, New Zealand***

"The way the debate was organised, the structure of the debate, the linkages between strata of local and national health assemblies was much better than I have seen elsewhere. I would like to see how the issues are raised and how they are prepared for debate. Here I can't tell who is marginalised".

Dr Patrick Kadama
Director of Policy and Strategy
African Centre for Global Health and Social Transformation, Uganda

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Social Context

"I listened to Dr. Prawet Wasi - His main topic was the importance of uniting, because solidarity will make us human. I couldn't understand all the meaning because of the local context which I don't know all the details of, but I found his talk very inspiring".

Dr. Sarah Escorel
Senior Researcher, Fiocruz, Brazil

"In my experience you need something in common in order to get a discussion started. Here I saw two things which do this:

First was the reliance on scientific evidence, the prioritisation of wisdom and science.

Second was an appeal to morality, things that as a Thai you are meant to subscribe to: the idea that where there is suffering you are morally obliged to do something to redress it.

This is different to India where it is human rights, which is not evidence based, that acts as the final argument that can't be superseded".

Ms. Jashodhara Dasgupta
Coordinator, SAHAYOG, India

"I noticed that respect for evidence was very high. Where I come from there hasn't been much respect for evidence, instead we see lots of conjecture - political conjecture".

Dr Patrick Kadama
Director of Policy and Strategy
African Centre for Global Health and Social Transformation, Uganda

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"I observed that science has a preeminent place. The technical sub-committees have the power to decide what does and what doesn't go into the resolutions. I wouldn't see it as a possibility in Brazil, in Brazil people are very political. People have their own experience and they want people to act on that experience, they don't worry about feasibility or evidence".

Dr. Sarah Escorel
Senior Researcher, Fiocruz, Brazil

Ownership and Engagement

"I was amazed by the diversity of representation. In one discussion I spent some time writing down the backgrounds of the people who spoke, you had all sorts of people: from a doctor, a nurse, a cable TV operator, a policeman: they all came and made very specific points, they had all done their homework".

Dr. Rakhal Gaitonde
Researcher, SOCHARA, India

"I found the NHA most impressive. In India it is the vested interests that raise their voices; we ordinary concerned citizens don't have a proper opportunity to make our voices heard. Here in Thailand we can see people from all provinces engaging in this process".

Ms. Itishree Kanungo
Manager, Voluntary Health Association of India (VHAI), India

"In other countries it is the loudest NGOs who get heard, but that wasn't the case here. I would like to see the way the networks are built up. I would like to see how the good practice guidelines used here are put together".

Dr Patrick Kadama
Director of Policy and Strategy
African Centre for Global Health and Social Transformation, Uganda

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Accountability

"I found it very interesting that people here really represent a group of people back home, they have talked as a group before coming here. I feel that gives a great sense of accountability. The level of participation also shows that people are responsible for reporting back; that is different to India where often people are nominated or self-selected and there is no wider accountability".

Ms. Jashodhara Dasgupta
Coordinator, SAHAYOG, India

"I had thought that the Prime Minister would stay seated for the whole day and would be asked questions. Instead it is the participants who have ownership of the process; it is not what I expected.

People are proud of engaging and they feel empowered. People go back to their communities to implement the things discussed. People here make a lot of preparation before they come. This assembly provides an important opportunity: it is a meeting place where people can share experiences and ideas".

Professor Dr. Abul Kalam Azad
Additional Director General (Planning & Development) &
Director, Management Information System, Directorate General of Health Services,
Ministry of Health and Family Welfare, Bangladesh

Benefits of Grassroots Involvement

"I noticed real benefits in policy terms from the bottom up approach here. In the debate on illegal advertising, there were demands for ensuring that 'sufficient' money was allocated to projects. There were also requests to make the language 'simple'. That would not come if it was just a meeting of academics. There were also demands for education of the community, these are all important bottom up points.

I was also very pleased to hear people saying that "we won't wait for the cabinet", I think that is fantastic. The cabinet and the legal route is one route, but there is nothing stopping local groups from taking action themselves".

Dr. Rakhal Gaitonde
Researcher, SOCHARA, India

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