Thailand's
Health System Reform

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Foreword

Health System Reform is an ambiguous term, which is usually spelled out as limited change within the context of some elements or functions of the health system such as health care, financing, or decentralization. In the midst of a drastic evolutionary shift in political, societal, economic and technological circumstances in the last decade, Thais are confronting a challenge to reshape their health entity. A process to reform a comprehensive and holistic health system seems to be inescapable. Research and mutual learning endeavor has turns to be essential knowledge in uncovering a camouflaged crisis on the health of the nation as well as a premise of strategy for redesign health systems.

Thailand's political reform coincided with a country wide economic crisis in 1977. It raised a strong demand for extended societal restructuring, which finally triggered a paradigm shift in health. Political commitment in coordinating a wide range of civil society groups to work with academics was demonstrated as a crucial leverage to lead an envisioned and systematic reform. A triangular process – a symbiotic interaction among academic activities, social movement, and political involvement - was

employed as a key strategy to pursue the mission. Movements toward health system reform were enthusiastically welcomed so that it culminated into a stronger political commitment – legislation of the National Health Act. This has extended opportunities for research institutes to contribute their efforts and then serve to meet social demands.

Thailand's Health Systems Research Institute (HSRI) was entrusted to perform the function of stewardship in support of the reform. Researchers and the academia worked arm in arm to provide wisdom resulting in creative change that was gained and learnt through their mandated endeavors. Clear and critical illustrations to demand a holistic health system reform were profiled through a series of academic analyses. Concerned with threatening circumstances, the Thai Government committed to lead civic movements so that Thai society would be empowered to redesign its health system.

At this moment Thai society has redefined health and the health system, which leads to a capability in envisioning a holistic scope of the health system. The process of drafting the national health act is ongoing as a firm foundation of the reform. This initiated the utilization of sound knowledge to arm public policy towards health concern. Thus, a learning society inspired with an aim for healthy lifestyle is in itself a means and an end for health system reform.

Health Systems Research Institute
November 2001

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decade had camouflaged the failure of the country's health system performance. To raise the awareness of the public on the critical facts of the health system, a series of analyses on health policies and health ideologies that had emerged in Thai society was conducted and publicized. The first research initiative was a quest for the shifting health paradigm as well as to inspire a willingness to reform. Secondly, packages of academic review and synthesis were undertaken to provide a clear vision for all parties to trust so that they would join the process of reform. Thirdly, essential devices and mechanisms to reorient and sustain the health system had to be created and tried in order to confirm the possibility of innovative performances. And finally, research to delineate profiles and the competence of civic involvement in the health system had to be conducted in order to propel the reform synergistically.

Thailand's health system reform was raised as a national agenda in the midst of a drastic evolution in political, economic, and technological structures. However, the constraint of resources as a result of the economic crisis inevitably affected this reform so that policy implementation for transition had to be undertaken with a deliberative and insightful movement.

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2. New Constitution: Reorientation for Thailand's Health Demand

The new constitution (1997) established enormous opportunities for further progress in restructuring the relationships between the state and civil society; for further democratizing the development process; and for creating new institutions and mechanisms that provide greater accountability, transparency, representation, and participation. Initiatives in these areas are rooted in law and guided by far-reaching principals pertaining to basic human rights. It is of utmost importance that these opportunities be seized to the full and remain central issues in the policy and reform agenda. Their full and effective utilization will allow civil society organizations to further flourish and to serve as a positive force for change as well as enable them to serve more effectively as a countervailing force against the negative impacts of globalization.

"The new Constitution has provided a crucial re-orientation for the health of Thais."

The new constitution has provided a crucial re-orientation for the health of Thais. Currently, health is stipulated as a human right, which must be protected by the state. An egalitarian standpoint is emphasized in the context of health for for the first time in Thailand's political philosophy. An equal entitlement to health was introduced for a wide range of vulnerable people; i.e., the elderly, the disabled, abandoned children and so forth Consumer and environment protection, particularly for the sake of health, is another area that is mandated.

Under a section on the fundamental story of the state, the government was responsible to efficiently provide public health services to all people at the same standard. Disease control is also a state obligation to be pursued free of charge. In order to comply with these missions, devolution of various services upon local governments must be conducted urgently. Health services under the new constitution must be under the state of equity, efficiency, quality, as well as transparency and accountability to the community

Political reform, thus calls for a re-examination of the health Sector's role and approach, which concern for social capital as well as for financial capital. The health sector has to re-orient its own vision and mission to meet this new demand for health and health care so that the new constitutional mandate can be achieved. Leadership for collective movement through collaboration of all Societal sectors is pivotal to meet these constitutional demands.

3. Decentralization

The Decentralization Act became effective in November 1999. This act defines the roles and responsibilities of the National Decentralization Committee (NDC). A primary responsibility of the NDC is to formulate a Decentralization Plan that will be executed by the government. This plan has defined the relationships and functional responsibilities between the central and local governments as well as among local governments. It defines local revenue sources and identifies the means to improve local tax and revenue mobilization. The plan outlines the stages and means to transfer functions from the central government to local governments. It recommends the means to coordinate the transfer of public officials from the central government to local governments and state enterprises that are related to the new assignments of functions and resources.

According to the Decentralization Act, the public health Mission and hospital mandate must be devolved to local governments. Thus, a crucial re-orientation needs to be undertaken by both the central government's officers and local governments' authorities. The central authority has to shift its mission from the current function of logistic administration and policy control to that of policy guideline and quality assurance of health care in the future. At the same time, local government has to be empowered so that it will be capable of providing equitable and efficient health care, which will be accountable to the people in their own community.

4. Key Demands to Reform

The health status of Thais has immensely improved in the last decades of the millennium, but evidence indicating failures of the health system's performance has been tacitly demonstrated. A series of health policy research issues have been analyzed and have indicated that emerging crises could never be handled by the existing health infrastructure. Four major critical issues were depicted as key messages that demanded structural reconstruction in health systems.

These are: higher cost of health expenditure, unbalanced economic Development, rapid technological evolution, and political and social reform.

1)   Higher Cost of Health Expenditure: Paradigm toward
Health Care

The majority of Thais are accustomed to the conventional health system where health care is the obligation of health care institutions. With the expansion of modern health care delivery systems in both the public and the private sector, the Thais are

"The Thais are moving towards using more facility-based health services"

moving towards using more facility-based health services. National health spending in Thailand rose eleven times from $US 562.5 million in 1980 to $US 6,301.7 million in 1998. The per capita health expense rose nearly 9-fold from $US 12.1 to $US 103.6 during the same period. This is higher than the per capita average annual gross domestic product (GDP) growth of 7.0%. Thus, the share of

GDP taken by health nearly doubled from 3.82% in 1980 to 6.21%

In 1998.

Since the increasing burden of health expenditure has been masked by the sense that Thailand has a modern and efficient health system, a comparative study on the health outcomes of countries with less per capita health expense was publicized. This included China, Malaysia and Sri Lanka, which have lower health spending related to their own GDP. On the other hand, they have improved their health situation at the same rate as, or better than, Thailand. This shocked the policymakers who were concerned that Thailand was investing inefficiently.

2)   Unbalanced Economic Development: Social Pathology

The incidence of poverty incidence fell from 33% in 1988 to about 11% in 1996. While Thailand can draw considerable satisfaction from its development over the past three decades, it has paid high costs in several areas: i) the unbalanced nature of much of the development has caused disparities among the marginalized population; ii) the disruption of social structures and relationships as well as the erosion of social and cultural capital; and iii) unsustainable levels of natural resource depletion and environmental pollution.

As a result of international recession, currency realignment, and capital mobility in the 1980's, the government shifted its economic strategy towards the promotion of exports in both services and manu-facturing industries. Both natural increase and marked increase in rural to urban migration contributed to the manufacturing labor supply, the decline in agricultural growth, and the closing of the agrarian frontier.

Deterioration in its social ecology altered Thailand's health situation with the emergence of HIV/AIDS, traffic injuries, cancer, mental stress, and environmental hazard among the top-ten causes of mortality and morbidity. The mortality rate, which had declined from 20 in 1975 to 4.1 in 1986, rebounded to 5.0 in 1997 and 5.1 in 1998. This might signify that the existing health system was not well designed to cope with the new societal challenges.

3) *Rapid Technological Evolution: Reliance on Imported Technology*

A wide spectrum of health technology has been researched and developed in industrialized countries then imported by developing countries at high cost. The HIV/AIDS epidemic exemplifies the widening gap of inequity with the accessibility of more efficacious drugs to wealthier people with HIV while leaving those who are financially disadvantaged to suffer on their own.

Cancer, the leading cause of death since 1980, is another example, Radiotherapy is expensive, requiring complicated medical equipment to effectively cure cancer patients. However, 54% of radiotherapy units are installed in Bangkok. While the other 46% are in provincial cities, they have a shortage of qualified manpower to provide the treatment.

"The policy proposing

The policy proposing universal coverage of health care can

universal coverage of health care can never be achieved if the health system continues to rely on the importation of costly evolved technology"

never be achieved if the health system continues to rely on the importation of costly evolved technology. Thailand needs to create and orientate a strong foundation on health research and development to enable to transfer novel health knowledge and technology from industrialized to developing countries. Investment in government health research increased from 0.2% of the public health budget between 1992-1996 to 0.52% in 1999. Compared to research in agriculture, industry, science and technology, which contribute directly to national economic growth, health research is not a top priority in Thailand.

4) Political and Social Reform: Demand for a Reoriented Public Sector

Civil society's movement has gained strength in the 1990's, when the need for political and social reforms became increasingly apparent. They have become a potent force for change and have played a decisive role in flaming a reform agenda shaped by the principles of democracy, participation and respect for basic human rights. As both advocates and watchdogs, they are involved in activities that go beyond the traditional concepts of participation and even empowerment. They are spearheading the search for a new social paradigm based on a far-reaching process of political democratization.

"They are spear-heading the search for a new social paradigm based on a far-reaching process of political democratization"

With the promulgation of the new constitution in 1997, the nation has built a more open and democratic society in which the

basic rights of the population are safeguarded. Consequently, the

Thais are provided with significant new opportunities to participate

in all processes of development.

5. Public Sector Reform: Demand for Structural Adjustment

The new constitution set a framework for reforming public sector management and improving accountability, transparency and mechanisms for combating corruption. It provided the National Counter Corruption Commission with more authority, established new organization to monitor and improve transparency, and grants legal rights for civil society to participate in the policy formulation process. A new Official Information Act provided greater access to public information and created greater opportunities for people to be involved in public service.

Thailand's three-year Public Sector Reform Program that commenced in 1999 involved both central agencies and line ministries such as education and health. Both have embarked upon substantial reforms in these areas: i) expenditure management, ii) human resource management, iii) revenue management, iv) decentralization, and v) cross-government accountability and transparency.

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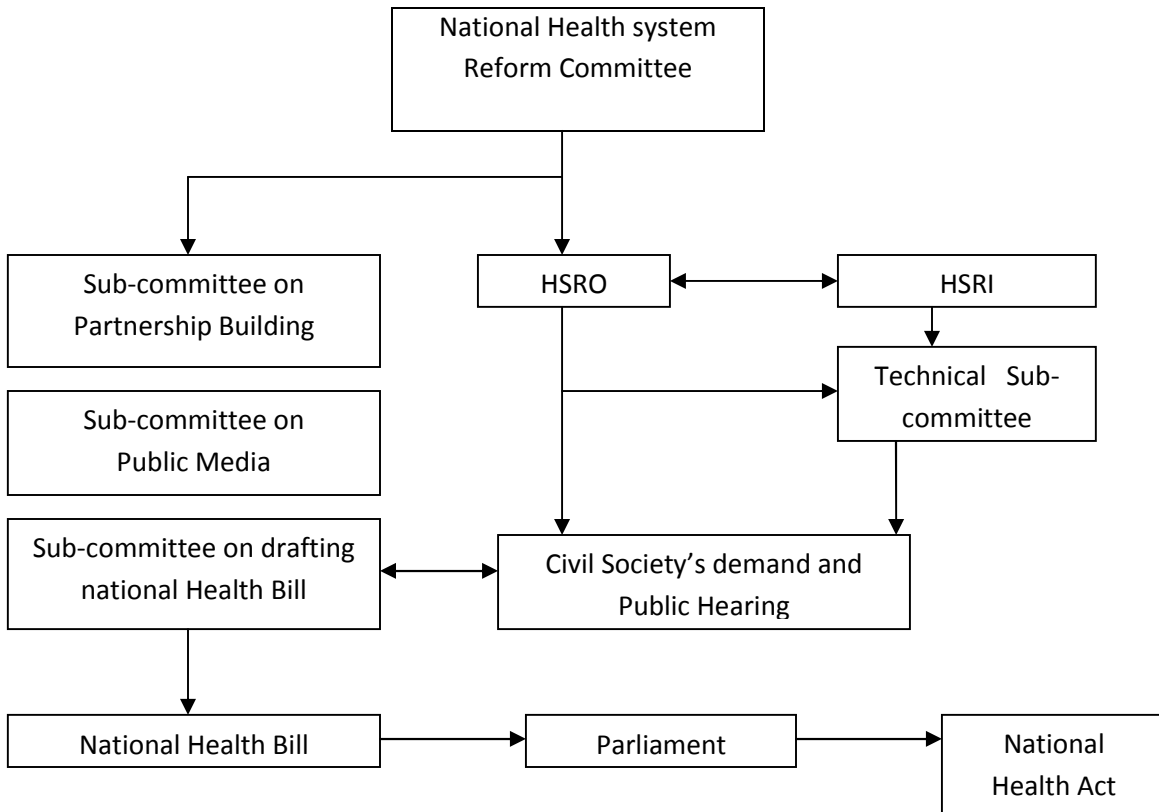
The Ministry of Public Health expects to reform its budget management for provincial health authorities and provincial hospitals. The Comptroller General's Office and the Fiscal Policy Office have begun analyzing the issue of fiscal transparency. A new accounting system is being developed which aims to acknowledge the cost of care.

The Office of the Civil Service Commission (OCSC) oversees the program on human resource management reform by encouraging the civil service to achieve the highest levels of efficiency, quality and

integrity. One of the strategies involves downsizing the civil service with early retirement being the first phase.

6. Health System Reform: As a National Agenda

Although this evolutionary pluralistic policy seemed to be chaotic in coordinate control, it has also provided a challenging opportunity for a bold movement toward health care reform. The issue of constitutional rights has raised more concern over health, while the existing system can not meet the increasing demand, nor can the country afford the increasing cost of curative care within the prevailing state of infirmity. The growing health burden to society has become an inevitable hurdle, unless the causes of illness and death diminish with people living a healthy life. This would demand the real involvement of all stakeholders to cooperate in the health system. Then, societal accountability of the health authority would promote local and community self-governance of the health system as well as shift and central health function towards limited policy guidance and technical leadership. Local government would urge to be empowered with the redeployment of manpower and capacity building for administration and management. This also demands that the new health system be redressed within the evolving insights and ideology of health in Thai society.

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In response, the Royal Thai Government has undertaken widespread health system reform. The cabinet approved a national agenda for Health Systems Reform on May 9th,2000. It entrusted the HSRI to establish the National Health System Reform Office (HSRO) as Secretariat Office for the National Health System Reform Committee (NHSRC) under the chairmanship of the Prime Minister. A Prime Minister Office's Regulation on National Health System Reform was published in the Government Gazette on July 31st, 2000. This regulation ensures high level political support and continuity of the movement. The regulation has two main aims. The first is the knowledge-based social movement to support health system reform. The second is to enact within three years, a National Health Act as the principal mechanism for future health system reform

7. Triangular Process: Strategy to reform

Strategy of Triangular Process

Knowledge Management

Civic Empowerment　　　　　**Political Involvement**
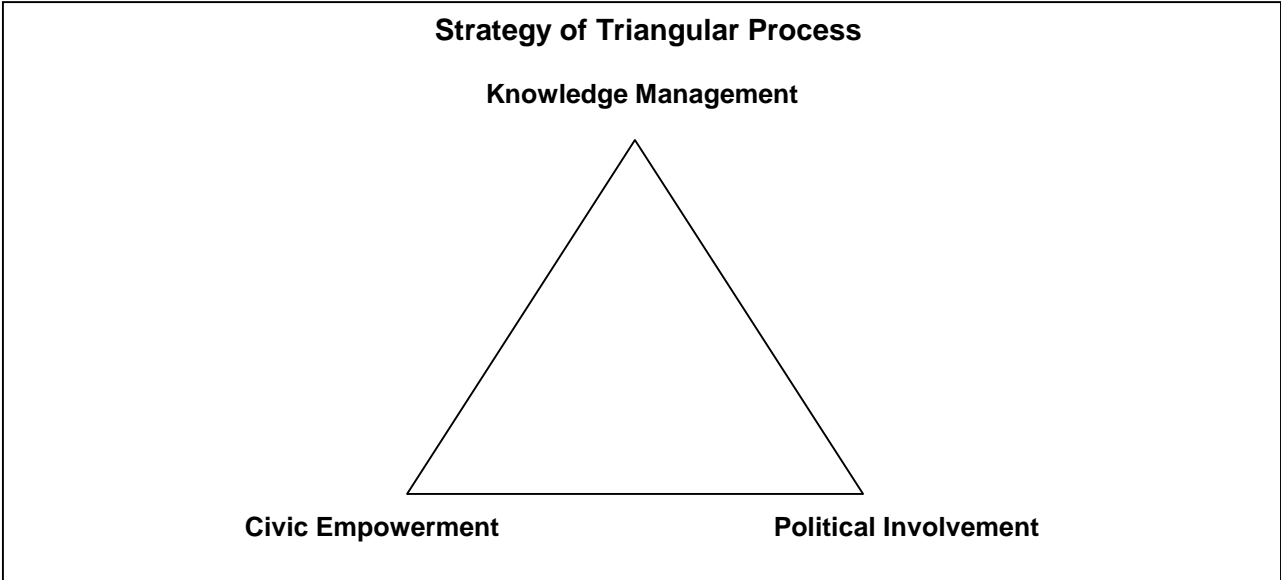
Health system reform is an intricate issue involving many factors including those of a cultural, social, environmental, and not least, political nature. Obstacles to reform are many, and often seem insurmountable. An innovative "triangular process" approach to overcoming these difficulties has been applied in Thailand to the challenging task to restructuring and reforming the countries cumbersome health system.

"It will herald the Health agenda of the Society and outline System and Fundamental Structures"

Analogous to the concept of **"the triangle that moves the mountain"**, this is based on establishing a symbiotic interaction among three basic objectives: creation of knowledge through research, social movement or social learning, and political involvement. In this case, drafting of the national Health Act is a means to solicitation, perspective modification, brainstorming, visualization, commitment and, finally, a common creation of desirable health systems. It will herald the health agenda of the society and outline systems and

fundamental structures. Then, it will be conductive to a systematic and discernible health system reform.

The drafting process of the National Health Act is an essential means to mobilize all stakeholders to collaborate with each other in redesigning a new mind set for their health. Four sub-committees under NHSRC were appointed. A technical sub-committee would synthesize the appropriate knowledge and draw up options for all issues of reform. The sub-committee on Partnership Building aims at interacting with and involving all partners in order to seek their opinions and support. The sub-committee on Public Media is responsible for wider social advocacy and movement through public media. The last sub-committee will draft the National Health Bill. Health system reform has been strongly endorsed with the advent of the current government in February 2001 so that it became the key health policy according to the Cabinet's policy declaration in the National Parliament.

"The official embarkation of the NHSRC was on August 9th, 2000. Its mission Will be completed Within three years…"

The official embarkation of the NSHRC was on August 9th, 2000. Its mission will be completed within three years; then, the Health Act will have been envisioned as a vivid gateway for furthering the evolution of health system reform. Concurrently, enormous work has been dedicated to fulfill its mandate of reform. This comprises of academic missions, civil society mobilization, a political agenda and commitment in drafting the National Health Act.

1) Academic Missions

Knowledge of health systems is not the preserve of any one disciplinary group. Instead, it draws on the experience and expertise of

a wide range of stakeholders who are involved throughout the system. These may include professionals with knowledge relevant to the issues being addressed, key decision-makers and relevant voluntary organizations, and researchers from broad disciplines, which include public health, law, economics, social science as well as political science.

As a national agenda, it is legitimate for HSRI to facilitate the mobilization and strengthening of a wide range of related researchers and research institutes in support of evidence-based health system reform. The main purpose is to support the synthesis of essential knowledge on a contextual basis for drafting the National Health Act. This entails an ongoing set of strategically planned and coordinated action that involve a range of different actors who cut across a number of different disciplines and sectors. It is not a typical health research project or even limited to action in the public health domain.

"These research results should culminate into pivotal proposals and serve as a foundation to design a reform process"

Working groups of researchers were contracted to deliberate and synthesize on particular reform issues, which were hypothetically defined as strategic in direction. These research results should culminate into pivotal proposals and serve as a foundation to design a reform process. This yields not only recommendation reports to technically guide the NHSRC but also a creative network of researchers, policy-makers and civic activists who contribute their wills to forward the health system reform.

2) Civil society Mobilization

Stakeholders in restructuring the health system might have their

own varied interests. An emotional response to changing processes might vary in a broad range – from affirmative support through confusion or frustration to another extreme of a sense of rejection. Thus, reconciliation of the differences among stakeholders so that most of them can be allied as partners in the reform is a crucial initial strategy. To do this, basic knowledge on leadership and civil movement of the potential stakeholders has to be studied. In the first few months, the stakeholders for national health systems reform were explored. Then, information on these stakeholders including responsibilities, contact persons, and addresses were collected and organized, then computerized as databases. Policy mapping and analysis of stakeholders within a framework of health related movements were verified in order to align their issues of interest. The alliances on health system reform were categorized into four functional groups, namely: public interest groups, health professional groups, profit-in-health related businesses, and community based civil society.

"Recommendations From civic alliances have been complemented by academic work, and then integrated into a draft of the National Health Act."

The **HSRO** mission is to encourage and empower all partners to express their interests and vision, and to be involved in the process of deliberating the National Health Act. Forums and seminars have been facilitated in every province to solicit those potentials groups to join their own mutual learning process of the existing health systems. Mind Mapping and Focus Group Discussions were employed as powerful devices to explore the imaginary demands of people. In six months, broad and comprehensive views of the health system have been depicted and proposed. Recommendations from civic alliances have

been complemented by academic work, and then integrated into a draft of the National Health Act.

3) Political Agenda and Commitment

From the start, **HSRI** has proposed a conceptual framework for health system reform to the government through parliament and the cabinet. Consequently, in 2000, the senators' sub-commission on health recommended to the cabinet to reform the health system. Then **HSRI** formulated a plan and architecture for undertaking a process to draft the National Health Act as an essential device to mobilize the reform. This has been endorsed and approved by the Cabinet, which committed to launch the national agenda to health system reform.

"The cabinet has strongly endorsed the policy of health system reform, which emphasizes universal coverage"

The government's engagement is crucial to guarantee that legitimate, legislative, and cooperative device as well as financial, human, and public communication resources are provided to mobilize the reform. In the midst of a political rally in the first general election under the new constitution at the end of 2000, universal coverage of health care – a principal issue for reform – was raised by a newly established party. It turned out to be a popular policy. This party won a landslide victory in the election, then became the most powerful cabinet in the history of Thailand's democracy. The cabinet has strongly endorsed the policy of health system reform, which emphasizes universal coverage. However, difficulties lie ahead, since financing mechanisms as well as a wide range of health care infrastructures and referral systems are waiting to be constructed. A myriad of actors has had to be engaged to move the whole system. Implementation is

underway with a serious demand for feedback information, in which **HSRI** has been entrusted to coordinate the monitoring and evaluation of the national universal coverage plan. Other items in the reform agenda, such as public sector reform, which demands restructuring of the health sector, decentralization, which aims at empowerment of local governments and civil societies and establishment of a national research structure, which strengthens and reorientates the function of science and technology in development, are addressed in its formulation and implementation.

"Until now NHSRC has scrutinized and approved most of the essential issues related to new structures and functions.."

The National Health System Reform Committee (NHSRC) has been endorsed to further its task. Until now, NHSRC has scrutinized and approved most of the essential issues related to new structures and functions that have evolved in the design of the health system. These are principles of the health system, the governance mechanism of the health system, health hazard control, the Universal Coverage of Health Care plan, and the National Health Act draft.

8. National Health Act: a Societal Paradigm Shift

An important aspect of the National Health Act is that it is contextualized according to an ideological and scientific frame, which has been collated from a wide range of reform alliances' deliberations in the last two years. Although these have not been finalized yet, the core and essential structure of the expected health system has been vividly depicted in the draft of the National Health Act. The draft has been scrutinized and recommended by broad functioning alliances throughout the country. From it, a conclusion has been drawn up and modified by the Law Working Group to transform it into a legislative format.

The proposed health system reflects a shifting paradigm of the Thai people in many ways. The key issues are in terms of ideology, governance, and architecture.

1) Principles of Health and Health System

New Definition of Health

Spiritual Health

Social Health

Mental Health
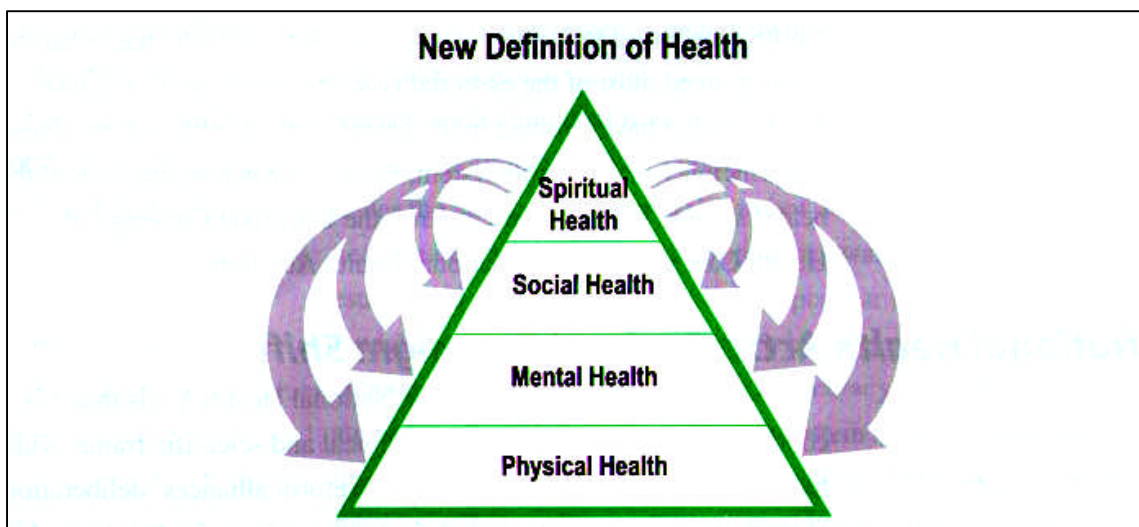
Physical Health

Health has been redefined as "a state of well-being that is physical, mental, social and spiritual", which has been modified from the

conventional definition in WHO's constitution The phrase "not merely the absence of disease and infirmity" has been deleted in order to be responsible for a broader dynamic of human well-being related to sex, age, genetics, consequences of various health hazards. Since the constitution of 1997, the government has been obligated to be responsible for health as a right of the people, particularly those who are vulnerable.

"…remarked term Is "spiritual health" which is a strong sense developed into a crucial foundation for health at both individual and societal level"

Another remarked term is "spiritual health", which is a strong sense developed into a crucial foundation for health at both individual and society level. At the individual level, it implies belief, faith, and sound commitment to a healthy life. This is verified and validated from the ultimate sense of various religious preachings through the pragmatic experience of scholars, then, to the realistic practice of broader civil society, which is exposed to sufferings such as those of people with HIV/AIDS, disabled groups, Poverty stricken groups, and so on.

At a broader societal level, it connotes a public will to equity which entails strategy and actions to lead to real and sustained change in reducing unfair disparities in health and health care. This has been worked out by reviews of sufferings from unhealthy public policy at broader terms of strategic, program and project level. The studies were conducted with the collaboration of academics , activists, and public authorities who are engaged with the policy as well as the involvement of community groups and stakeholders in policy formulation.

The health system's legitimate intervention according to this new definition is underway as various research projects. These range from individual and community health care to governance of healthy public policy. Thus, the health system has been officially redefined as " all the

system which are holistically interconnected and which affect the health of the people throughout the country". It includes all factors related to health, namely, personal, environmental, economic, social, physical biological factors as well as the health service systems.

"Civic policy will be constructive and powerful leverage in this reform"

This means that health system reform seems to be very broad, but all of these factors are mutually interrelated. Intervention on just a single well-focused issue can not reshape the health system. In fact, it may cause a failed reform. Thus, holistic reform to redesign and integrate all of these issues will enable broader collaborations from all paces of life to clarify their destination. Civic policy will be constructive and powerful leverage in this reform.

2) Governance of the Health System

Culminating from deliberations towards health system reform, healthy public policy has been recognized as a strategic foundation to create a healthy pace for all life. Evidence from the experience of civic movements from grass roots level, through local level, and up to national level has demonstrated a more effective and knowledgeable involvement with public policy. Most of the civic interventions have engaged with health based on a broad definition of ongoing reform. However, chaotic alignment within the existing public authority has prevailed since a centralized command structure still dominates the scene. In order to facilitate the change to a self-reliant health system, a new model of governance has to be designed.

A review of various countries' health policy formulation and

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administration as well as governance of other sectors' of policy in Thailand were studied. This was concluded and synthesized to form a recommendation for a National Health Council to oversee all the health impacts affected by any sector's policy. Alternative drafts of architecture

of the health system's governance were studied and scrutinized by civic activists as the basis of a real struggle for practical actions in their own fields.

3) Health System Elements

"Casual relationship of factors influencing holistic health has been realized.. external factors currently consisting of the ecological and social environment."

Based on a structural study of whole elements comprising of health systems, a holistic approach of interrelated elements has been identified. Not all of these have been synthesized to a final real architecture or organization, but mutually related functions have been depicted in order to articulate with broader related actors and expand the mission so that furthering the redesign of the system can be undertaken.

A schematic causal relationship of factors influencing holistic health has been realized. These are composed of external factors, currently consisting of the ecological and social environment. These factors are dominated by anthropogenic determinants with some natural impact. Intermediate factors are social determinants, which may play a prominent role in shaping human behavior. The inner factors are genetic and biogenic factors that interact with human conduct and reflect the well-being of individuals and society.

With this conceptual framework of healthy a individual and society,
a new interrelated set of elements comprising a health system
was depicted. To support a healthy environment for society, the
external roles are:

1. to guarantee healthy public policy – health impact,
   assessment, structure, and function;

2. to be the brain of the health system – health research
   system and technology development;

3. to prevent and control health hazards – surveillance and
   technical capability for protection;

4. to provide health related human resources – a network
   for manpower capacity and policy.
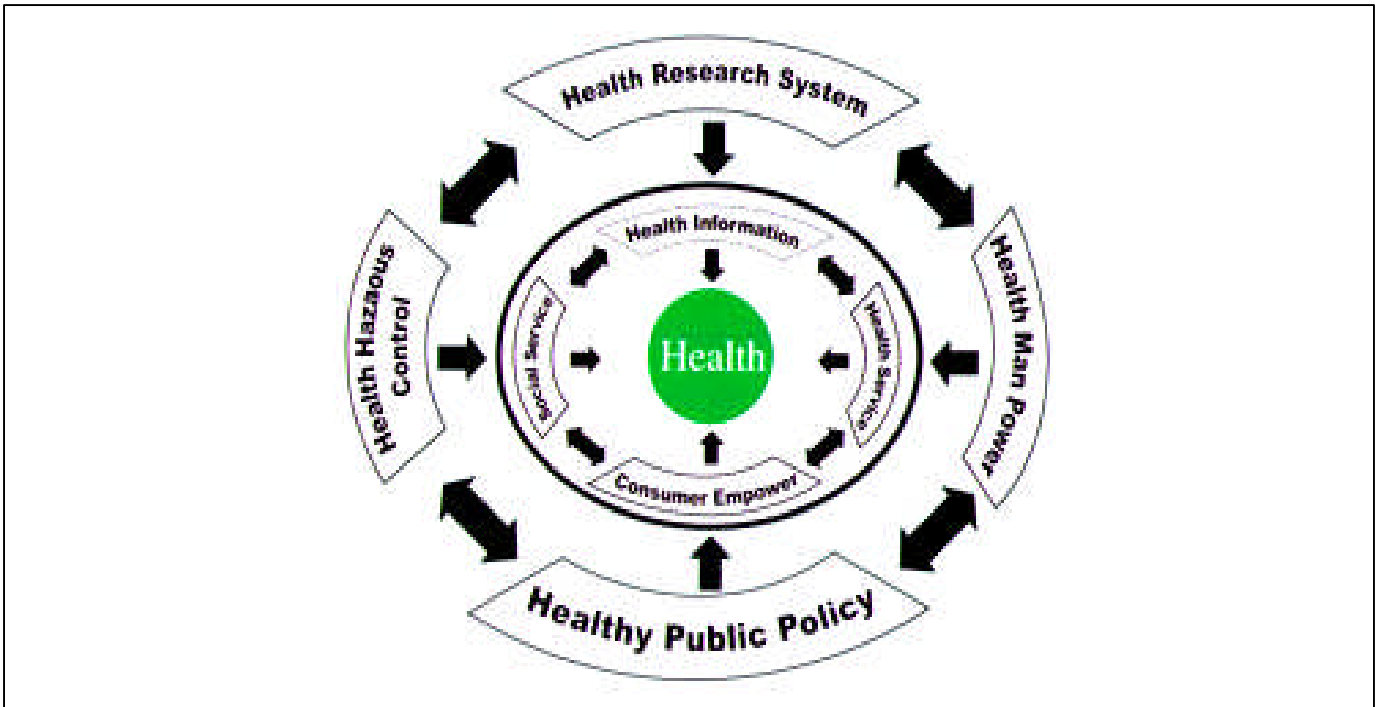
The inner circumstance of elements would be the architecture for empowering the individual and society so that they can cope with the situation in a healthy manner. These are:

1. a health information system where new information technology would be employed to enrich individual and society knowledge;

2. a consumer empowerment mechanism, what would include the participation of civil society and a network of academic;

3. a health service system which supports a wide range of care as well as self care;

4. a social service system which will protect people from being vulnerable.

According to this context, the health system is broader than a health care system. It is rooted in desirable values and principles, including equity in the health of people. Elements included in the health system are mutually interactive and interrelated. Reform of just a single element would not improve the health system to the refined destination. On the other hand, it may complicate or jeopardize the reform.

All of these eight elements of health system may not be in place by the time of promulgation of the National Health Act. The ongoing design and reengineering of these mechanisms will last for decades after that. Reorienting the architecture and function of the health system is a surmountable obligation, which demands clear visions and committed political force. However, knowledge management throughout this process of reform has entailed efforts to create a common understanding between policy-makers and the public on each specific issue.

9. Conclusion

Health system reform needs a holistic approach at all levels of a country; thus, synergistic effort among all stakeholders coordinated by firm government leadership is an essential cooperation to manage the transition. Only a stable political circumstance can provide an opportunity to mutually learn and direct the changes in accordance with real societal demands. Health system reform encompasses the entire spectrum of knowledge management – ranging from research coordination and empowerment of all the stakeholders to encouraging actors from pluralistic policy to be involved in the change process, and dissemination of understandable research results. Networking with all stakeholders to be involved in the reform is, therefore, an essential initiative.

Lessons learnt in Thailand have demonstrated a new capacity of a learning society to clarify societal demands for the health system. These knowledge management strategies were designed to synergize societal imagination with scientific knowledge as a vivid strategic plan, which will ensure visionalized reform among all potential alliances.

Knowledge management in a reform situation could oblige multidisciplinary researchers and institutes to join a broad network in order to undertake an enlightened mission. Without a promising theme of policy, it is difficult to interweave various lines of academic work into a complex prospect of targeted policy and systems. This supports the fact that most academics wish to contribute their creations to benefit broader society rather than just solely publishing manuscripts. Coordination of analysts and researchers from different disciplines

requires patience to mutually understand the issues and collaboratively analyze the situation then synthesize alternative options to be tried.

Health system research also has its role in empowerment of all partners of the reform to be capable of innovation within the ideology of the health system as well as in redesigning a sound architecture to support its new functions. A broad range of civil activists and policy makers was involved throughout the research work so that they could contribute their experiences to enrich the study. Simultaneously, they also learnt and realized an array of knowledge to empower their future movement as an integral part of health systems. This might be crucial leverage to manage the transition as well as to sustain the challenging change.

However, the process of drafting the National Health Act is not an end of a romanticized story, but rather the beginning of a long ongoing reform, which may last for decades. Thai society has initiated and is now acquainted with the utilization of sound knowledge to arm its wisdom. Certainly, not all innovations attained by the reform process will achieve the same expectations or be sustainable, but failures will also serve as learning experiences and be corrected. Thus, a learning society inspired with an aim for a healthy lifestyle is in itself a means and an end for health system reform.

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