The Report

From the PMAC Side Meeting on

Health in All Policies in Thailand: Institutionalization & Politicization

Organized by Thailand National Health Commission Office (NHCO), the Global Network for Health in All Policies (GNHiAP), ThaiHealth promotion foundation, Health Systems Research Institute (HSRI), Mahidol University, International Health Policy Program (IHPP) and PMAC 2022

Thursday 13th January 2022

13.00 – 15.00 hrs. [ICT]

Contents

Overview

The concept of Health in All Policies (HiAP) was a result of both national and international developments, namely the Declaration of Alma Atta in 1978, Ottawa Charter for health promotion in 1996, Adelaide recommendation on Healthy Public Policy in 1988, for instant. An official introduction of HiAP concept was made during the Finnish EU presidency in 2006. Another key global milestone of HiAP was appeared in the 8th Global Conference on Health Promotion (8GCHP) in Helsinki, Finland, 2013, when the definition of HiAP was agreed by the international community for the first time.

Thailand have been a part of global community, playing parts in the development milestones of all key concepts towards HiAP approach. HiAP movement in Thailand have been contributed to the country's healthcare reform and institutionalized in Thai context through the implementation of the National Health Act B.E.2550 (2007) in 2007. The Act have been used as a mechanism to mobilize multisectoral actions from all sectors, to create a systematic reform of the national health system. The Act also encourage processes for healthy public policies development and strategies with participation from all sectors.

The virtual PMAC 2022 side meeting on *Health in All Policies in Thailand: Institutionalization & Politicization* was organized in order to present a 15 years' experience of HiAP implementation through Thailand National Health Act 2007 where HiAP concept has been applied. The presentations focused on *Institutionalization and policy construction of HiAP in Thailand, Operationalizing HiAP in Thailand,* and *Advocating evidence-based policy for HiAP: the case of Bicycle Commuting Policy in Thailand*. It can be beneficial for other partners planning to adopt such an approach to their settings. (To watch a record click)

Meeting Objectives

- To review key lessons of HiAP practices and share experiences concerning HiAP implementation in Thailand
- To discuss key achievements of HiAP initiatives which drive better health governance and policy implications of HiAP for Thailand and developing countries

Presenters:
1. Wirun Limsawat, MD, PhD, Society and Health Institute (SHI), Ministry of Public Health (MoPH) Thailand
2. Jomkwan Yothasamut, PhD, International Health Policy Program (IHPP), Ministry of Public Health (MoPH) Thailand
3. Assoc. Prof. Kanang Kantamaturapoj, PhD, Faculty of Social Sciences and Humanities, Mahidol Universityy, Thailand

The presentations of presenters are provided in Appendix 1

Moderator: Theerapat Ungsuchaval, PhD, Faculty of Social Sciences and Humanities, Mahidol University, Thailand

Discussants

1. Kumanan Rasanathan, M.B.Ch.B., M.P.H, World Health Organization (WHO)

2. Somsak Chunharas, MD, National Health Foundation (NHF)

Rapporteurs
1. Nanoot Mathurapote, Global Collaboration Unit, National Health Commission Office (NHCO) Thailand
2. Pattara Leelahavarong, PhD, Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand
3. Khanitta Saeiew, Global Collaboration Unit, National Health Commission Office (NHCO)
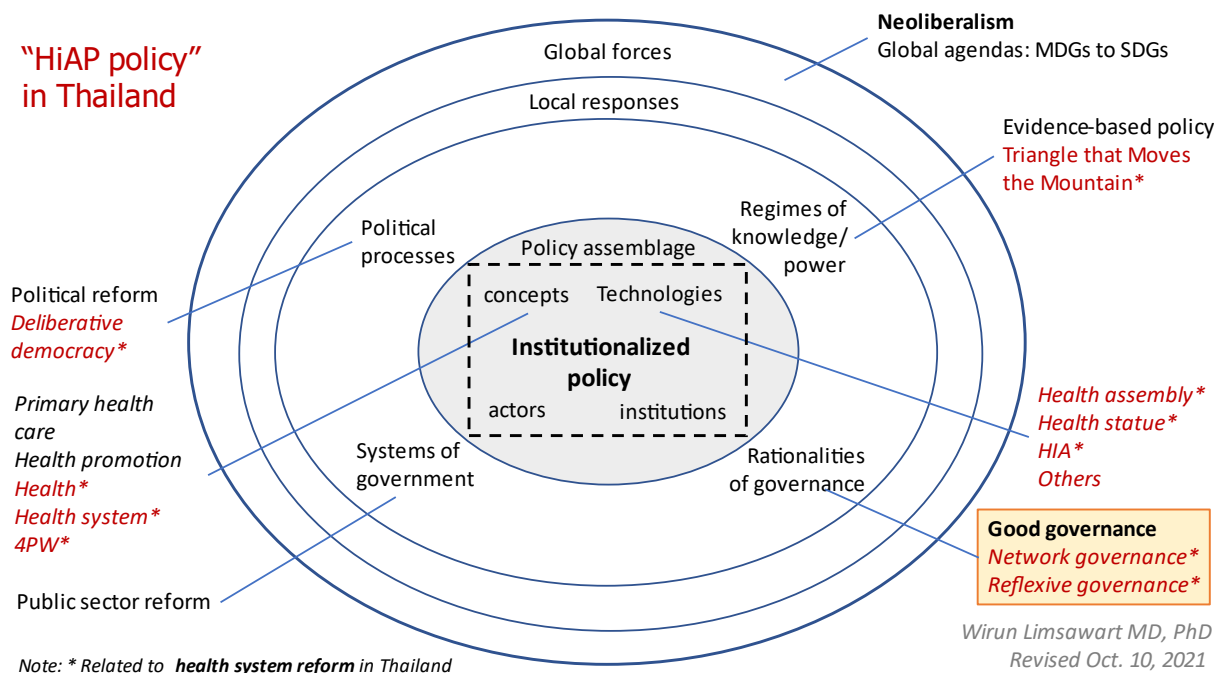
Dr. Wirun Limsawat

The presenter presented how HiAP as a concept of "policy of policies" institutionalized in Thailand. As a part of the interdisciplinary research on HiAP in Thailand, the Social and Health Institute uses the approach of the anthropology of public policy to understand the social ground of development of HiAP in Thailand.

He emphasized that law is a key factor in transforming HiAP concept to institutionalization as proven in the Finish experience. The Economic Council of Finland launched the report of the goal of health policies in 1997, followed by the Constitution in 1999, the Health Care Act in 2010, and the Local Government Act (1995). Dr. Timo Ståhl, a team leader of the Finnish National Institute of Health and Welfare, pointed out in his article published in 2019 that "legal backing is useful" in implementing the concept of HiAP. The Finish experience is similar to Thailand's experience as HiAP is explicit in the then Constitution in 1997 and the National Health Act in 2007. Therefore, the National Health Act can be seen as a formal institutionalization of HiAP's concept in Thailand.

However, to understand the development of HiAP in Thailand, it is necessary to comprehend Thailand's social and pollical context. HiAP development in Thailand is influenced by global forces and enhanced by local response, as illustrated in the framework below.

"HiAP policy" in Thailand

Global forces

Local responses

Neoliberalism
Global agendas: MDGs to SDGs

Evidence-based policy
Triangle that Moves the Mountain*

Political processes

Regimes of knowledge/power

Policy assemblage

concepts   Technologies

Institutionalized policy

actors   institutions

Political reform
*Deliberative democracy**

Primary health care
Health promotion
*Health**
*Health system**
*4PW**

Public sector reform

Systems of government

Rationalities of governance

*Health assembly**
*Health statue**
*HIA**
Others

Good governance
*Network governance**
*Reflexive governance**

Wirun Limsawart MD, PhD
Revised Oct. 10, 2021

Note: * Related to **health system reform** in Thailand

The presenter explained the four aspects of the local response as the factors that enhanced institutionalization and policy construction of HiAP in Thailand.

1. <u>Political process</u>: the political reform movement that began in the 1970s has led to a public awakening of political awareness. Some people who joined the movement become leaders who have moved forward a participatory public policy process of HiAP as a form of deliberative democracy.
2. <u>System of government</u>: a consequence of the economic crisis in 1997, together with the then people's constitution, is the public sector reform. This reform resulted in the establishment of autonomous institutions that enhanced HiAP in the country, such as the National Health Security Office and the Thai Health Promotion Foundation.
3. <u>Regimes of knowledge and power</u>: Due to the political reform and new public management, it has changed policy development to use more evidence to inform a policy. The evidence used is from academia or technocrat, and the evidence from local wisdom and people's experience collected as a part of the Triangle that Moves the Mountain. This regime of knowledge and power is explicit in the social movement on tobacco control and the establishment of the Thai Health Promotion Foundation.
4. <u>Rationalities of governance</u>: Thailand has adopted the rationality of good governance to respond to the global force. The social technologies embedded in the National Health Act, including health assembly, health statute, and health impact assessment, make the governance more reflexive.

In the end, the presenter questioned how we understand and enhance HiAP development beyond the scope of formal institutionalization. He emphasized that although the word "Health" in Health in All Policies suggests going beyond medicine and incorporating other aspects to make society healthy, medicine should not be left to the hands of health professionals. Medicine can be the entry point to understand people's suffering and how we can collectively make society better. Therefore, medicine, policy, and politics are inseparable. He ended his presentation with Dr. Rudolf Virchow, a predecessor of social medicine, who stated that medicine is social science and politics is nothing else but medicine on a large scale.

Operationalizing HiAP in Thailand: Redefining Health Public Engagement and Multi-Sectoral Collaboration

Dr. Jomkwan Yothasamut

The presenter started with giving the concept of Health in All Policies (HiAP) that "an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity", as specified in the WHO's HiAP Framework for Action in 2014 . This concept reflects the principles of legitimacy, accountability, transparency and access to information, participation, sustainability, and collaboration across sectors and levels of government.

According to the evaluation of the National Health Act in 2007 and its introduction and application of HiAP in Thailand, the researcher team employs case studies to explore three mechanisms identified in the National Health Act 2007, namely the content of the National Health Act, National Health Systems Charter (or the Statute on National Health Systems), and the board of governance (the National Health Committee, NHC).

The preliminary study found that HiAP has been operationalized and institutionalized in Thailand since 2007, through the promulgation of the National Health Act (2007) where National Health Commission Office (NHCO) was established to become its prominent agent. The presenter identified three key important roles of the Act, which are (i) a legislative framework for systematizing the development of healthy public policy and determining governance structure and health system governance; (ii) options for policy development because it creates the National Health Assembly and Health Impact Assessment and (iii) a resources mechanism for HiAP implementation and sustainability.

HiAP has distinctively operated in key threefold dimensions as followings.

1. Redefined health

    Broader definition of health has been brought up in the National Health Act, National Health Systems Charter and the National Health Assembly. National Health Act 2007 emphasizes health of vulnerable population, right to peaceful death and palliative care, and right to health information (including HIA as a tool to support people's right to health information). In addition, the Health Charter includes spiritual well-being in the definition of 'health and Social Determinants of Health. Moreover, NHA resolutions 2008-2020 showed all 87 resolutions in the past 12 years responded to one or more elements of SDH.

2. Public engagement

    The National Health Assembly engages public in agenda setting, policy formulation and activities. However, there is room for improvement towards deliberative engagement process, especially on representativeness and equal information. To increase level of engagement, a strong link between specific issues and provincial health assemblies are recommended

3. Multi-sectoral collaboration

    Although Thailand's National Health Assembly (NHA) has been recognized as a case study for intersectoral action for health by the WHO, it is found from the evaluation studies that policy implementation which is a stage after the policy is adopted at the NHA is the most challenging element. Bureaucratic process of state organizations is identified as the main obstacle for policy implementation action.

    Finally, the presenter concluded that HiAP has been operationalized through the National Health Act in a limited ways in effect which are (i) over-reliance on network mechanisms with little authoritative

power to govern and steer policy development (NHA resolution), (ii) limited resources for supporting implementation and (iii) collaborative attempts based on bureaucratic departments

Advocating evidence-based policy for HiAP: Advocating evidence-based policy for HiAP: the case of Bicycle Commuting Policy in Thailand
Assoc.Prof. Kanang Kantamaturapoj, PhD

The presenter presented a preliminary result of the qualitative research on the development of bicycle commuting policy in Thailand. The research explored how the evidence was used to influence bicycle commuting policy and explored related supporting strategies that combine with evidence to achieve the bicycle commuting policy.

Before 2012, Thailand had no policy on bicycling. A bicycle was used for exercise only, not for a daily living. Thailand Walking and Cycling Institute (TWCI), formerly known as Thailand Cycling Club, is the key player to change public attitude on bicycling. TWCI used the National Health Assembly (NHA) which is a collaborative platform to develop public policy on bicycle commuting. The NHA resolution was drafted by many actors namely the Ministry of transport, Ministry of public health, Ministry of education, Ministry of finance, and local administrative organizations. The objective of the resolution is to promote the supportive system and structure for walking and cycling in daily living.

Once the resolution was adopted by the constituencies of NHA. TWCI continued advocating this policy. TWCI formed a network with the Thai Health Promotion Foundation (THPF) and got funding from THPF for the policy advocacy project. TWCI also played a role as a think tank of cycling research. TWCI funded the local researchers to conduct studies about policy and law, transportation system, infrastructure, health and society, travel, attitude, and behaviour that support the bicycle commuting policy advocacy

It is interesting to note that TWCI and THPF used all types of evidence to set agenda and formulate the policy. Scientific evidence was used to highlight the burden and magnitude of the problem and propose effective policy options. The experiential evidence was also used to improve the policy such as the lesson learned from the past of TWCI's project, the expertise of TWCI's members, or the suggestions of the stakeholders. These ranges of evidence were communicated to the two main target groups, including the policymakers who had the authority power to provide the supportive infrastructure for cycling, and the people who can gradually change the behaviour to use bicycles in everyday life.

Besides the use of evidence, four additional strategies were used to support the policy advocacy.
1. Personal connection and networking were used to approach the key stakeholders such as the high-ranking government officers, local administrative organization officers, or community leaders to provide support and a strong commitment to building bicycle users' communities.
2. The ability to influence grants was used to enable insufficient funds to support the policy advocacy at both the national level and community level.
3. The campaign that suits the lifestyle of local people was launched to promote the use of a bicycle in daily living such as the campaign on bicycle riding to mosques that fits Muslims that have to pray at the mosque 5 times a day.
4. Social marketing was used to communicate the bicycle commuting policy to a wider public. The evidence-based and interesting content are publicized via various forms of media such as infographic and storytelling.

At the end of the presentation, the presenter proposed two recommendations. Firstly, Other think thanks, except TWCI and its grantees, should be established. The decentralizing of knowledge would create a variety of evidence beyond TWCI visions. Secondly, TWCI and THPF should give more attention to non-

scientific evidence to promote the culture meanings of cycling and support bicycle users' competencies to pass on knowledge to the new cyclists in the future.

Discussion

The webinar invited Dr. Kumanan Rasanathan from World Health Organization and Dr. Somsak Chunharas from National Health Foundation (NHF) to reflect the presentation of the three presenters. Dr. Rasanathan started with compliment Thailand is a leader HiAP process e.g. NHA, and other countries are looking at Thailand to be an example of linking HiAP policy concept to practice. Many countries are still more difficult to see an explicit figure HiAP-led by other non-health sectors. This is WHO's work now to help country taking forward on HiAP. However, a lot of works was not called HiAP explicitly e.g. management of COVID-19 crisis can show many examples that not only Ministry of Health made decision to manage COVID-19 during the pandemic but also other ministry e.g. Ministry of Finance advocated state on mission to reduce economic impact due to COVID-19.

In fact, COVID-19 pandemic crisis light up HiAP concept. Multisectoral actions are needed to work on crisis management. People in the society tend to be more understand about HiAP. This crisis is an opportunity to create HiAP with involvement of every sector to improve variant of institution, enlighten charter of HiAP, better response people need

He agreed with the presenters that a context of political economy is important as much as the technical evidence. If we ignore political economy context, we are often unsuccessful. We need to focus more on technical tool and theory that can engage political reality with incentive interest of the institution in country. Country needs a mechanism that can allow people voice what they want, and policy makers listen to them. We should take public engagement and social mobilization seriously.

Dr. Chunharas began with questioning a health sector's way of developing a policy. It is often found that a health policy is very health oriented and leaves other aspects behind. Furthermore, asking other sectors to help our work. This is not called HiAP or multi-sectoral collaboration. He proposed 'All Policies in Health Policies'.

Dr. Chunharas broadened HiAP beyond the National Health Act by sharing six HiAP cases in Thailand.

1. <u>A joint development of Basic Minimum Need (BMN) in 1990.</u> BMN is a survey tool with a set of questions of indicators that asks community members to assess their community. This check list consists of agricultural practice, housing, health status, health behavior. BMN is initiated by Ministry of Public Health and collected by Department of Rural Development, Ministry of interior. Hence, BMN is a collaboration of the Ministry of Public Health (MoPH), Ministry of Interior, Ministry of Education and Ministry of Agriculture. In fact, MoPH expected to form a formal multisectoral mechanism to discuss health policy, but succeeded only introducing BMN.
2. <u>Health impact assessment from lead contamination in a water pipe from an express way route over a water canal.</u> The government demanded the Ministry of Public Health to do an assessment the impact of lead contamination. This case demonstrated that the policy from the other ministry affects health of the population.
3. <u>A tobacco tax increase to control smoking.</u> Due to a policy on opening a market of imported cigarette, a health sector then shifted in to protect health of the people. This event leads to health promotion policies.
4. <u>Partnership for healthy public policies.</u> Thai Health Promotion Fund collaborated with universities to set up units or centers working on "evidence and participatory public policies process.

5. <u>Setting up National Commission for Health with teeth</u>. The Ministry of Public Health looks for a formal mechanism with teeth, but the National Health Commission under the National Health Act is a semi-formal mechanism without teeth that makes a policy decision.
6. <u>COVID- 19.</u> The pandemic is an extreme case for Health in All Policies (HiAP) and All Policies in Health Policies (APiHP)

Finally, he drew lessons learned from HiAP in Thailand as follows.

1. The top country leader should lead this approach, not the role of the Ministry of Public Health
2. Institutionalizing a formal mechanism with political commitment is not easy to compromise with other sectors. A semi-formal mechanism with real teeth can be effective catalyst with the 'right business model'.
3. Academic institution, not an individual academia, is important. The institution is required to work much more to engage the society for change.
4. NGOs which work on academic and advocacy with specific policy issues are crucial.
5. We need to do a meaningful participatory public policy process. The National Health Assembly attempts to do this, but there is much more to learn and improve, especially how this mechanism moves the resolutions of National Health Assembly to become actual policy decisions and to effective policy implementation.

Recommendations

Dr. Chunharas stated that the three types of a mechanism, that are formal, semi-formal and informal mechanisms, should be built up to influence and bring about HiAP. A capacity to organize a participatory public policy process with a combination of four, namely (1) effective deliberations, (2) evidence generation, (3) social communication and (4) continuous interactive learning through actions is also required. Dr. Rasanathan suggested to use COVID-19 to demonstrate and expand HiAP approach. He valued trust from other sectors for HiAP development. A health sector needs to recognize other sector's core business and interest in order to seek trust from the other sector.

Presentation: On the quest for healthy society: Institutionalization and policy construction of HiAP in Thailand, Key developments

By Wirun Limsawart, MD, PhD (social anthropology) Society and Health Institute (SHI), Health Technical Office, OPS, MOPH, Thailand

Key arguments

- HiAP is a conceptualization of each society's quest for what can be called "healthy society"—framing of the goal of social change from a "health" perspective.
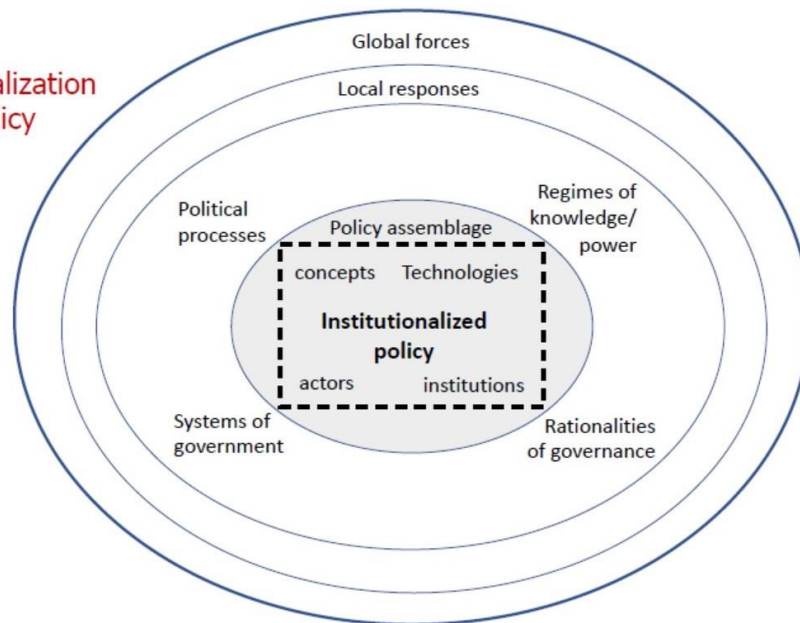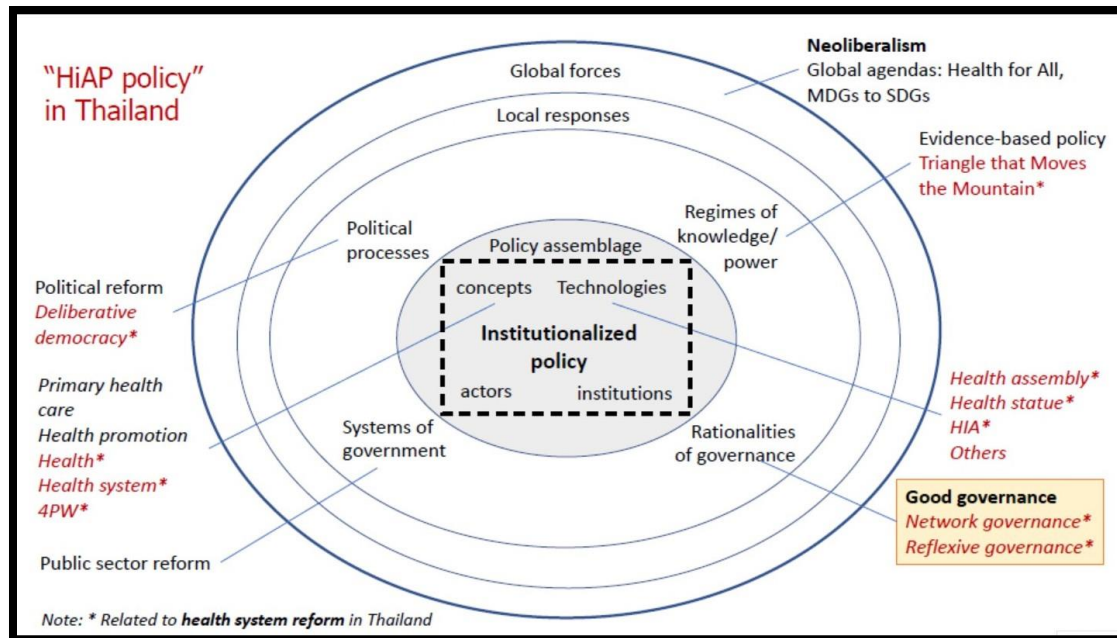
Rationale

- The Finnish example (Ståhl, 2018) identifies that "legal backing is useful" for implementing the concept of HiAP. For Thailand, a significant one is the National Health Act. B.E. 2550 (2007).
- The law, however, is an "institutionalization" of the concept embedded in the broader social change in the country.
- To push the "HiAP approach" forward, therefore, needs some understanding of its social grounding in the country's context – the social and political context of Thailand's HiAP.

research methodology

- SHI researchers use the approach of the "anthropology of policy" to understand the social grounded of the institutionalization of HiAP in Thailand
- A conceptual framework is developed to use as a tool to visualize the complex social phenomenon.

The Institutionalization of HiAP policy

"HiAP policy" in Thailand

Neoliberalism
Global agendas: Health for All, MDGs to SDGs

Global forces

Local responses

Evidence-based policy
Triangle that Moves the Mountain*

Political reform
Deliberative democracy*

Political processes

Policy assemblage

Regimes of knowledge/ power

concepts   Technologies

Institutionalized policy

actors   institutions

Primary health care
Health promotion
Health*
Health system*
4PW*

Systems of government

Rationalities of governance

Health assembly*
Health statue*
HIA*
Others

Good governance
Network governance*
Reflexive governance*

Public sector reform

Note: * Related to **health system reform** in Thailand

Key findings:

1. Political Process: Political Reform from the social movement in the 1970s, to The **people's Constitution 1997**
2. System of Government: Economic crisis in 1997 to the public sector reform and the establishment of UHC by **NHSO** and the health promotion enhancement by **ThaiHealth**
3. Regime of knowledge/power: from evidence base policy to the collective wisdom of **triangle that move the mountain** in **Tobacco control** to the development of **ThaiHealth**
4. Rationality of governance: from good governance toward reflexive governance in the **Participatory Public Policy Process**

A further question to explore

- How can we understand and enhance the development of "HiAP" beyond the scope of formal institutionalization?

Health in All Policy
On the quest
for
healthy society

"Medicine is a social science, and politics is nothing else but medicine on a large scale."

Rudolf Virchow
(1821-1902)

Conceptualizing Health in All Policies (HiAP)

- HiAP is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.
- As a concept, it reflects the principles of: legitimacy, accountability, transparency and access to information, participation, sustainability, and collaboration across sectors and levels of government.

WHO (2014) Health in All Policies (HiAP) Framework for Country Action https://www.who.int/cardiovascular_diseases/140120HPRHiAPFramework.pdf

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Background and objectives

- The concept of HiAP was a result of both national and international developments where Thailand have been a part of global community.
- HiAP approach have been institutionalized in the Thai context through the introduction and implementation of the National Health Act in 2007.
- **This is a preliminary study of an evaluation of The National Health Act (2007) and its introduction and application of HiAP ideology in Thailand**

To review key lessons of HiAP practices and share experiences of HiAP implementation in Thailand

Key arguments/messages

1. HiAP has been operationalized and institutionalized in Thailand since 2007 , typically through the promulgation of the National Health Act (2007) where NHCO was established to become its prominent agent.

2. In Thailand, HiAP has distinctively operated in three related ways: legislative framework; policy options; and resources support mechanism.

3. Institutionalized HiAP characterizes key threefold dimensions: redefined health; public engagement; and multi-sectoral collaboration.

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5

Methods

- **Case studies**
  - National Health Act
  - Statute on National Health System
  - Board Governance (National Health Committee, NHC)
- **Document review**
  - National Health Act*
  - Statute on National Health System*
  - NHA resolutions*
  - Meeting minutes of National Health Committee (to be carried out)
- In-depth interview with key stakeholders (to be carried out)

Roles of National Health Act 2007: Institutionalised HiAP

Multisectoral action

Institutionalized **HiAP**

Public engagement

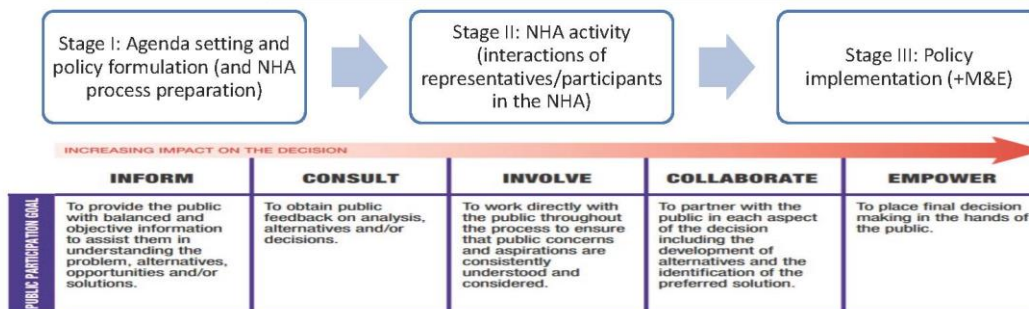Redefined health
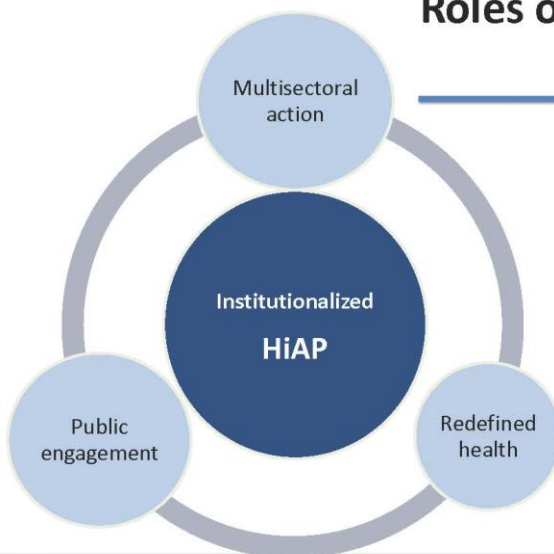
Operationalizing HiAP in Thailand

1. **Legislative frameworks:** for systematizing the development of healthy public policy and determining governance structure and health system governance

2. **Policy options:** creating alternatives for policy development >> National Health Assembly and HIA, for example

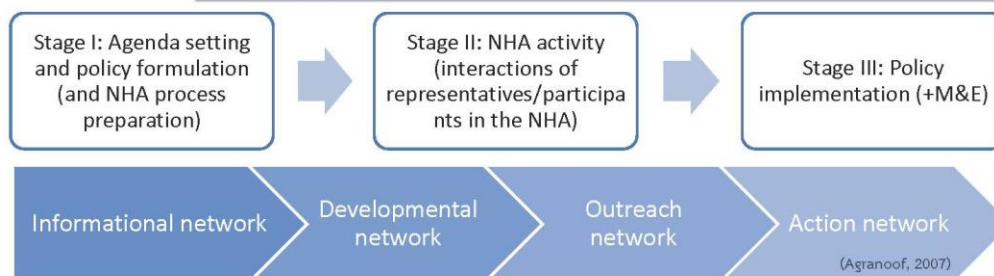3. **Resources mechanism:** for HiAP implementation and sustainability

Redefined health

National Health Act 2007	Statute on National Health System #1 #2	NHA resolutions 2008-2020 (all 87 resolutions responded to one or more elements of SDH)
• Health of vulnerable population • Right to peaceful death and palliative care • Right to health information (+HIA)	• Health definitions (intellectual well-beings included) • Desired health systems (based on principles of morality, ethics, humanitarianism, good governance, knowledge and wisdom) • SDH was emphasized Source: Dahlgren and Whitehead, 1991	✓ Age, sex, and constitutional factors ✓ Individual lifestyle factors ✓ Social and community networks ✓ Living and working conditions ✓ General socioeconomic, cultural, and environmental conditions

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Public engagement

Stage I: Agenda setting and policy formulation (and NHA process preparation) → Stage II: NHA activity (interactions of representatives/participants in the NHA) → Stage III: Policy implementation (+M&E)

INCREASING IMPACT ON THE DECISION

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.

- Representativeness: 1st and 2nd stages faced representativeness and equal information challenges
- Involvement (deliberative process): evaluation of NHA#5#6 revealed most of participants participated by 'listening' rather than exchanging their information (depends on experiences of participants)
- To increase level of engagement, a strong link between specific issues , and provincial health assemblies was recommended (Plainoy, 2011, Tantivess, 2012, Sringuenyuang, 2014)

Multi-sectoral collaboration

| Stage I: Agenda setting and policy formulation (and NHA process preparation) | → | Stage II: NHA activity (interactions of representatives/participants in the NHA) | → | Stage III: Policy implementation (+M&E) |

| Informational network | Developmental network | Outreach network | Action network |

(Agranoof, 2007)

- Thailand's National Health Assembly: Intersectoral Action for Health
- National Health Assembly
  - 3rd stage is the most challenging element and collaboration is likely to limited at 'outreach network' (bureaucratic process >> obstructed policy implementation)

Initial recommendations

1

- As HiAP has been operationalized through the National Health Act in a limited ways in effect
  - over-reliance on network mechanisms with little authoritative power to govern and steer policy development (NHA resolution)
 - lack of resources esp. funding, for supporting practices

➤ **Extra supporting strategies are needed for the Act to become an effective and democratic governance framework.**

2

- The way HiAP has been institutionalized is generally creative in Thailand. Yet, some elements of the three dimensions can be considered conservative relying too much on bureaucratice systems and protocals
  - health is a state-led project
  - representativeness in NHA
  - collaborative attempts based on bureaucratic departments

➤ **New modes of thinking and practice are needed to help overcome such limitations.**

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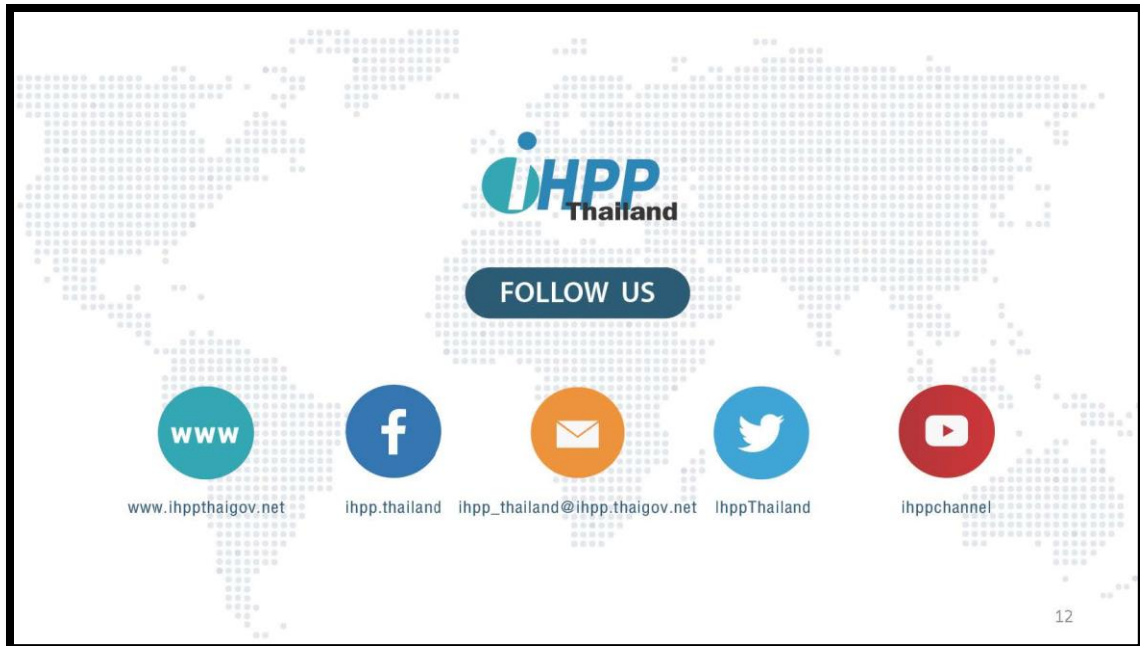
Presentation: Advocating evidence-based policy for HiAP: the case of Bicycle Commuting Policy in Thailand
By Assoc. Prof. Kanang Kantamaturapoj, PhD, Faculty of Social Sciences and Humanities, Mahidol Universityy, Thailand

Introduction

- Previously, cycling in Thailand was perceived as a kind of exercises rather than commuting
- 2012: Thailand has been able to formulate bicycle commuting policy through the National Health Assembly (NHA)
- We argue in our study that the success in advocating bicycle commuting policy in Thailand is a result of the use of evidences
- Objectives of study
  - 1) to explore the development of bicycle commuting policy in Thailand
  - 2) to explore how the evidences were used to influence bicycle commuting policy
  - 3) to explore related supporting strategies that combine with evidences to achieve bicycle commuting policy success

Methods

- qualitative research method
- in-depth interviews
- October – December 2021
- 12 key informants who formulated and implemented bicycle commuting policy in Thailand

Group of key informants	Numbers
TWCI	5
THPF	6
Grantees (knowledge producers)	1
TOTAL	12

Development of bicycle commuting policy in Thailand

- Before 2010s, no policy in Thailand facilitated the use of bicycle
- Thailand Cycling Club founded in 1991 by a group of cycling lovers (changed to Thailand Walking and Cycling Institute - TWCI in 2016)
  - organize cycling events for physical exercise and recreational purposes
  - formation of many cycling clubs over the country

Source: http://www.ibikeiwalk.org/

- 2010s, TWCI changed focus from cycling events to everyday bicycle commuting
  - 2012: use the NHA as a collaborative platform for developing bottom-up policy proposal
- NHA provides platform for a range of stakeholders (citizen, CSOs, government, private actor) to participate/develop public health policy
  - ensure that health is not viewed narrowly within curative care only

Source: http://www.thaicyclingclub.org/

- a policy resolution on *"supportive system and structure for walking and cycling in daily living"* was developed and endorsed by National Health Commission and the Cabinet in 2013
  - First time in Thailand where cycling in everyday life is given official attention
- NHA resolution required multisectoral collaborations
  - several public organizations such as MoT, MoPH, MoE, MoF, LAOs involved in public policy on bicycle commuting
- Network formed between TWCI and THPF to advocate bicycle commuting policy
  - Division 5 THPF: "Walking and Cycling in Daily Life Public Advocacy Project": focus on policy advocacy
  - Division 6 THPF: "Healthy Cycling Community": focus on policy implementation

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Using evidences to influence bicycle commuting policy in Thailand

- the use of evidence was focused on agenda setting and policy formulation
  - **Scientific evidences** that highlight the importance and magnitude of the problem, effectiveness of proposed policy options

"Cycling has at least 9 advantages to health; reduce risk of heart disease for 30-50%, reduce risk of type 2 diabetes for 30%, lower risk of stroke, decrease risks of overweight and obesity, reduce risk of Colorectal cancer, reduce risk of breast cancer, improve musculoskeletal system, reduce risk factor of depression, reduce risk factor of fall in elderly"

"If people walk or use bicycle instead of driving a car for only 1 day a week, they can save money for 5,200 THB per year"

"every 1 km of cycling can reduce 1 kg of Co2 emission"

NHA5 document (2013)

Mahidol University

- In the NHA process, experiential evidences from multiple stakeholders were also used
  - the involved stakeholders in NHA were familiar with a variety of key aspects about bicycle commuting and exchange insight knowledge in the NHA platform
  - experiential evidences include lesson learned from the past of TWCI, expertise of TWCI's members, wide range of experience and opinions from stakeholders joining the NHA

Mahidol University

Role of TWCI as a think tank

- TWCI provided funds to the local researchers to produce researches in the following themes;

  Source: https://gnews.apps.go.th/news?news=15331

  - policy and law
  - transportation system
  - infrastructure
  - health and society
  - travel
  - attitude and behavior
- Present result of these researches in Bike and Walk Forum
- Use these evidences to support their policy advocacy

Target of Evidence Utilization

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- Policy makers: relevant ministries, esp LAOs because the main policy agenda to support the use of bicycle required changes in infrastructures which were under local authority's power
  - All key informants placed policy makers as the main audience to communicate with different types of evidence. Policy makers at Local Authority Organizations (LAOs) and Provincial Authority Organizations (PAOs) as well as community leaders were specific target audience.
- The public: bicycle commuters
  - the main message for public communication was to gradually change people's behaviors and according to their experiences, the message should not be too simple, not too academic, but with guides for them to act

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Supporting strategies

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(1) Using network to support the policy

- used personal connection to approach the high-ranking government officers in the related agencies.
- seek for alliances from LAOs who were ready to support and had strong commitment on building bicycle community and supporting resources in long term
- built capacity of the selected communities' leaders

(2) Ability to manipulate grants

- TWCI submitted for grants from two divisions of THPF to conduct different activities.
  - Division 5: policy formation
  - Division 6: policy implementation
- The TWCI's ability of manipulate various grants enable policy advocacy in both policy level and community level

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(3) Implementing bicycle commuting policy in the way that suits local context
- TWCI and THPF explored the existing daily activities in the area and integrated cycling with those activities
- the key success of health promotion is to encourage people in the way that fit their lifestyle

Source: https://www.thaihealth.or.th/

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(4) Communicating to wider public
- THPF's social marketing division": analyse target groups and produce appropriate media to catch interest of specific groups
- the evidences were translated to various forms of media such as infographic and storytelling to communicate with the public
- the evidence-based story telling is one strategy to communicate with wider public

Recommendation (1)

- Evidences were mostly produced by TWCI and grantees of TWCI
  - we recommend that there should be other knowledge institutions/ think tanks to decentralize evidence/ knowledge production
  - this is to create a variety of evidence/ knowledge beyond TWCI visions, which allows a grater co-production of knowledge

Recommendation (2)

- TWCI and THPF mainly efforts to generate evidences to promote building of cycling infrastructure, but still work very little on creating a cultural meaning of cycling which is also important to normalize bicycle commuting
  - we recommend TWCI and THPF to give more attention to non-scientific evidences (cultural meaning, narrative, experiences) to promote cultural meanings of cycling and to support bicycle user competences to pass on knowledge to new cyclists