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Summary report of Thai UHC Journey workshop: Social Participation in Health Decision-Making

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2023 Thai UHC Journey Workshop: "SOCIAL PARTICIPATION IN HEALTH DECISION-MAKING"



November 27-
December 1,
2023



Onsite in
Bangkok,
Thailand

“

For a better health system, the workshop will ultimately lead to discover :

- *Why Social Participation is important in health decision making*
- *How to institutionalize Social Participation in Thailand*

Join us to meet new networks and let's be a part of driving this issue at the global level!

”

The workshop covers 5 elements to institutionalize Social Participation;

1. Regular participatory platforms at all levels
2. Capacity Building
3. Financial Resource
4. Laws and regulation
5. Monitoring & Using Data



Scan for application

• *Deadline for Application Submission:*
September 30, 2023

For more information, please contact :

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2023 Thai UHC Journey Workshop: Social Participation in Health Decision-Making

November 27- December 1, 2023, 9.00-16.00 Hrs, Bangkok, Thailand

A. Background

The WHO constitution states that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.¹ An important implication of this definition is that participatory health governance will lead to complete physical, mental and social well-being.

In 2021, WHO has launched the handbook on 'Voice, agency, empowerment – handbook on social participation for universal health coverage' which focus on social participation is an important means for governments to develop responsive health policies and programmes. It is at the heart of the inclusive governance needed for countries to take their individual paths towards Universal Health Coverage (UHC) while ensuring that no one is left behind. On the other hand, the participation of people, communities and civil society in health decision-making processes can make policies and programmes more equitable, responsive and efficient, and help to foster trust that can improve service uptake.²

The principle of social participation was endorsed in multiple intergovernmental commitments at regional and global levels including SDG target 16.7, the Astana Declaration on Primary Health Care in 2018 and the Political Declaration of the UN High Level Meeting on UHC in 2019. At the WHO regional level, this includes South East Asia Regional Committee (RC) resolution SEA/RC75/C, the Eastern Mediterranean RC resolution on resilience (2022), and the Pan-American RC resolution CD59.R12 on resilience (2021). However, an implementation, especially participation in decision making level are challenges and requires more experience sharing and capacity building.

To create a platform for experience sharing and networking on social participation, five key health organizations of Thailand, composing of the Ministry of Public Health (MOPH), National Health Security Office (NHSO), Thai Health Promotion Foundation (ThaiHealth), National Health Commission Office, Thailand (NHCO) and the International Health Policy Program (IHPP) in collaboration with the Enhancing Leadership on Global Health-Thailand Programme under the WHO Country Cooperation Strategy (CCS-EnLIGHT) will organize an international workshop on **2023 Thai UHC Journey Workshop under the theme Social Participation in Health Decision-Making**, from November 27- December 1, 2023, 9.00-16.00 hrs, in Bangkok, Thailand. The workshop aims at building capacity of countries to understand and realize importance of social participation in health decision making. Furthermore, the workshop expects the participants can apply the knowledge gained to make real actions based on their country contexts.

B. Objectives

1. To learn about institutionalizing social participation through sharing experiences between participants and from Thailand.
2. To recognize the global movement on social participation.
3. To build network on social participation movement especially in Asia countries

C. Application Guidelines

¹ <https://www.who.int/about/governance/constitution>

² <https://www.who.int/publications/i/item/9789240027794>

C.1 Application:

C.1.1 Application Form : Please complete the application form via this link

<https://en.nationalhealth.or.th/2023-thai-uhc-journey-workshop-social-participation-in-health-decision-making/>

C.1.2 Required Documents for the application:

1) A copy of your passport (JPG/PDF)

2) The approval letter from your organization signed by your supervisor (JPG/PDF)

*Supervisor: the head of the department/division of your organization

** Download the approval letter form by this link <https://en.nationalhealth.or.th/2023-thai-uhc-journey-workshop-social-participation-in-health-decision-making/>

*** All required documents please submit together with the application form shown in C.1.1

C.2 Participants Selection Criteria;

C.2.1 Working in fields of planning, participation, health systems, universal health coverage, health promotion

C.2.2 Working at a national level or a provincial/city level

C.2.3 Having experience on conducting participation such as public hearing, planning, health assembly, citizen jury, citizen dialogue, focus group discussion

C.2.4 Be able to fully participate in whole period of the workshop in Thailand

C.2.5 Sufficient command of spoken, written, and communicated in English

C.2.6 Age not over 45 years old

C.3 Important Dates;

C.3.1 September 30, 2023: Deadline for application submission

C.3.2 October 4 ,2023 : Announcement of selected participants on the website and by e-mail

C.3.3 October 30,2023 : Deadline for attendance confirmation

D. Logistic Information

D.1 Financial Requirement;

D.1.1 The host organizations will be responsible for: The Workshop expenses including meeting package (2 breaks and lunch) for the whole period of workshop.

D.1.2 The participants will responsibility for:

1) An airfare

2) Domestic transportation expense in your country and incurred within Thailand (back and forth to airport)

3) Other expenses incurred by travel preparations such as obtaining a passport, visa, health insurance and medical certificate

4) Hotel accommodation during the workshop period

5) Per-diem during the workshop period

D.2 Workshop Venue;

Best Western Chatuchak Hotel

18 Kamphaeng Phet Road, Chatuchak, 10900 Thailand

Tel: [+66 26664695](tel:+6626664695)

Website:https://www.bestwestern.com/en_US/book/hotels-in-chatuchak/best-western-chatuchak/propertyCode.99930.html

D.3 Visa

D.3.1 Visa requirement: Please find the visa requirement information from

<https://consular.mfa.go.th/th/index>. If you need to obtain a visa, please submit a paper and apply in a

nearest Royal Thai Embassy or a Royal Thai Consulate General. According to the Immigration Bureau of Thailand, Nationals of the following countries/ regions may enter and stay in Thailand for a maximum period of 30 days without a visa

D.3.2 Visa Exemption and Visa On Arrival to Thailand :

<https://image.mfa.go.th/mfa/0/zE6021nSnu/%E0%B9%80%E0%B8%AD%E0%B8%81%E0%B8%AA%E0%B8%B2%E0%B8%A3/VOA.pdf>)

D.4 Contact persons:

Miss Khanitta Saeiew at khanitta@nationalhealth.or.th;

Miss Oranit Orachai at oranit@nationalhealth.or.th

E. Tentative Workshop Program

Day 1: November 27, 2023	<ul style="list-style-type: none"> • Opening Ceremony • Introduction of the workshop • Overview of health system and health landscape in Thailand • Overview of Social Participation in Thailand and Global
Day 2: November 28, 2023	<ul style="list-style-type: none"> • Legal Framework/Legitimacy to support Social Participation • Regular participatory platforms at all levels
Day 3: November 29, 2023	<ul style="list-style-type: none"> • Capacity Building for social participation • Financial Resource to support regular social participation • Monitoring and Using Data
Day 4: November 30, 2023	<ul style="list-style-type: none"> • Field visit to host organizations
Day 5: December 1, 2023	<ul style="list-style-type: none"> • Report back by participants • Closing Ceremony

Resource persons

Ministry of Public Health

1. Dr. Pornpat Poonaklom
Strategy and Planning Division,
Office of the Permanent Secretary

International Health Policy Program

1. Dr. Warisa Panichkriangkrai
Programme Manager, EnLIGHT

National Health Security Office

1. Asst. Prof. Dr. Yupadee Sirisinsuk
Deputy Secretary-General
2. Mrs. Waraporn Suwanwela
Assistant Secretary-General
3. Mrs. Sarita Srimaroeng
Deputy Director of Consumer Service and Right Protection

ThaiHealth Promotion Foundation

1. Dr. Prakasit Kayasith
Deputy CEO, ThaiHealth
2. Mr. Rungsun Munkong
International Relations Expert,
Partnership and International Relations Section
3. Ms. Sininard Wangdee
Senior International Officer,
Partnership and International Relations Section

National Health Commission Office

1. Dr. Weerasak Putthasri
Former Deputy Secretary General
2. Dr. Tipicha Posayanonda
Assistant Secretary General
3. Ms. Nanoot Mathurapote
Head of Global Collaboration Unit
4. Ms. Khanitta Saeiew
Senior Technical Officer Global Partnership Unit

Mahidol University

1. Dr. Teerapat Ungsuchaval
Faculty of Social Sciences and Humanities

Participants

- 13 International participants
- 5 Thai participants

(detailed in Annex 1)



A Workshop Program on

2023 Thai UHC Journey Workshop: Social Participation in Health Decision-Making

November 27- December 1, 2023, 9.00-16.00 Hrs,

At BW Room (6th floor) Best Western Chatuchak Hotel, Bangkok, Thailand

Day 1: November 27, 2023, 9.00-16.00 Hrs at BW Room (6th floor) Best Western Chatuchak Hotel, Bangkok, Thailand

Time	Topics	Facilitator/Speaker	Learning Objectives/Key Message
9.00-10.00	<ul style="list-style-type: none"> Opening ceremony Introduction Group Photo Ice Breaking & Expectation from participants 	Facilitation By <ul style="list-style-type: none"> Dr. Warisa Panichkriangkrai, Programme Manager, EnLIGHT /Deputy Director of Global Health Division, Ministry of Public Health Ms. Dountawan Sang-ngoan, Research Assistant, IHPP Miss Nanoot Mathurapote, Head of Global Collaboration Unit, NHCO Miss Khanitta Saeiew, Senior Technical Officer, NHCO 	<ul style="list-style-type: none"> To share experiences on how to “institutionalise” social participation in decision making. To understand on Thailand’s Health System and Governance
10.00-11.00	Governance and Health landscape (Presentation)	Presentation By <ul style="list-style-type: none"> Dr Weerasak Putthasri, Former Deputy Secretary General of the National Health Commission 	
11.00-12.00	Overview of Health System and Health Policies in Thailand (Presentation)	Presentation By <ul style="list-style-type: none"> Dr. Pornpat Poonaklom Strategy and Planning Division (SPD) Office of the Permanent Secretary (OPS) Ministry of Public Health (MOPH) 	

12.00-13.00	Lunch		
13.00-13.20	VDO on social Participation from WHO Presentation of 5 components of social participation	Facilitation By <ul style="list-style-type: none"> • Miss Nanoot Mathurapote, Head of Global Collaboration Unit, NHCO • Miss Khanitta Saeiew, Senior Technical Officer, NHCO 	<ul style="list-style-type: none"> • To Understand a definition of social participation
13.20-15.00	Roles of CSOs in your country (Group Work)	Facilitation By <ul style="list-style-type: none"> • Ms. Sininard Wangdee, International Relations Specialist, • Mr. Rungsun Munkong, International Relations Expert, ThaiHealth 	<ul style="list-style-type: none"> • To understand on different roles of CSOs in support government and level of participations: information, consultation, collaboration, empowerment/decision-making
15.00-16.00	Social Participation in health systems (Presentation)	Presentation By <ul style="list-style-type: none"> • Dr.Teerapat Ungsuchaval, Faculty of Social Sciences and Humanities Mahidol University 	<ul style="list-style-type: none"> • To understand important of social Participation as an integral part of health system
Day 2: November 28, 2023, 9.00-16.00 Hrs at BW Room (6th floor) Best Western Chatuchak Hotel, Bangkok, Thailand			
Time	Topics	Facilitator/Speaker	Learning Objectives/Key Message
9.00-9.10	Recap by participants	Participants	
9.10-12.00	Financial resources for social participation (Panel Discussion)	Facilitation By <ul style="list-style-type: none"> • Miss Nanoot Mathurapote, Head of Global Collaboration Unit, NHCO 	<ul style="list-style-type: none"> • To understand on financial resources which is 1 of 5 components of Social Participation (financial resources, capacities of government and CSOs, regular participation (participatory platforms), legal and regulatory framework, monitoring the process and using data • To understand how to set up and manage the fund/budget as well as how the fund/budget can empower people,

			communities and CSOs or strengthen social participation activities.
12.00-13.00	Lunch		
13.00-13.10	Energizer		
13.10-14.30	Capacities of government and CSOs (Group Work)	Facilitation by <ul style="list-style-type: none"> Mr. Rungsun Munkong, International Relations Expert, ThaiHealth Ms. Sininard Wangdee, International Relations Specialist 	<ul style="list-style-type: none"> To understand capacities of government and CSOs which is 1 of 5 components of Social Participation To identify skills for creating social participation of government officer and civil society
14.30-16.00	Regular participation (participatory platforms (Group Work)	Facilitation By <ul style="list-style-type: none"> Miss Khanitta Saeiew, Senior Technical Officer, NHCO 	<ul style="list-style-type: none"> To understand Regular participation (participatory platforms) which is 1 of 5 components of Social Participation To recognize enabling factors to organize effective participatory platforms
Day 3: November 29, 2023, 8.30-16.30 Hrs, Visit National Health Commission Office (NHCO), Suchon 1-2 Meeting Room and National Health Security Office (NHSO)			
Time	Topics	Facilitator/Speaker	Learning Objectives/Key Message
8.30	Depart from Best Western Hotel to NHCO	Facilitation By <ul style="list-style-type: none"> Ms. Dountawan Sang-ngoen, Research Assistant, IHPP 	
9.20-9.30	Recap by participants	Participants	
9.30-12.00	Meet the CEO: NHCO	Facilitation by <ul style="list-style-type: none"> Dr Tipicha Posayanonda, Assistant Secretary General of the National Health Commission 	<ul style="list-style-type: none"> To learn about Health in All Policies (HiAP) and Social Participation in Action

		<ul style="list-style-type: none"> Miss Nanoot Mathurapote, Head of Global Collaboration Unit, NHCO Miss Khanitta Saeiew, Senior Technical Officer, NHCO 	
12.45	Depart from NHCO to NHSO		
13.30-15.30	Meet the CEO : NHSO	Facilitation by <ul style="list-style-type: none"> Ms.Atcharaporn Thammachot Staff of Policy Advocacy Unit Ms.Sietakal Nilkang Staff of Policy Advocacy Unit Mr.Chonlawas Khumkoet Staff of Policy Advocacy Unit	<ul style="list-style-type: none"> To learn on Health Financing in action
15.30	Departure from NHSO to Best Western Hotel	Facilitation By <ul style="list-style-type: none"> Ms. Dountawan Sang-ngoen, Research Assistant, IHPP 	
Day 4: November 30, 2023, 8.30-16.30 Hrs, Visit ThaiHealth Promotion Foundation (ThaiHealth), Meeting Room 206			
Time	Topics	Facilitator/Speaker	Learning Objectives/Key Message
8.30	Depart from Best Western Hotel to ThaiHealth	Facilitation By <ul style="list-style-type: none"> Ms. Dountawan Sang-ngoen, Research Assistant, IHPP 	
9.20-9.30	Recap by participants	Participants	
9.30-12.00	Meet the CEO: ThaiHealth	Speakers by <ul style="list-style-type: none"> Dr. Prakasit Kayasith, Deputy CEO, ThaiHealth Dr. Nuttapun Supaka, Director of Partnership and International Relations Section, ThaiHealth [TBC] Mr. Rungsun Munkong, International Relations Expert, ThaiHealth 	<ul style="list-style-type: none"> To Learn on health promotion in action
12.00-13.00	Lunch		
13.00-14.30	Legal and regulatory framework	Facilitation By <ul style="list-style-type: none"> Miss Nanoot Mathurapote, Head of Global Collaboration Unit, NHCO 	<ul style="list-style-type: none"> To understand regulatory framework which is 1 of 5

			<p>components of Social Participation</p> <ul style="list-style-type: none"> To Understand that not only laws and regulations are important, the drafting process and other issues are matter.
14.30-16.00	Monitoring the process and using data	<p>Facilitation By</p> <ul style="list-style-type: none"> Miss Khanitta Saeiew, Senior Technical Officer, NHCO 	<ul style="list-style-type: none"> To consult feasibility of a zero draft monitoring framework drafted by WHO
16.00	Departure from Thai Health to Best Western Hotel		
Day 5: December 1, 2023, 9.00-16.00 Hrs, at THE BARN (1st floor) Best Western Chatuchak Hotel, Bangkok, Thailand			
Time	Topics	Facilitator/Speaker	Learning Objectives/Key Message
9.00-12.00	Wrap up session by presentation of each country (PPT format provided)	<ul style="list-style-type: none"> Dr.Warisa Panichkriangkrai Programme Manager, EnLIGHT /Deputy Director of Global Health Division, Ministry of Public Health Ms. Dountawan Sang-ngoen, Research Assistant, IHPP Ms.Hathaichanok Sumalee, Research Coordinator, IHPP Ms.Parinda Seneerattanaprayul Research Coordinator,IHPP 	<ul style="list-style-type: none"> To summarize key learnings and way forward
12.00-13.00	Lunch		
13.00-16.00	<ul style="list-style-type: none"> Reflection & Certificate Giving Farewell Presentation with Photos 		

More Information Please contact.

1. Miss Khanitta Saeiew at khanitta@nationalhealth.or.th
2. Miss Dountawan Sang-ngoen at dountawan.s@ihpp.thaigov.net

Summary of workshop : Social Participation in Health Decision-Making

Day 1

- Overview of health systems and governance of Thailand
- Roles of CSOs
- Social Participation in health governance of Thailand
- Global movement on health governance

Opening Ceremony

The opening ceremony featured introductions from the organizing committee and participants and the conference program was outlined.

During the facilitated discussion on social participation, key insights emerged:

- **Malaysia:** The government involves academics in policy revision without a specific assembly or social participation framework.
- **Vietnam:** Focuses on empowering NCD patients and conducts health facility surveys in collaboration with the Ministry of Health.
- **India:** Highlights ground panchayats as a means of social participation.
- **Cambodia:** Engages in social participation through consultations and bilateral meetings but lacks specific legislation for such involvement.
- **Thailand:** Emphasizes civil participation and public hearings, introducing the concept of the "Triangle to move the mountain." Stresses the importance of initiating change at the smallest unit to influence public health behaviour.
- **Philippines:** Utilizes public hearings for policy changes and receives feedback from universities.
- **Bangladesh:** Focuses on evidence-based policy advocacy.

Governance and health landscape – Dr Weerasak Putthasri

Dr. Weerasak Putthasri's presentation highlighted the significance of 'Health in All Policies (HiAPs)' and explored the Thai Health System's history and governance structure. Social participation, a key aspect of the National Health Act 2007, was underscored, emphasizing its role in pandemic control through health communication. Trust was identified as crucial for good governance, with Dr Putthasri emphasizing the need for change agents to drive tangible healthcare changes.

During the Q&A, a participant from Bangladesh inquired about the private sector's role. The response acknowledged the complexity of this integration, noting WHO's active promotion of 'Commercial Determinants of Health' (CDoH) to facilitate collaboration with private providers.

Overview of Health System and Health Policies in Thailand – Dr. Pornpat Poonaklom

Dr. Pornpat Poonaklom's presentation offered a brief on Thailand's demography and health status. During the Q&A session:

- **Myanmar:** Inquired about the mechanism of the purchasing agency (NHSO) and its relationship with the MOPH. The response clarified that all schemes are under the Thai government, with purchasers listing annual needs. They also asked about insurance for migrant health. The response mentioned government budget coverage and two systems for migrant workers – Social Health Insurance (SHI) and accidental coverage.
- **Bangladesh:** Asked about Thailand's OOP expenditure. The response indicated that 80% of hospitals are under the Thai government, and OOP is less than 20%. The private sector also contributes to government funds and social security, so out-of-pocket expenses may not exceed 20%.
 - **Vietnam:** Inquired about minimizing workload while maintaining service quality. The response mentioned the presence of hospital accreditation systems.
 - **Philippines:** Raised concerns about the majority under private care in the Philippines and asked about price control and policies to reduce 'brain drain.' The response outlined a Ministry of Commerce price list to control prices of hospital services and recruitment strategies such as recruiting people from local communities and providing incentives for them to work within their district to retain health workers. The Philippines also asked about the total percentage of the Thai government budget allocated to health. Thailand responded, indicating it's about 5% of the government budget.

The facilitator then asked participants about the public health structure in their countries:

- **Myanmar:** Shared a centralized approach with 80% public and 20% private health, highlighting OOP expenditure and challenges during political turmoil. International organizations provide care as needed.
- **Malaysia:** Mentioned universal coverage for Malaysians, voluntary private insurance

due to long waiting times, and higher costs for migrants. Malaysia is currently trying to choose health insurance similar to Thailand.

- **Bangladesh:** Described a three-tier system with free healthcare services but a preference for the private sector due to quality and waiting times. Noted high OOP expenditure and budget challenges.
- **Thailand:** Emphasized the success of health system strengthening at the district level, with robust infrastructure and a focus on gatekeeping and referral systems for UHC. Highlighted ongoing digital health transformation through 'Health Link' for Personal Health Records (PHR). Thailand clarified that the healthcare workforce also faces problems.

Social Participation - Miss Nanoot Mathurapote

Miss Nanoot Mathurapote's presentation on social participation explained the concept's definition and outlined its benefits to both the government and the people. The presentation also touched upon the factors contributing to the creation and institutionalization of social participation.

Roles of CSOs in your country

Participants were asked about the roles of CSOs in their respective countries.

Country	Policy setting and advocacy	Fund Raising, Resource Mobilization and Allocation	Action	Role of CSOs		Level of social participation
				Research and training	Monitoring responsiveness and watchdog roles	
Bangladesh Bangladesh Health Watch	Advocacy to improve the health service system	Increase budget allocation for health sector (through empowering the community to voice their demand)		Consultation meeting with communities, service providers & all stakeholders, provide health info to youth volunteers and at local health centres, train	Short periodical services, awareness campaign	4 - CSOs provide information but govt doesn't always implement suggestions
Cambodia OXFAM: for LGBTQ+, children, elderly, disabled	Policy analysis and provide input to government, support local govt			Analysis situations, in depth research, training meetings	Monitoring & Eval projects	6 - present policies for recommendation 9 - some CSOs provide concept note for pilot projects in specific provinces
Malaysia Universities, Gerontological	Consult the govt on new policy		medical	Research for evidence for policy		6 - govt always calls GEM for feedback

Country	Policy setting and advocacy	Fund Raising, Resource Mobilization and Allocation	Action	Role of CSOs Research and training	Monitoring responsiveness and watchdog roles	Level of social participation
IMARET – NGOs		Supplementary funding from UNHCR for health services of vulnerable populations	Covid-19 Vaccine provision, immigrants' check-up	Awareness building for the vulnerable populations		5 - govt calls the CSO sometimes but not always
Myanmar UNOPS	Consultation policy guideline development (agenda setting with people)	Budget provision to targeted community/groups	Technical Support HP (maternal and child health) HIV & Youth Network			8 – stakeholders give advice and CSOs make decisions themselves
Philippines University of Philippines			Community capacity building	Training local official and other sectors, Inform of Health Worker's rights, Research	Watchdog of the govt's policy and implementation (service, budget), policy M&E	<ul style="list-style-type: none"> • 6 - University of Philippines • 9 - Love yourself Philippines;
India People's Health Movement	Advocacy on state policy, policy dialogue and development (across		Public hearing and dialogues	Sensitize people about health rights		<ul style="list-style-type: none"> • 6 - National level – meet with CSOs but are not bound

Country	Policy setting and advocacy	Fund Raising, Resource Mobilization and Allocation	Action	Role of CSOs Research and training	Monitoring responsiveness and watchdog roles	Level of social participation
Vietnam Vietnam Public Health Association, Network of people living with NCD, Research Centre of Universities	Policy recommendation, feedback & input for policy development, help in drafting & revising laws	Co-funding for community projects	Cooperation for implementation, invite & engage community for policy process	Evidence based research for the govt, community-based research,	M&E of govt' projects	<ul style="list-style-type: none"> • 4 - research on health issues, provide govts with evidence • 5 - meeting to collect comments and feedback on policies,
Thailand Rainbow Sky Association Stop Drink Network	Provincial policy against alcohol (e.g., drink driving in Loey)	Help adiate for ppl to get NHSO funding Grant budget to multi-sectoral partners	HIV screening, distribute condoms, refer high risk individuals to hospitals	Collect baseline data related to alcohol harms, provide info and law to public	Convene multi- sectoral meeting and engagements to keep track	5 or 9 6 - provincial policy implementation because of this CSO

Social Participation in health systems – Dr. Theerapat Ungsuchaval

Dr. Theerapat Ungsuchaval's presentation on social participation emphasized its non-strict definition, focusing on empowering people in society to bring about tangible change. Two major drivers of social participation in Thailand were identified: political reform and the People's Constitution, providing a legal basis for public participation at institutional and policy levels, and the Asian financial crisis, which compelled adherence to the IMF's structural adjustment package.

During the Q&A session, a participant from Bangladesh inquired about measuring the quality of social participation. The response highlighted assessing inclusiveness, intensity, and influence, using Thailand's National Health Assembly as an example.

Additionally, a participant from Thailand addressed concerns about political motivation for private companies seeking positions through social participation. The speaker stated that while it is acceptable, caution should be exercised; need to engage all sectors of society.

Day 2 :

- Financial resources for social participation of Thailand
- Capacities of government and civil society organization
- Regular participation participatory platforms

Financial resources for social participation

The panel discussion explored the allocation and sources of financial resources for social participation, featuring representatives from NHCO, NHSO, and Thai Health.

NHCO: With a budget of around 100 million baht, NHCO orchestrates social participation at various levels, utilizing funds for assemblies, provincial-level promotions, and coordinating regional policies.

NHSO: Operating on a substantial budget of around 200,000 million baht, NHSO stresses the need for social participation to enhance service provision. Funding aspects for CSOs include capacity building, facilitating access to care, managing complaints, and functioning as co-providers. Additionally, CSOs have a seat in the National Health Security Board and Quality Service Board of the NHSO.

Thai Health Promotion Foundation: Funded by sin taxes on tobacco and alcohol, the Thai Health Foundation, with an annual budget of 100 million USD, supports diverse projects, particularly those led by CSOs. The Foundation involves CSOs in its governance structure, fostering a multi-sectoral approach with representation from various ministries and independent experts.

The 3 organisations often collaborate. For instance, NHCO and Thai Health have a bigger network which helps the NHSO e.g., the Residence Development Foundation helps undocumented Thai nationals get ID cards so they can access UCS – this organisation is funded by Thai Health; NHCO has a project in which temples take care of people in hospice care. The collaboration among these organizations aids various financial models, such as government funding, sin tax, and pooled funding, contributing to sustainability. Example of pooled funding include matching fund with local organisations for HP&P services.

Insights into other countries' experiences highlighted challenges faced in budget allocation. The

Philippines relies on sin taxes, particularly on tobacco, with earmarked funds addressing healthcare and broader public health initiatives. Vietnam, dependent on international support, is advocating redirecting sin tax from tobacco towards health promotion. Bangladesh faces budget challenges due to coordination issues, leading to unspent funds returning to the Ministry of Finance. In Myanmar, the absence of earmarked national funding for CSOs necessitates reliance on international support.

The panel also discussed challenges during the pandemic, emphasizing the need for empowerment and bottom-up approaches in communities. Notably, Thai Health faced budget reductions and the mandate shifted to support the government in pandemic response. NHSO, backed by the National Health Security Fund had minimal impact on their funds during the pandemic. However, there was some difficulty in acquiring the NHSO Administration Fund.

Addressing budget constraints, the panel highlighted the importance of empowering communities, enabling them to stand resilient in times of crisis. Communities that received capacity-building support from Thai Health showcased greater resilience during the pandemic. NHSO adopted a collaborative approach, working with organizations sharing similar goals. For instance, engaging temples, which possess resources and funds, allowed NHSO to provide direction, fostering effective resource utilization in a bottom-up approach.

Responding to participants' queries, the panel noted that stewardship roles among NHCO, NHSO, and Thai Health depend on project specifics. While NHSO plays a role in medical services, NHCO focuses on social issues, and Thai Health addresses social determinants of health. Both NHCO and Thai Health have the Prime Minister as the chair of their boards, eliminating any inherent stewardship role or superior board. Maintaining transparency involves engaging multiple stakeholders to build trust, exemplified by NHCO's dissolved co-payment suggestion following CSO protests. The presence of national auditing mechanisms and mandatory reporting of spending by Thai Health to different government levels further ensures transparency.

The discussion emphasized that achieving UHC demands more than substantial funding; Thailand did it with 5% of their GDP; it requires people power, a strong knowledge foundation, and robust national and international networks. The importance of evidence-based changes from CSOs and governmental openness to collaboration emerged as key elements for effective social participation.

Capacities of government and CSOs

The role-play activity focused on waste management issues in JJ district, stakeholders engaged in a public hearing facilitated by the Ministry of Natural Resources and Environment.

The participants were divided into four groups, each observing one of the four actors, and they were tasked with identifying gaps and capacities needed by these actors.

- The government representative from the Ministry faced questions about fair participation and stakeholder inclusion, emphasizing the need for enhanced soft skills such as listening, conflict management, and communication.
- The JJ district administration, criticized for its ineffective actions, was advised to improve listening skills and technical knowledge for more active participation.
- The CSO representative was encouraged to adopt evidence-based approaches, conduct baseline surveys, and enhance communication and negotiation skills.
- The academic representative, while providing convincing solutions, was urged to simplify technical terms, incorporate community perspectives, and conduct more comprehensive research.

Overall, the exercise underscored the importance of effective communication, technical expertise, and collaboration for successful policy forums addressing environmental challenges.

Then the participants were asked about the challenges to build capacities for all stakeholders, and how they might overcome it.

Stakeholder	Challenges	How to Overcome
Government Representative	<ul style="list-style-type: none"> • Financial constraints for training/workshops • Busy schedule and time constraints • Lack of commitment/closed mindset 	<ul style="list-style-type: none"> • Advocate for budget allocation from government and development partners • Prioritize agendas, manage time effectively • Reinforce implementation and accountability through job descriptions
JJ District Administration	<ul style="list-style-type: none"> • Lack of public engagement training for policy communication • Need for relevant research • Training gaps in M+E system • Soft skills development required 	<ul style="list-style-type: none"> • Collaborate with CSOs for public engagement training and research funding • Frequent training and assignments for hard skills • Increase interaction and collaboration among stakeholders

CSOs	<ul style="list-style-type: none"> • Budget constraints for training • Recognition of a professional approach to negotiation • Lack of awareness, technical and communication skills 	<ul style="list-style-type: none"> • Secure budget and technical resources for workshops and training • Conduct workshops to improve negotiation skills and professionalism • Enhance awareness, technical, and communication skills through training
Academics	<ul style="list-style-type: none"> • Communication skills, using academic language • Budget, human resources, and time constraints for research Lack of knowledge in M&E systems 	<ul style="list-style-type: none"> • Provide public relations training for improved communication • Encourage collaboration with CSOs for research funding • Provide technical skills training for M&E system awareness • Address financial constraints • Foster relationships with CSOs through increased meetings

Day 3 :

Meet the CEO:

- National Health Commission Office on Health in All Policies
- National Health Security Office on Health Financing

NHCO – Dr. Tipicha Posayanonda

During the visit to NHCO offices, participants engaged in discussions, covering various aspects of the National Health Assembly (NHA) Act and related strategies. The history of the NHA Act's drafting, spanning seven years, was explored, emphasizing the need for a change in the government's mindset through technical knowledge and public hearings. Participants from the Philippines shared a parallel situation, highlighting challenges in implementing their version of the NHA, emphasizing the difficulty in changing people's mindsets.

Addressing the strategies for changing mindsets, the NHCO representative shared that when an act is in place, the government and ministers gradually adjust and become involved in health-related issues, requiring time for learning and trust-building. A participant from Malaysia inquired about the initiation of health reform and the role of medical professionals. The NHCO representative shared that the movement began with non-medical individuals during decentralization, waiting for the right government and influential figures to support the change.

The tools under the NHA Act, including the National Health Assembly, Health System Charter, and Health Impact Assessment (HIA), were clarified. NHCO's role in organizing meetings for the private sector and CSOs was emphasized, with insights into how Health System Charters operate effectively at the local level, addressing specific local concerns.

Participants from Bangladesh inquired about the synchronization of provincial and national assemblies, and the response clarified that local issues are ideally solved locally, but common problems requiring law amendments reach the national level. International trade agenda management, especially involving public participation in Health Technology Assessment (HTA), was discussed, highlighting the importance of informal communication for sensitive issues.

Discussions into the management of issues every year revealed the existence of a M&E committee and the presentation of reports on previous resolutions during national assemblies. The eligibility to propose issues was detailed, with the flexibility for anyone, including NGOs and CSOs, to propose issues. The timeline for the call for proposals was specified, with the call announced in June, allowing for discussions in December.

Participants from Myanmar sought insights into the diversity of issues discussed in the NHA, learning that topics need not be directly related to health. The eligibility to propose issues was clarified, emphasizing that anyone, including NGOs and CSOs, can propose issues based on various criteria, with the selection process conducted by the NHCO.

Vietnamese participants inquired about the quality of proposals, learning that there has been an improvement in their development. Participants from Thailand asked about proposal requirements. The NHCO representative emphasized that proposals need to adhere to specific criteria and include the concept of social participation. NHCO's role in proposal implementation was detailed, highlighting that budgets are not required at the proposal stage, and collaborating agencies handle implementation and budgeting, with NHCO participating in M&E.

Philippine participants sought information on the existence of other national assemblies beyond the health sector, and the response revealed that the Ministry of Human Security and Development conducts similar assemblies, with NHCO collaborating closely with them. Challenges in implementation were discussed, outlining difficulties in involving non-medical participants, time-consuming collaborations with the government, finding key stakeholders, managing conflicts, and handling public expectations.

Overall, these detailed discussions provided participants with comprehensive insights into the NHA Act, its tools, and the functioning of NHCO, showcasing the complex yet impactful nature of health assemblies in Thailand.

NHSO : Mrs.Waraporn Suwanwela

During the visit to NHSO, participants engaged in discussions about different aspects of the NHSO's functions in the UCS. The participant from Cambodia sought information on the number of people

contributing to the co-payment and the government budget for UCS. The NHSO clarified that most people don't pay the 30 baht, considering it more as a contribution than a co-payment. The challenges in implementing UHC were discussed, and the NHSO representative mentioned that previously UCS beneficiaries were allowed to change their chosen provider every 15 days but now it's up to 4 times a year; effective immediately. Additionally, the unique Thai ID system aids in identifying those without health insurance.

Participants from Myanmar inquired about the estimation and negotiation of prices for health services at various levels and strategies for purchasing to enhance service quality. The NHSO explained their use of utilization rates for budget estimates and the involvement of stakeholders in the board for assistance. The focus on quality through accreditation and the provider-purchaser split was highlighted.

Questions from a Thailand participant explored the financial sustainability of NHSO and the advantages and disadvantages of the single fund mechanism for HP&P. The NHSO outlined efforts to maintain budget efficiency, explore alternative funding, and balance the budget in relation to Thailand's GDP. The advantages of a single fund mechanism, ensuring accessibility to HP&P services for all regardless of their insurance scheme, were emphasized.

In the context of the Contact Centre, participants from Bangladesh sought details on query resolution speed and consumer satisfaction measurement. The NHSO explained the support division for call centre teams, extensive training of staff, and high problem resolution rates. Queries from Myanmar addressed issues related to providers asking for co-payment, highlighting the role of the Quality Control Board in addressing such concerns.

Finally, a participant from Thailand's query focused on health literacy challenges and information dissemination during the pandemic. The NHSO noted that Thailand's high literacy rate mitigates this issue, and they use various channels such as Line app, social media, and newspapers for effective information dissemination.

Day 4 :

- Thai Health Promotion Foundation on Health Promotion
- Legal and regulatory framework related to social participation
- Monitoring the process of social participation and impacts on health policies.

ThaiHealth Promotion Foundation

During the visit to the ThaiHealth Promotion Foundation (THPF), participants raised several questions, and the THPF representative provided insightful responses.

Myanmar

Q: How many community organizations are you working with, and what are your needs and challenges?

A: THPF collaborates with around 1/3 of community organizations and local governments, totaling approximately 20,000 organizations. The focus is on inspiring and empowering these organizations, with an annual funding of about 3,000 projects.

Q: Do you provide any incentives for health promotion activities?

A: THPF emphasizes community ownership, fostering a bottom-up approach for impactful projects. The community's sense of ownership is considered a significant incentive, and activities are designed to be locally accessible without affecting livelihoods.

Bangladesh

Q: How do you show your results and outcomes?

A: THPF adopts a chain of outcome approach, breaking down the steps needed to achieve an outcome and evaluating the performance of stakeholders for each step. It has notably increased the network of health organizations nationwide.

Q: Recommendations to encourage politicians to prioritize health promotion?

A: Persistence and seizing opportunities are key. THPF engages in evidence-based advocacy, distributing white papers to political parties and using personal contacts. Creating win-win situations and involving partners, such as academics and NGOs, in advocating against health-harmful agendas is a strategy.

Malaysia

Q: How do you ensure NGOs can deliver when provided funding?

A: THPF emphasizes capacity building, establishing two-way trust, implementing a monitoring system every six months, and making deliverables part of the funding contract. Termination of projects due to performance issues is rare.

Thailand

Q: Is it easier to implement changes in rural areas compared to urban areas?

A: Rural areas exhibit a community mindset and ownership but face resource limitations. Urban areas have stronger social networks. The ease of implementing changes depends on the project.

Q: How do you encourage youth leadership?

A: THPF promotes coordination, communication (especially through social media), and technical skills among youth, particularly in rural areas.

Vietnam

Q: How do you ensure sustainability when scaling up projects?

A: THPF recommends analyzing project feasibility, starting with horizontal scale-ups (communities learning from each other), and vertically scaling up when opportunities arise to bring changes to provincial/national levels.

Philippines

Q: How is the organization structured, and how is the budget allocated for projects?

A: THPF operates autonomously, allocating only 8% of funding for administrative purposes. The organization engages partners extensively, with budget allocation determined in an annual stakeholder meeting reviewed by the board.

Q: How do you dedicate employees for community action?

A: THPF has a diverse workforce with varying project involvement. Employees, along with project managers who are not THPF staff, collaborate on projects. Internal and external evaluations are conducted for projects with substantial budgets.

Legal and regulatory framework for social participation

Participants were divided into groups and asked about the legal and regulatory framework for social participation. Are legal frameworks necessary for social participation?

Legal frameworks for social participation are considered essential for several reasons:

- They mandate government adherence, ensuring consistent participation even amid political shifts.

- Legal frameworks provide a basis for financial resource allocation, fostering sustained social participation.
- Uniformity across levels ensures consistent and non-restrictive participation.
- Examples from Philippines and Thailand indicate that legal mandates precede meaningful social participation.
- CSO participation tends to be higher in the presence of legal frameworks.
- Legal structures can safeguard social participation in changing political environments, although poorly drafted frameworks may lead to issues, as seen in Myanmar.

Pre-requisites for legal frameworks

Several prerequisites are identified for the establishment of effective legal frameworks:

- A literature review, contextualized to the country's needs, should precede framework development.
- Identification of a favorable window of opportunity for effective implementation.
- Inclusion of public hearings involving CSOs and development partners for diverse perspectives.
- Ensuring public awareness and knowledge about the prevailing situation.
- Commitment from both the people and the government.
- The presence of infrastructure supporting social participation.
- Good governance practices.
- A multi-stakeholder approach to foster inclusivity.
- Recognition of health as a constitutional right, emphasizing the importance of health-related legal frameworks.

Day 5

- Wrap up session.
- Future collaboration
- Reflections

Country Presentations

Country	Good Practice on Social Participation	Take Home Message
Thailand	<ul style="list-style-type: none"> • NHA facilitated a system for supervising, monitoring, and evaluating lunch programs. • Area-based health assembly organized forums for long-term care for older people. 	<ul style="list-style-type: none"> • Build representative and capacity for public health hearings. • Capacity building for ThaiHealth staff to expand networks. • Ensure financial transparency in CSOs. • M&E of representativeness in social participation.
Malaysia	<ul style="list-style-type: none"> • Treating stakeholders as indispensable. • Emphasizing good communication— listening before speaking and communicating in their language. 	<ul style="list-style-type: none"> • Recognize the importance of academia. • Continue working on causes, seizing opportunities. • Delegate, collaborate, and appreciate contributions. • Identify key persons. • Empower communities rather than just providing resources.
Philippines	<ul style="list-style-type: none"> • Legal framework (UHC Law). • Multi-level systems for sector representation. • Institutionalized practices like common public hearings. 	<ul style="list-style-type: none"> • "Triangle that moves the mountain." • Behavioral change is crucial; health concerns everyone. • Timing and understanding are essential. • Strengthen networks with trust and credibility. • Innovate systems for alternative budget sources. • Stress the importance of M&E.
Cambodia	<ul style="list-style-type: none"> • Health strategic plan providing guidelines for enhanced health coverage. 	<ul style="list-style-type: none"> • Define and understand roles of social participation. • Learn about challenges and solutions like alternative funding, capacity building, and political commitment.

Country	Good Practice on Social Participation	Take Home Message
India	<ul style="list-style-type: none"> •Decentralization of power with a bottom-up approach. •Gender equity in village councils. •Inclusion of various health topics in village councils. <p>Community health centers for primary healthcare.</p>	<ul style="list-style-type: none"> •Advocate for social participation in health decision-making at every level. •Emphasize public health advocacy. •Collaborate with existing networks. •Base decisions on evidence-based research. •Consider replicating activities of ThaiHealth Promotion Foundation.
Vietnam	<ul style="list-style-type: none"> •CSO involvement led to success in advocating the law on alcohol harm prevention. •Evidence-based policy change and media campaigns. 	<ul style="list-style-type: none"> •“Triangle that moves the mountain.” •Collaborate on financial resources. •Prioritize capacity building. •Establish a legal framework.
Myanmar	<ul style="list-style-type: none"> •Commitment to funding community system strengthening. 	<ul style="list-style-type: none"> • Strengthen and empower communities through community- led activities. • Prioritize accountability at every step. • Ensure inclusiveness of vulnerable populations at grassroots levels. • Emphasize capacity building. • “Triangle that moves the mountain.”
Bangladesh	<ul style="list-style-type: none"> •Highlighting grassroots and social accountability initiatives. •Community health volunteers for awareness and basic 	<ul style="list-style-type: none"> • Prioritize achieving UHC. • Emphasize strengthening PHCs. • Integrate community health workers into the healthcare system.Encourage public-private

Country: Malaysia

Name: Arimi

Organization: Universiti Kebangsaan Malaysia

Country: Malaysia

Note : 10 minutes for presentation (please submit this presentation by 1st December 2023)
at khanitta@nationalhealth.or.th, and doungtawan.s@ihpp.thaigov.net



1. Your good practice on social participation that can be shared with other countries

- Treating the stakeholder like we truly need them.
- Listen, listen & listen before we speak.
- Speak their language.

2. Take home messages from this workshop to be applied at your country

- Importance of Academic, People and Politic
- Start working on the cause, take the ACTION when the right time arrived.
- Do not try to do everything:- Delegate, Collaborate & Appreciate.
- Identify the key person.
- Acknowledge others contribution
- Empowerment is more powerful than handing out



Country: Bangladesh

Name: Rajesh ADIKARY, Mahruba Khanam
Organization: Bangladesh Health Watch
Country: Bangladesh

Note : 10 minutes for presentation (please submit this presentation by 1st December 2023)
at khanitta@nationalhealth.or.th, and doungtawan.s@ihpp.thaigov.net



Introduction

Involves responsibility, rights, and governance for policy formulation.

Emphasize Importance: Aligns policies with majority views, enhances transparency, accountability, and responsiveness.

Community Health Workers

- "Shasthya Kormis": Volunteers educating and mobilizing communities.
- Responsibilities: Raise awareness, provide basic healthcare, encourage preventive measure

Social Accountability Initiatives

- Monitoring: Engage citizens in assessing health facilities.
- Quality Assurance: Ensure providers deliver quality services and use resources effectively

Bangladesh's Efforts

- Recognizes Citizen Role: Acknowledges citizens' significance in improving health outcomes.
- Highlights Grassroots Initiatives: Focus on community involvement.

Information and Communication Technology (ICT)

- **Mobile Health (mHealth):** Use ICT to enhance engagement.

- **Examples:** Apps and texts for health info and feedback.

Challenges and Future Directions

- **Constraints:** Limited resources, infrastructure, socio-economic factors.

- **Ongoing Efforts:** Address challenges for stronger engagement.

- **Future Directions:** Continuous efforts to overcome challenges, enhance citizen participation.

Examining the Thai Health System for insights applicable to Bangladesh, several key lessons emerge.

- Imperative of achieving UHC, ensuring that all citizens can access essential health services without facing financial barriers.

- The emphasis on strengthening primary healthcare services, including preventive and promotive measures, stands out as a crucial strategy to improve overall health outcomes.

- Successful integration of community health workers into the healthcare system, particularly in remote areas, underscores the importance of tailored approaches to meet diverse healthcare needs.

- The implementation of robust health information systems facilitates data-driven decision-making, enhancing the efficiency and effectiveness of healthcare delivery.
- Public-private collaboration has proven instrumental in Thailand, showcasing the potential benefits of leveraging partnerships to improve service delivery and infrastructure.
- Lessons in health education and promotion emphasize the empowerment of communities for better health outcomes.
- Exploring innovative financing models, such as
 - social health insurance, and
 - enhancing disease surveillance and response mechanisms further contribute to building a resilient and
 - sustainable healthcare system.
- These lessons collectively highlight a comprehensive and holistic approach that, when adapted to the unique context of Bangladesh, holds the potential to significantly enhance the nation's healthcare landscape.

Country: Cambodia



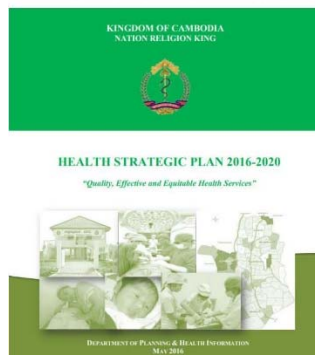
Presentation on Social Participation

Name: Dena SEAB

Organization: The General secretariat for National Social Protection Council, Ministry of Economy and Finance



1. Your good practice on social participation that can be shared with other countries



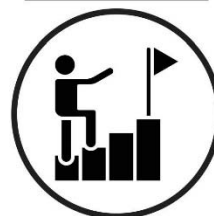
- The guidelines for implementation the national primary health care policy: The health center management committee (1990s) to ensure efficient health care services.
- Health center staff, commune councils, private sector, IGO/NGOs, Local people.
- At least once in every quarter with more than 75% of member attendance.
- Monitoring and Evaluation

2. Take home messages from this workshop to be applied at your country



Definition & Roles

The Challenges



Solutions



Country: India

Name: Monuj Dutta

Organization: Surujmukhi NGO

Country: India

1. Your good practice on social participation that can be shared with other countries

Panchayati Raj Institute (under 73rd amendment of the constitution of India)

- Three tier local elected government
- District-Block-Village level
- Decentralization of power, bottom to top approach
- Gram Panchayat- Gram Sabha
- Everyone of more than 18 years can be join the Gram Sabha
- 33 percent reservation for women
- 29 subjects for example- Agriculture, drinking water, rural electrification, health and sanitation including primary health centers and dispensaries, public distribution system etc.

2. Take home messages from this workshop to be applied at your country

- Social participation in every level for health decision making
- Need of advocacy for public health
- Collaboration with existing networks, like minded organizations
- Evidence based research/maintaining database for better influence
- Will study more and try to replicate about the activities/programs executed by ThaiHealth through the CSOs in Thailand



Country: Philippines

**Assignment
1st December 2023**



Names: Kea Koko D. Bravo,
Steffi Christel C. Sepe,
Maricris Delos Santos

Organizations: Department of Health &
University of the Philippines

Country: PHILIPPINES

1. Your good practice on social participation that can be shared with other countries

1. Presence of enabling rules and regulations/ legal frameworks for social participation

- o 1987 Constitution, 1991 Local Government Code, Universal Health Care Law

1. Multi-level systems for representation of different sectors

- o party-list system for CSOs for issue-based/sectoral representation in Congress
- o local health board in different levels (provincial, city/municipality)
- o Creation of multi-sectoral bodies (example: the Human Resources for Health Network) wherein CSOs are members and are signatories of the resolutions formulated



3. Institutionalized Practices

- o public hearings/consultative meetings/stakeholder meetings as *common* practice
- o In the Department of Health, conduct of consultations (with proper documentation/proof) is required by the policy clearing office for any policy* as part of the approval process
- o Inclusion of social participation mechanisms in the Quality Management System (QMS) of the organization (ISO certification)

3. Going beyond what is explicitly provided by the law

- explore other ways within the law to promote social participation at the local level. eg. People's Council

2. Take home messages from this workshop to be applied at your country

1. *mountain-moving strategy: knowledge + social movement + politics*

- Include the academe for building up social participation
- Social participation as an enabling mechanism to solve problems/issues

1. Behavioral change is important

- change in mindset - health is everyone's issue
- translating paradigm shift to actual reform is a marathon

3. Right timing and right understanding of the situation

- **context, culture, and political window**
- Reforms take time with possible failures along the way
 - i. Right mindset "paradigm shift"
 - ii. Right people
 - iii. Right time

3. Strengthening linkages

- importance of **trust and credibility** as well as the value of **soft skills**

5. Innovating existing systems

- Look for alternative sources of budget, explore using excise taxes further
- Explore separating purchasing process from service provision

5. Importance of monitoring and evaluation systems

- Social participation can be hard to measure
- chain of outcome approach

7. **know your purpose:** representation without meaningful social participation is useless



Country: Thailand

Key learning summarization and way forward

Good practice	
Issues	<p>National Health Assembly Surin Model: School food management</p> <p>Area-based Health Assembly Saraburi: Health Road Map Network</p>
Background/Rationale	<ul style="list-style-type: none"> Resolution of the 6th National Health Meeting 2013, the Department of Health, Ministry of Public Health is the core agencies. Surin Province: Policy focuses on safe agricultural products, social, resource and personal capital.
Mechanisms	<ul style="list-style-type: none"> The provincial committee: local government organizations, the Provincial Public Health & Primary Educational Service Area Office, University and the council association Youth. MOU of cooperation.
Results	<ul style="list-style-type: none"> Developing a system for supervising, monitoring, and evaluating the lunch program. Developing regulations to involve Local Govt. Supporting and promoting safe organic agriculture & standards for safe produce.

PUBLIC HEARINGS IN NHSO

GAPS AND LIMITATIONS TO IMPLEMENTATION

- The process may not be effective especially at the regional level
- Limitation in representations from MOPH and from professional groups
- The tendency to receive the same proposals every year
- Limitation in the online soliciting of opinions and proposals

Monitor crucial indication



Opportunity Health Promotion Section (Section 6 Thai Health)

1. **Increase Knowledge** : Find out more about the various departments' roles, duties, and what they are doing in order to be able to find opportunities to work together.
2. **Developing necessary skills for Thai Health staffs and network partners** : Soft skills (Communication skill, Negotiation skill, Conflict management skill) and outcome base management skill.
3. **Design a working model with shared goals between network partner organizations** : Setting collective goal with partners to co-plan , co-operation and evaluation.

Stop Drink Network

1. **Develop SDN' competency: Data preparation skills, communicating using information rather than emotions**
2. **Communicate to create understanding with the team about paying more attention to Legal and regulatory frameworks such as the Changwat Alcohol Control Committee.**
3. **More Deliver output and outcome**
4. **Make sure about in economic and financial transparency**

Representativeness

I learnt from the organisers of this workshop what they are doing to improve representativeness:

- NHSO - contact centre
- ThaiHealth Promotion Foundation - build capacity and empower different communities to solve their own issues
- NHCO works hard on ensuring representativeness across all their constituencies in the NHA

We need to sustain and potentially improve on this so that even though we have systems in place, we are truly leaving no one behind.



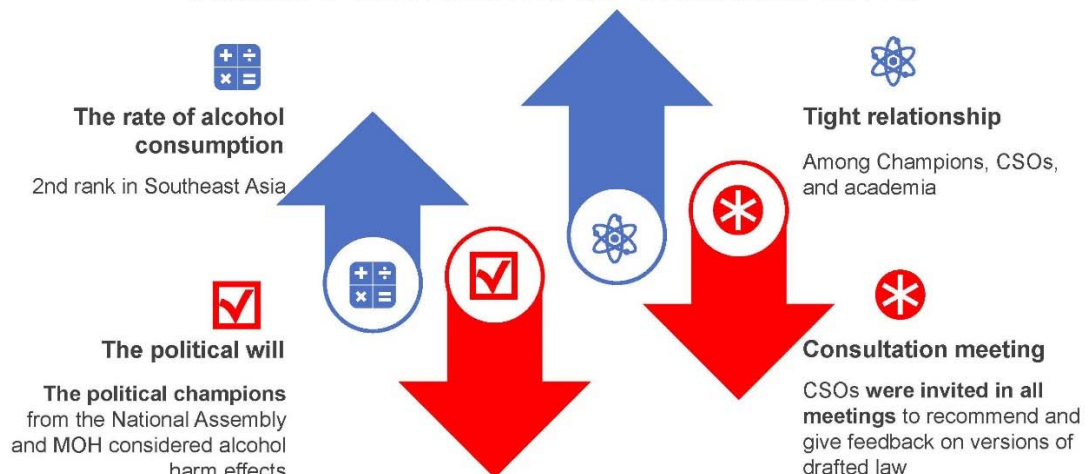
Country: Vietnam

THAI UHC WORKSHOP 2023 ASSIGNMENT



1 Good practice on social participation in Vietnam

The success of advocating the Law on Alcohol Harm Prevention in Vietnam 2019



SOCIAL MOVEMENT



1. Evidence-based



2. Media campaign



3. Win-win approach



1. Evidence-based

- ✓ Internal research
- ✓ International recommendations
- ✓ Community health issues



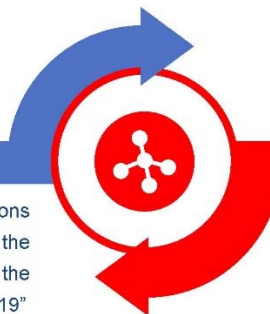
2. Media campaign

Engaged journalists and media throughout the law advocacy

3. Win-win approach

PUBLIC HEALTH INTERESTS

Drink driving - "Prohibition regulations Driving a vehicle with alcohol in the blood or breath was included in the Law on Alcohol Harm Prevention 2019"



These regulations not much related to alcohol consumption and the revenue of alcohol industry

INDUSTRY INTERESTS

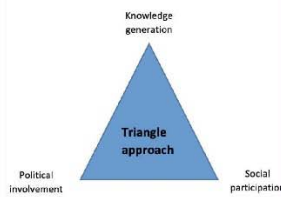


HOME MESSAGES

2



01
 Triangle approach



03
 Capacity building



02
 Collaborative financial resources



04
 Need to establish a legal framework on social participation and MEL system

Participatory Platforms and Mechanisms of Countries

Country	Participatory Mechanism								
	Name	Level	Function	Organisers	Attendance by	Frequency	Law/policy	Enabling factor	Challenge
Malaysia	Stakeholder meeting when the govt drafts a new policy or annual budget	National	To get feedback on the draft	Ministry	Societies, academics, NGOs	No specific frequency; whenever they draft a new law/policy	No specific law	Influential person	No frequency
India	Village health, sanitation and nutrition committee	State	To execute/implement village health plan	Public Health Centre / State government	Villagers, CSO members, SHG members	Once a month	NRHM, approved by union cabinet in 2006	Gender balanced, M&E by block level panchayat (local govt / municipality), maintain household data	Lacks funding
Bangladesh	Bangladesh Health Watch (BHW)	May be national	Identify local level problems and solve it locally	BHW				Secured funding, M&E in progress	Lack of capacity in terms of centralisation
Myanmar	Project for capacity strengthening of CSOs (2024-	Sub- national	Co-creation of plan, CSO led implementation and monitoring,	UNOPS	CSO, Ethnic organisation, self-help groups	Continuous throughout the project period		Political environment, funding availability, CSOs commitment	
Vietnam	No specific name of mechanisms		To develop or revise public policies	Ministry of Health				Availability of CSOs funding and national budget, strong network of CSOs, capacities of CSOs in health issues	

Country	Participatory Mechanism								
	Name	Level	Function	Organisers	Attendance by	Frequency	Law/policy	Enabling factor	Challenge
Cambodia	Community Engagement in Health Centre Development	Community/ Sub- national	Address issues; maintain good relations, improve work	Pooling funds from MOH and local government, world bank, WHO etc	Health centre staff, local govt, local NGOs, citizen reps.	2 times per year or more	National primary healthcare policy	Financial support, regulatory and participatory mechanism, M&E	Financial support, lack of capacity
Philippines	Human Resources for Health Network (HRHN)	National	Develop national strategies for human resource management &	Department of Health [lead convenor & technical sector)	Government institutions, professional organisations, private sector, CSOs, labor union, development partners, etc.	At least annually	Memorandum of Understanding, Universal Healthcare Act		Priority setting
	Local Health Boards	Sub- national	Propose policies, advisory to local executive, overall policy directions	Local Govt	Chief executive, health dept. chair, local sanggunian health chain, CSO reps, DOH reps, indigenous people, etc.	Once a month	Local govt code, UHC law		Capacity to participate by CSOs, M&E capacity
Thailand	NHSO Board and Health service standard and quality board	National	Service provision of UCS and service control	NHSO	5 CSOs in 30 board members (NHSO Board), 5 CSOs in 34 board members (HSQ)		National Health Security Act 2002	The law, voting by network, good governance	Capacity of CSO to understand NHSO intricacies (especially financial system), negotiation skill



Reflections

Country	Good Aspects	Improvement Areas
Philippines	<ul style="list-style-type: none"> • Field visits • Interactive mix of lectures and workshops • Excellent facilitation • Consideration of needs, time, and logistics 	<ul style="list-style-type: none"> • Mobility during discussions (e.g., standing up)
Cambodia	<ul style="list-style-type: none"> • One of the best workshops attended 	<ul style="list-style-type: none"> • Include breaks outdoors for networking
India	<ul style="list-style-type: none"> • Agreed with other participants 	<ul style="list-style-type: none"> • All participants staying in the same hotel for better networking
Myanmar	<ul style="list-style-type: none"> • Harmony between organizing teams • Perfect number of participants • Great facilitation • Punctuality • Online orientation session before the workshop • Meals not very spicy 	<ul style="list-style-type: none"> • Have more than one participant from each country
Bangladesh	<ul style="list-style-type: none"> • Overall excellence of the workshop • Effective roleplay • Dietary requirements met 	<ul style="list-style-type: none"> • Include government officials from the country • Encourage participants' roleplay • Maintain continuity between workshops
Thailand	<ul style="list-style-type: none"> • Meeting international colleagues • Assignment was helpful • Roleplay activity • Facilitation skills • Field trips 	<ul style="list-style-type: none"> • More coffee breaks outside the room • Informal activities for connections e.g., going to the market or temple • Provide a reading list for self-learning
Vietnam	<ul style="list-style-type: none"> • Appreciation for facilitators and speakers • Learning different country contexts 	<ul style="list-style-type: none"> • Include opportunities to explore Thai culture, famous places, and food

Country	Good Aspects	Improvement Areas
Malaysia	<ul style="list-style-type: none"> • Very informative • Good workshop despite smaller number • of participants • Accommodating meal requirements and prayer room 	<ul style="list-style-type: none"> • Suggest doing the entire workshop at ThaiHealth Promotion Foundation • Improve meeting room ambiance



Annex 1 : List of Participants




No.	First name	Middle name	Last name	Position	Organization	E-mail	Photo
Bangladesh							
1	Mr. Rajesh	Kumar	Adhikary	Program Manager, Field Operation	Bangladesh Health Watch	rajesh.kumar@bracu.ac.bd	
2	Ms. Mahruba		Khanam	Coordinator, Research and Knowledge Management	Bangladesh Health Watch	mahruba.khanam@bracu.ac. bd	



Cambodian							
No.	First name	Middle name	Last name	Position	Organization	E-mail	Photo
3	Mr. Dena		Seab	Social Health Policy Analyst	General Secretariat for the National Social Protection Council, Ministry of Economy and Finance	seabdena7@gmail.com	
Philippines							
4	Dr. Kea Koko	Duyag	Bravo	Medical Officer IV	Department of Health	kdbravo@doh.gov.ph	



Philippines




5	Ms. Steffi Christel	Chan	Sepe	Human Resource Management Officer III	Department of Health	sccsepe@doh.gov.ph	
6	Ms. Maricris	Biglang-awa	Delos Santos	University Extension Specialist IV	University of the Philippines	mbdellossantos@up.edu.p h	

India							
No.	First name	Middle name	Last name	Position	Organization	E-mail	Photo
7	Mr. Monuj		Dutta	Director	Surujmukhi NGO	monujdutta89@gmail.com	
Malaysia							
8	Assoc. Prof. Dr. Arimi Fitri		Mat Ludin	Head of Postgraduate (Research) Programme	Universiti Kebangsaan Malaysia	arimifitri@ukm.edu.my	





Myanmar							
No.	First name	Middle name	Last name	Position	Organization	E-mail	Photo
9	Dr. Lin	Lin	Htun	Director of Strategy	UNOPS Myanmar	linlinh@unops.org	
10	Dr. Myo		Yar Zar	Programme Manager	UNOPS Myanmar	myoyarz@unops.org	
11	Dr. Win Lei		Aye	Programme Management Senior Officer	United Nations Office for Project Services (UNOPS)	winleia@unops.org	

Vietnam							
No.	First name	Middle name	Last name	Position	Organization	E-mail	Photo
12	Ms. Trang	Quynh	Phi	Project Coordinator	Ministry of Health	quynhtrang.bmte@gmail.com	
13	Ms. Van	Dinh Cam	Nguyen	Acting Project Coordinator	Research and Training Centre for Community Development (RTCCD)	van.nguyen@rtccd.org.vn	


Thailand							
No.	First name	Middle name	Last name	Position	Organization	E-mail	Photo
14	Ms. Tritipnipa		Buaban	Program Management Specialist	Thai Health Promotion Foundation (ThaiHealth)	tritipnipa@thaihealth.or.th	
15	Mr. Theertham		Wutthiwatcha i-kaew	Public Policy Specialist	Stop Drink Network (SDN)	dantheertham@gmail.com	

Thailand							
No.	First name	Middle name	Last name	Position	Organization	E-mail	Photo
16	Ms. Thitirat		Ampai	Health Insurance Technical Officer	National Health Security Office (NHSO)	thitirat.am@nhso.go.th	
17	Ms. Divya		Lakhotia	Research Assistant	International Health Policy Program (IHPP)	divya.l@ihpp.thaigov.net	
18	Ms. Pimpitcha		Kangyang	Public Health Officer	Ministry of Public Health	pimpitscha.k@gmail.com	



Annex 2 : List of Organizing Team

International Health Policy Program (IHPP)				
No.	First name	Last name	Position	Photo
1	Dr. Warisa	Panichkriangkrai	Programme Manager, EnLIGHT	
2	Ms.Parinda	Seneerattanaprayul	Research Coordinator	
3	Ms. Hathaichanok	Sumalee	Program Coordinator	
4	Ms. Doungtawan	Sangngoen	Research Assistant	




International Health Policy Program (IHPP)

No.	First name	Last name	Position	Photo
5	Mr. Putthipanya	Rueangsom	Office Manager	


National Health Commission Office (NHCO)

No.	First name	Last name	Position	Photo
6	Ms. Nanoot	Mathurapote	Head of Global Collaboration Unit	
7	Ms. Khanitta	Saeiew	Senior Technical Officer Global Partnership Unit	



Thai Health Promotion Foundation (ThaiHealth)

No.	First name	Last name	Position	Photo
8	Mr. Rungsun	Munkong	International Relations Expert, Partnership and International Relations Section	
9	Ms. Sininard	Wangdee	International Relations Specialist, Partnership and International Relations Section	
10	Ms. Tanyapat	Chumkamontanat	Senior International Relations Associate Officer, Partnership and International Relations Section	

National Health Security Office (NHSO)

No.	First name	Last name	Position	Photo
11	Ms. Atcharaporn	Thammachot	Staff of Policy Advocacy Unit	

National Health Security Office (NHSO)

No.	First name	Last name	Position	Photo
12	Ms. Sietakal	Nilkang	Staff of Policy Advocacy Unit	
13	Mr. Chonlawas	Khumkoet	Staff of Policy Advocacy Unit	

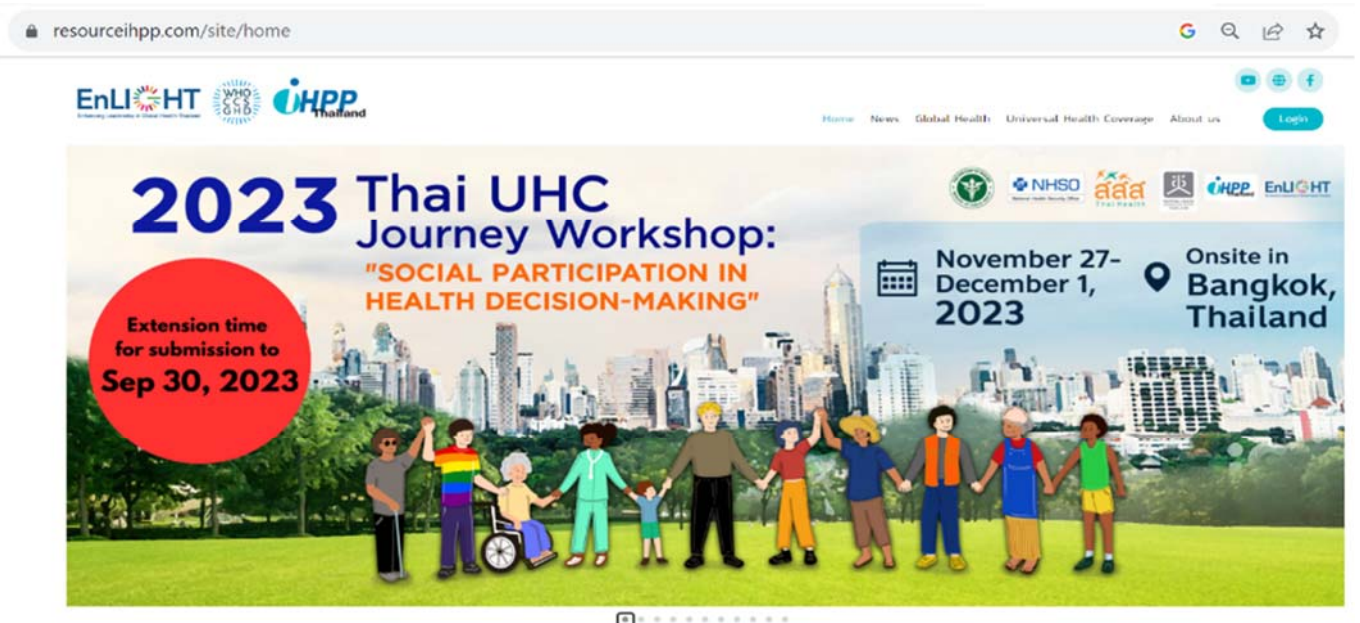
Ministry of Public Health

No.	First name	Last name	Position	Photo
14	Ms. Mayuree	Winothai	Foreign Relations Officer, Professional Level Global Health Division,	

Annex 3 : Photo and News



<https://en.nationalhealth.or.th/2023-thai-uhc-journey-workshop-social-participation-in-health-decision-making/>



<https://www.resourceihpp.com/site/detailnews/ecf275ee-d2a0-495b-b99f-8633f53bd17f>



Global Health Division
Office of the Permanent Secretary,
Ministry of Public Health

Search input field

หน้าแรก ข่าวประชาสัมพันธ์ บริการของหน่วยงาน คลังข้อมูล การติดต่อจัดจ้าง การส่งเอกสารของทางนอก ติดต่อเรา

Announcement: 2023 Thai UHC Journey Workshop : Social Participation in Health Decision-Making November 27-Dec 1,2023, Bangkok Thailand

We are pleased to inform you that we are calling for applicants for the 2023 Thai UHC Journey workshop program co-organized by Thai UHC Alliance Partners from 27 November -1 December 2023. The 2023 workshop theme is "Social Participation in Health Decision-Making".

The workshop aims to share Thailand's experience on the importance of social participation in health decision-making , a key foundation for achieving UHC.

The Thai UHC Alliance Partners will be responsible for the workshop expenses including the meeting package (2 coffee breaks and lunch) during the entire workshop.

For those who are interested to join, please submit the application: <https://en.nationalhealth.or.th/2023-thai-uhc-journey-workshop-social-participation-in-health-decision-making/>

Deadline of Application: **September 22, 2023**

For more info, please visit <https://en.nationalhealth.or.th/2023-thai-uhc-journey-workshop-social-participation-in-health-decision-making/>

Please feel free to forward this message to your network.

Sincerely,

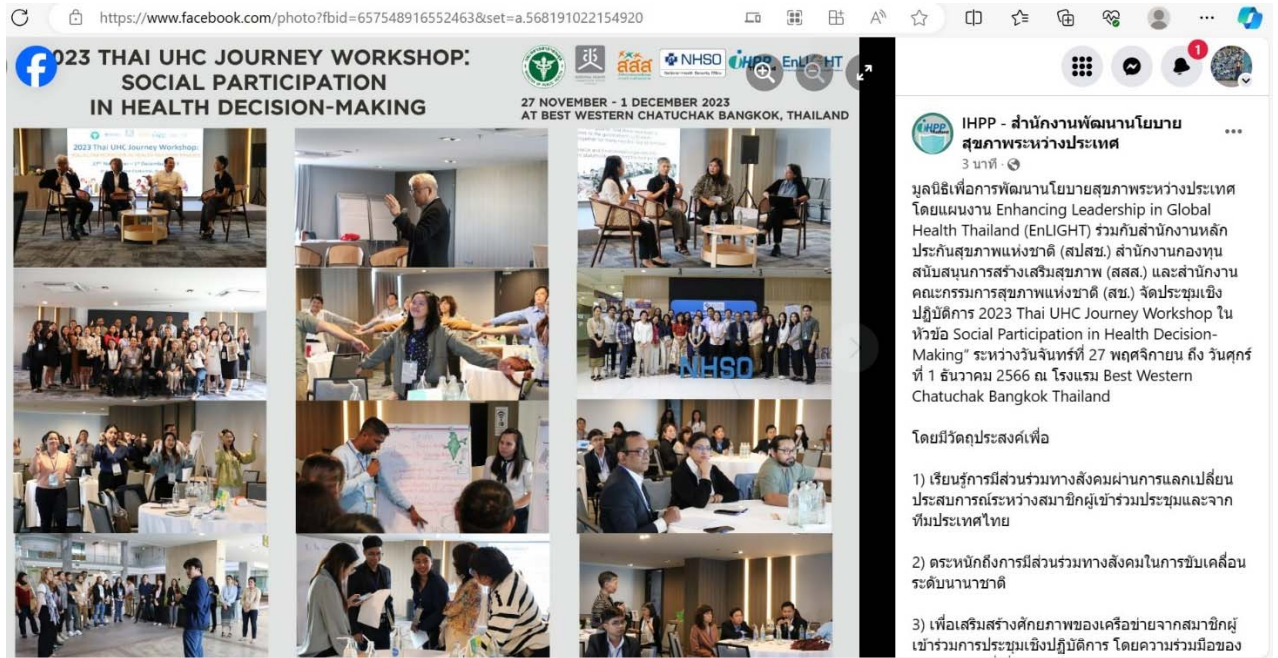
Thai UHC Alliance Partners

- Ministry of Public Health, Thailand
- National Health Security Office
- Thai Health Promotion Foundation
- National Health Commission Office
- International Health Policy Program (IHPP) in cooperation with WHO Country Cooperation Strategy on Enhancing Leadership in Global Health-Thailand (CCS-EnLIGHT)

<https://ghd.moph.go.th/?p=14289>



<https://www.resourceihpp.com/site/detailnews/16726cec-4d06-4c5d-ae9d-ee5052194ee2>

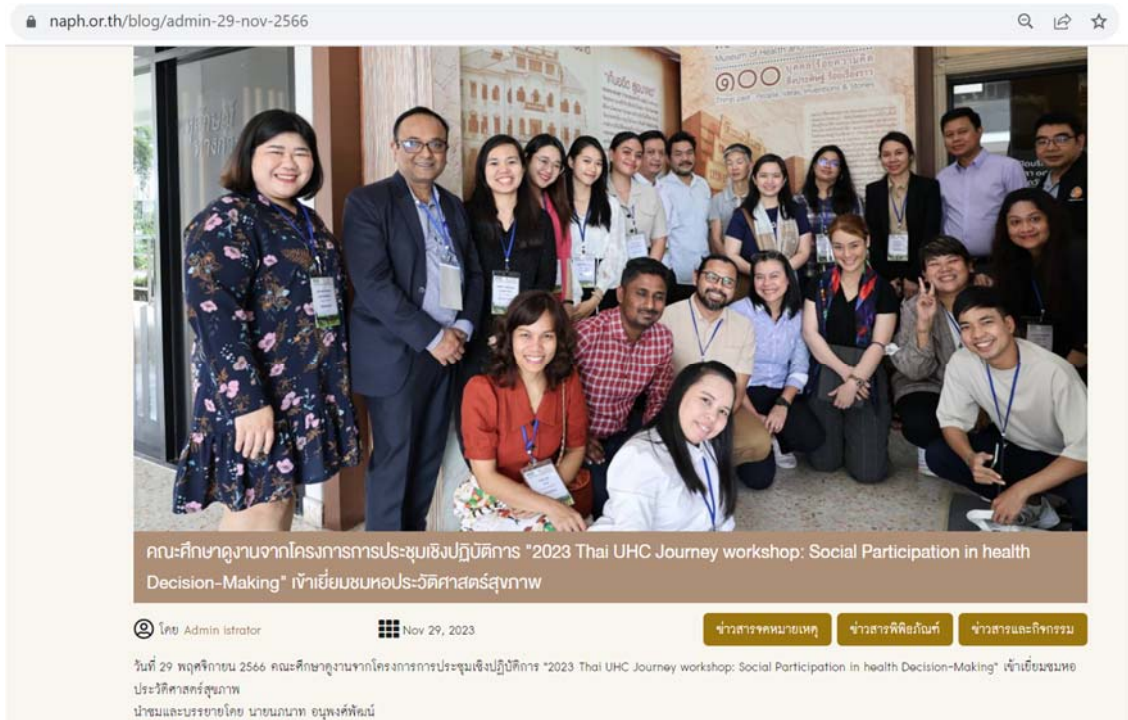


<https://www.facebook.com/photo?fbid=657548916552463&set=a.568191022154920>





คณะศึกษาดูงานจากโครงการการประชุมเชิงปฏิบัติการ "2023 Thai UHC Journey workshop: Social Participation in health Decision-Making" เข้าเยี่ยมชมหอประวัติศาสตร์สุขภาพ



<https://www.naph.or.th/blog/admin-29-nov-2566>



[International delegation explores social participation for Universal Health Coverage \(nhs.go.th\)](https://www.nhs.uk/news/2023/11/23-thai-uhc-journey-workshop)