Civil Society and Health Systems Reform: Thailand's Experience*

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Introduction

This paper presents the concepts, ideas, and working processes of the health systems reform movement in Thailand. It will first describe the ideas behind the reform movement and provide background on the setting up of the National Health Systems Reform Office (HSRO), the coordinating mechanism for the reform. The HSRO was created by a ministerial order with two strategic objectives: restructuring institutional arrangements through legislative action, and forging a new collective health consciousness in Thai society. To achieve these strategic goals, working strategies were formulated through a three-pronged strategy known as "The Triangle that Moves the Mountain." Each component of concepts, ideas, and working processes will be briefly discussed. The last section of this paper draws some lessons learnt from the experience of mobilizing civil society and health systems reform in Thailand.

Guiding Concepts and Working Strategies

> "… the structure of our current public health system is arranged to deal with diseases of biophysical origin and not with socially originated health predicament. As a result, health care has been a passive system waiting for those who have already got sick to come to get medical treatment instead of proactively reaching out to bring about health and well being.
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> Health must be understood as well being in physical, mental, social, and spiritual senses. Health, therefore, is embedded in every aspect of human and social development. Health, and not GDP or any economic outlook, should be perceived by all as a national ideological goal. Health includes and transcends economic development… Health systems reform therefore equals a reform of the meaning of life. In other words, a reform of how we perceived as a worthy life and what we should hold as ultimate aim of our existence."

This statement by Professor Dr. Prawase Wasi, one of the pioneers and advocates of social reform in Thailand, at a workshop on health systems reform captured the essence of the health systems reform movement in Thailand, a movement that has been going on for more than three years. Over the past three years (2000-2003), the HSRO has worked to engage various civil society organizations, academic institutions, public agencies, as well as political institutions to foster healthy dynamics in the health reform processes. The three years work resulted in hundred of civil society organizations participating in the process indicates that health system reform in Thailand has become a broad-based civic movement and has gained momentum.

The Birth of Health Systems Reform Office

In the year 2000, the Ministry of Prime Minister Affair's order pronounced the setting up of HSRO. The pronouncement stated that:

> Presently, the national health system is incapable of bringing about an acceptable level in people's health and quality of life. The situation is in discord with the spirit of national constitution. Action should be undertaken to reform the nation's health system in order to strengthen the quality of the health system and contain cost, and to draft a bill that will be the main legislative framework for the reform.

The decree proposed a National Health System Reform Committee (NHSRC) to oversee the reform process with the HSRO as its secretary. Although the HSRO would initially be supported by governmental budget, it was formed as an autonomous body unbound by bureaucratic rules and regulations. The missions of HSRO were stated as follows:

> 1. To create a collective movement focused on transforming society's thinking about health from "fixing ill health" to "creating good health" so as to achieve health for all. To support academic and technical activities to create a body of knowledge on critical issues relevant to health systems reform.
> 2. To mobilize civil society by supporting activities which encourage participation of people, communities, civil society, and various stakeholders in critical issues of health systems reform.
> 3. To support and develop relevant and acceptable measures for the reform of health systems. Such measures are to be included in the national health act, which is to be drafted during the reform process.
> To coordinate and engage political actors, state bureaucracies, and other organizations to join forces in pushing for the reform of national health systems.

The NHSRC and the HSRO were established contemporaneously and were initially tasked with promulgating the national health act within three years, while an ordinary process of drafting a bill would take on average somewhere between a few months to a year. The idea behind the prolonged process of drafting the national health act was that it was not the outcome of passing the bill through the national legislative body, but the process of deliberation that was the most important part of the reform process. To encourage participation and deliberation, not only was the timeframe extended, but the scope of the conceptual framework was also broadened. The framework set up at the outset of the reform defined health and health systems in a very broad sense. Health was defined as "*a dynamic state of physical, mental, social, and spiritual well being*". Health system, according to the decree, was defined as "*a whole range of systems relative and integral to the health of the*

nation including all factors related to health, be they individual, environmental, economic, social, physical, or biological as well as internal factors from health service systems."

Strategic Objectives of Health Systems Reform Movement

Health care reform experiences around the world exhibit a strong top-down, expert-led, legally sanctioned approach. Although there are some success stories, the frequent failure of most reform attempts indicates that health reform requires more than just the imposition of a new system through legislative action. The health system is a complex whole with multiple dimensions and multiple domains, all interconnected. Transformative and sustainable changes in any complex system could never take place simply by means of imposition and coercion. In addition to the much-needed structural changes, what was deemed indispensable in the reform of a complex social system was a collective learning process, a process of transformative experience that would change the way health was conceived, interpreted, and acted upon.

Required changes for the new national health systems therefore consisted of two complementary components. These two components made up the objectives of the reform process.

1. The restructuring of institutional arrangement through legislative action

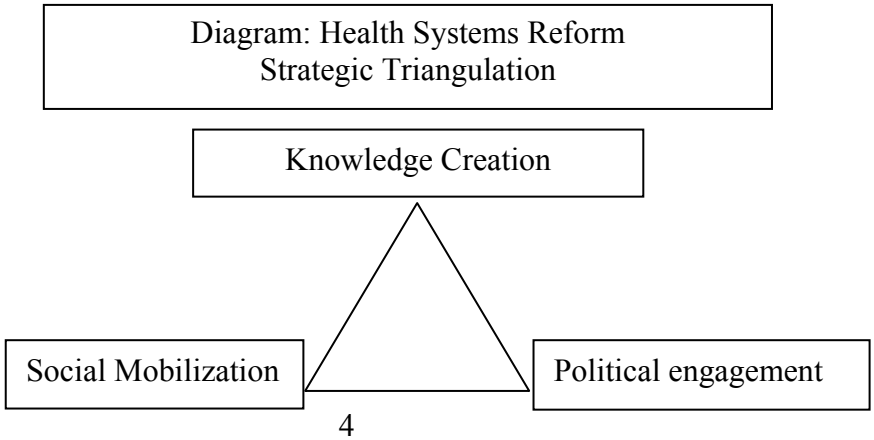
The first main objective of the reform movement was to bring about changes in the structure of the national health system. The new constitution and the shift towards stronger democratic governance in Thai society called for a new system of governance in all social sectors. Accordingly, the existing structural arrangement of the national health system needed to be revised for better health system governance. As revealed in the preceding discussion, existing official policy processes, relying solely on state agencies to implement the predetermined health policies, excluded civic participation and required more transparency. What was needed was a platform that would perform the deliberative function of health system governance. In restructuring the national health system, which consisted of many interconnected subsystems, a legislature was needed to reorganize the existing institutional arrangement. However, it was considered inadequate to simply impose structural changes through a new legislature drafted by commissioners and experts working behind closed doors. Changes in the institutional "hardware" needed an accompanying change in society's "software" to make the reform complete. A second component was therefore needed to complement structural changes.

2. The forging of a new collective health consciousness

The way health was acted upon depended not only on individual motivation but also, to a great extent, on how health was collectively understood and imagined. In the biomedical model, health was understood as the result of medical intervention and, therefore, was better left to medical experts to determine. In addition, health had always been compromised in public policies for materialistic or economic advantage. Without a strong collective consciousness that gave health a priority, health would never be placed high on developmental agenda. It was therefore crucial to make health and well being a shared vision among the public. The enactment of a new health legislature must go together with the forging of new collective health consciousness. The drafting of the National Health Act was aimed as a learning process in which civil society came together to rethink and recollect on a collective pledge to achieve health. The new consciousness would not be confined to the domain of jurisdiction, but it must also become the spirit of civil society, a spirit that would inform various civic activities outside the domain of official authority. This second objective of the reform movement therefore aimed at a transformative change in the realm of civic consciousness.

Working Strategies: The Triangle that Moves the Mountain

To achieve the two strategic objectives, a set of working strategies was formulated. Building on prior experience of forging a national movement for political reform, which resulted in the promulgation of the new constitution, Professor Dr. Prawase Wasi, an architect of social reform, devised the strategic triangulation of knowledge creation, social mobilization, and political engagement (see diagram). This was known as "the Triangle that Moves the Mountain," a set of three-pronged strategies to bring about changes in difficult social issues. According to the strategies, the first strategic mission was to compile and review existing knowledge on various aspects of health and health systems.



Knowledge generated through the process would be prepared in ways that were useful for empowering potential actors and enabling collective learning for health systems reform. To enable the broadest participation of stakeholders in the reform process, it was considered critical to create a knowledge base of health reform not only from the conventional biomedical and public health perspectives but also from various other points of view. A broad, multidisciplinary body of knowledge was necessarily for supporting a broad-based social mobilization. Sound and solid technical knowledge of health and health systems was also viewed as a prerequisite for successful engagement with the political establishment to facilitate formal changes in the national health systems through legislative action.

In accordance with these working strategies, the NHSRC set up four taskforces to work on each strategy:

1. Technical Taskforce, working on building up knowledge base and management of relevant knowledge for reform;

2. Civic Mobilization Taskforce, working to engage and encourage participation of civil society in the reform movement;

3. Mass Media and Communication Taskforce, working to ensure that the public was well informed; and

4. Legal Taskforce, working to develop legislative framework and to draft the new health act by incorporating desirable features of a health system gathered from deliberation in various civic forums.

The work of these taskforces was expected to culminate into the drafting of the National Health Act, a legislative framework for a new national health system. The aims of the first two years of implementation were to build up a knowledge base as well as to create a platform for carrying out reform processes. Critical areas of knowledge that would suggest new ways of conceptualizing health and health system components were identified. Potential researchers were engaged to prepare groundwork in respective areas. The purpose was to expand the conceptual framework of the health reform initiative in order to create more spaces for various civil society organizations to participate in the reform process. The third year of implementation focused more directly on linking local health agenda identified during the deliberation to national policy processes and on the approval of the draft bill by the national legislative body. The characteristics of how the three-pronged strategy was implemented can be briefly summarized as follow:

1. Creating Knowledge Base for Reform

The prime focus of this strategy was on knowledge production and management. It aimed at creating knowledge that would serve as a solid foundation for the reform processes. Knowledge in this regard was not only confined to bio-medical knowledge or public health statistics. Rather, knowledge was defined in a broader sense with an aim to enhance collective learning, public deliberation, and the rethinking of health and health systems. Two parallel research programs were set up to review and synthesize relevant knowledge for reform. The first program focused on the institutional arrangements and structural configuration of the health system and its various subsystems. The second program, 'Society and Health Program', aimed at providing broader philosophical and theoretical understanding of health and health care. It was perceived that the conventional notion of health and medicine needed to be expanded so as to invite broader stakeholders and those outside the domain of biomedicine to participate in a more meaningful way in the reform initiative.

2. Social Mobilization and Civil Society Movement

To encourage broader participation of civil society in the health systems reform movement, various mechanisms and measures were developed. The highlight in the second year of implementation was the National Health Assembly which was organized on August 8th-9th, 2002 at the Bangkok International Trade and Exhibition Center and the nationwide campaign to gather 5 million signatures of supporters for the new national health act. In working towards these two highlights, a series of civic forums, workshops, conventions, and district/provincial assemblies were organized. In addition, the "Reform Forum," a newsletter aimed at connecting various movements towards the health systems reform, was published by the HSRO. The meetings at various levels as well as the newsletters served to engage the greater public and to build consensus on the desirable health systems among various people.

District forums were organized by various civic groups in collaboration with local health agencies to encourage participation of grassroots organizations. Five hundred and fifty forums took place at the district level during the second year of implementation. These forums provided a space where local health issues were discussed, information exchanged, and suggestions made to assure that the new health systems would be relevant to the local health agenda. At the next administrative level, all provinces organized forums for provincial residents and civic groups to discuss and voice their opinions as well as to deliberate on the proposed legal framework for the new health systems. The district and provincial fora drew more than 50,000 people from 3,300 organizations around the country. The process of

consultation and civic participation created a unique broad-based civil society mobilization. These district and provincial forums culminated in the National Health Assembly on August 8th-9th, 2002, where almost 4,000 participants gathered and expressed their support for the reform.

Public forums have become not only a process of consultation and debate over health problems, but also a process of collective learning among communities, civil society organizations, and health agencies. Civic initiatives and deliberative action in tackling health problems were enthusiastically exchanged between participants in public forums. Through these forums, a new form of public life emerged. People from different organizations who shared similar concerns came to know each other and started building networks of cooperation. In a sense, the forums have become civic infrastructure within which deliberative action and collaboration between civil society organizations became possible.

3. Political Engagement for Legislative Reform

Engaging political institutions in support of the new health systems was considered a crucial mission for the reform process. The organization of the NHSRC itself provided a platform for political engagement. The Committee was chaired by the Prime Minister with Ministers and Permanent Secretaries from various ministries as members. Other than this officially appointed committee, other working groups, taskforces, workshops, seminars, and civic forums provided platforms for political participation. The first national seminar on "The Desirable Health Systems for Thai People" was attended by the Minister of the Prime Minister's Office as well as many leading Senators and Members of Parliament. Since the very beginning of the movement various political leaders and elected representatives were invited to participate in and contribute their ideas on the reform movement in various forums.

One of the most important dimensions of engaging political institutions to support the reform was the process of promulgation of the National Health Act. The process of drafting the new health act began with the development of a legal framework for the new health system using a process of continuing discussion among health experts, legal experts, political leaders, as well as representatives from civil society organizations. By the end of the second year, the draft National Health Act was completed. It provided a working definition, clarification of related concepts, explanation of the rights and duties of the state and citizens, description of various components of the national health system and their functions, and accounts on structural arrangement and working mechanism of desirable health systems. The

draft was delivered to the government and in the process of consideration and approval of the Cabinet before handing it over to the Parliament.

Lessons Learned

"Civil society" was seen to be a critical component, useful as a corrective measure to the accounts of the good life proposed by the left and the right. It argued for participatory democratic governance with an enthusiasm toward radical change, not only at the national level, but also the global level. The civil society argument, as pointed out by Michael Walzer, "is directed as a critique of both the left, which was too wedded to government action in the pursuit of distributive justice, and the right which was too unconcerned with the destructive impact of competitive markets on the fabric of associational life."

This paper provides a brief account of civil society and health system reform in Thailand to demonstrate how a broad-based civic movement was implemented. The roles and potentials, and the meaning of civil society, were obviously contingent to the historical and political contexts. In the case of Thailand, the changing historical contexts and the evolution of Thai politics over the past few decades were relatively conducive to the growth of non-state actors. The emerging public sphere has been increasingly populated by civil society organizations of various shapes and sizes. As defined at the outset of this report, civil society in the current situation in Thailand could be thought of as "an autonomous sphere of social interactions in which active individuals and groups form voluntary associations and informal networks and engage in activities with public consequence."

The three years of health system reform aimed at creating a broad-based reform movement to achieve two strategic objectives: (1) The restructuring of institutional infrastructure through legislative action, and (2) The forging of a new collective health consciousness. The analysis of the reform process suggests that the most important aspect of mobilizing civil society in health system reform was the creation of civic deliberation process. Various forums, meetings, conventions, and conferences at different levels created much needed venues for the public to deliberate on how health and existing medical predicaments should be understood and the most important changes needed to achieve the desirable health system.

In order to engage the broadest range of social actors and civil society organizations to participate in the reform process, it was realized that the concept of health itself needed to be expanded from a biomedical defined concept towards a more holistic, inclusive, and multidimensional definition. Health in the reform process has been redefined to emphasize

not only biological and psychological aspects but, more importantly, social and spiritual aspects of wellbeing and wellness. The broadened concept of health enabled the involvement of a wider range of stakeholders into the deliberation process.

It was in the deliberative processes that active citizens were empowered, the seemingly unproblematic status quo called into question, and a new meaning of health was generated. Health, as it was perceived and deliberated in civic forums, was not so much an individualized, depoliticized state of being achievable solely by individuals adopting a personal, healthy lifestyle, nor by passively following official authority or bureaucratic policies. Rather, health was viewed as socially determined and inseparable from collective wellbeing and social justice. Public policies that often greatly affected health were too important to be left alone to bureaucrats, politicians, and experts. It was this shift in the view of health and politics away from conventional models to ones that expanded the operational definition of health to embrace the active roles of citizens that could be said to be the true object of reform in the Thai health system reform movement.

[*] This paper is an excerpt from a book, *Deliberative Action: Civil Society and Health Systems Reform in Thailand*, by Komatra Chuengsatiansup, MD. Ph.D., published in 2005 by the Health Systems Reform Office, Thailand.