



Health in All Policies

Thailand's National Health Assembly – a means to Health in All Policies

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Introduction

Since the global community announced the Alma-Ata Declaration on Primary Health Care in 1978¹ with the goal of Health for All, global development's direction has gradually turned from economic-led growth to development which has health as an integral part. This paradigm of health was reiterated in 1986 with the Ottawa Charter on Health Promotion.² Since then, the health paradigm, which emphasises the social determinants of health perspective, has been multiplied in various concepts, approaches and activities such as healthy public policy, multisectoral action for health and Health in All Policies. The launch of the Sustainable Development Goals requires collaboration across sectors and participatory governance to achieve all goals, especially Goal 3.³ Thailand takes this opportunity to review our past implementation and plans to move forward by improving the existing governance body, processes and tools.

Thailand initiated health system reform around the late 1990s driven by the fact that despite low child mortality rates and high life expectancy, the population still faced high levels of preventable death and relied heavily on health care services, contributing in turn to increasing levels of national health expenditure. A National Health System Report 2000, conducted by the Senate Committee on Public Health, recommended that Thailand required new laws and governance arrangements to tackle the structural problems impacting on health. Participation of the government sector, academia and civil society in decision-making and a whole-society approach has underpinned subsequent health systems reform.

One of the major legacies of the health systems reforms is the National Health Act 2007 that enabled the establishment of a new form of governance, the National Health Commission, to be an advisory body to the Cabinet on health policies and strategies. The National Health Commission is expected to coordinate with multiple sectors across government and the community to come up with healthy public policies. This puts the Health in All Policies

(HiAP) approach on centre stage in policy decision-making.

The National Health Assembly (NHA) is one of several tools that the National Health Commission applies to attain Health in All Policies. The National Health Commission Office (NHCO) is responsible for coordinating and facilitating the work of the National Health Assembly from developing policy proposals to implementation, evaluation, and policy revision. Apart from laws, governance bodies and HiAP processes, success cannot be achieved without changing people's mind-set. The National Health Act incorporates an expanded definition of health to include the broader term of well-being in which the physical, mental, spiritual and social dimensions of health are in balance. This broader definition allows the non-health sector, especially civil society, to join the National Health Assembly.

Vision, aims, objectives

Vision

Health and well-being in Thailand is improved through participatory public policies which are developed from evidence-based information with the active participation of multiple sectors (government, academia and community).

Objectives

1. Development, formulation, progression and implementation of participatory public policies.
2. Providing platforms and coordination of various sectors in society to join in exchanging knowledge and evidence-based information through a systematically organised and participatory forum called the NHA in order to develop and move forward participatory public policies.
3. Development and capacity building of NHA constituencies in deliberative participation and participatory democracy which are considered key interactive processes for the development of public spirit and involvement of people in policy issues.

Governance, reporting and monitoring

To enable implementation of HiAP in Thailand, the National Health Commission is established under the chairmanship of the Prime Minister. Its composition involves three key sectors namely the government sector, knowledge sector and civil society sector resulting in effective interactions and joint decision-making. Each sector plays a different role, supplementing others. There are six ministries in the government sector of the Commission: the Ministry of Agriculture, Ministry of Public Health, Ministry of Industry, Ministry of Interior, Ministry of Natural Resources and Environment and the Ministry of Social Development and Human Security. Each of these has the authority and the budget to push the policies into action. The knowledge sector, meaning academia and professionals, provides evidence to inform consideration of policies, while the civil society sector raises the voice of the people and helps transform national policies into action at the local level. The results of this joint decision-making between the three sectors are submitted to either the Cabinet or directly to key agencies and local governments, as appropriate.

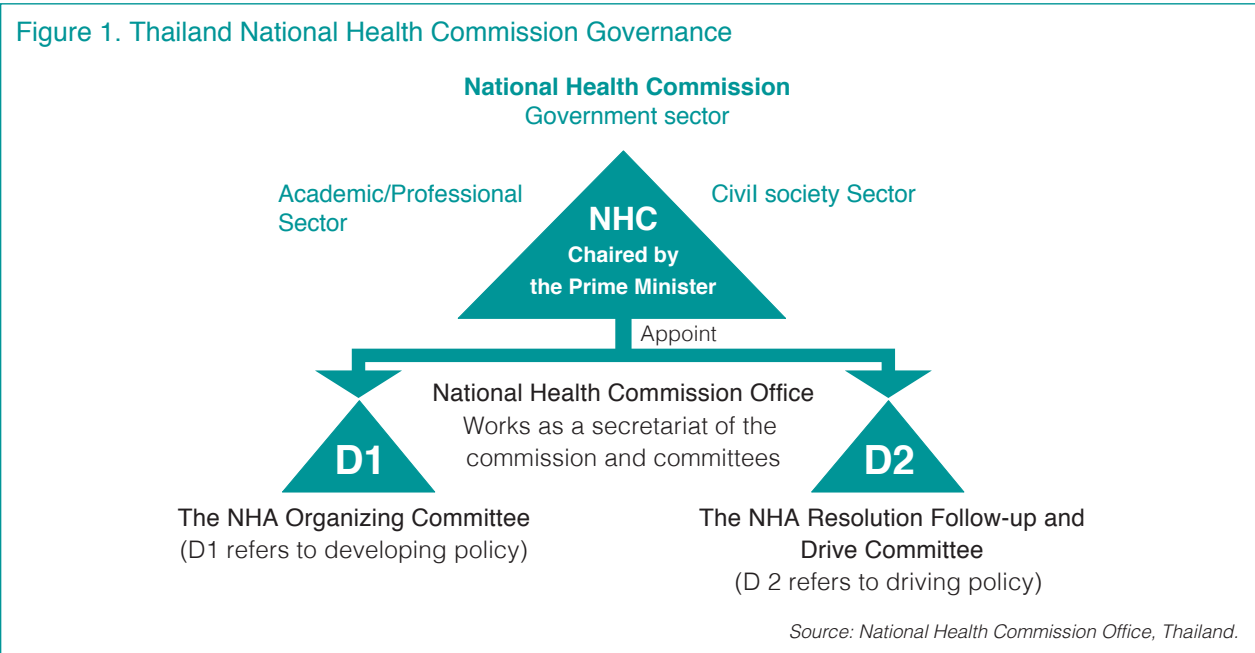
To ensure effective policies, the National Health Commission set up two committees to carry on the cyclical process of the NHA:

- The NHA Organizing Committee is in charge of developing the policy proposals including drawing up the rules and guidelines of the NHA process, classifying and defining constituencies, setting agendas, drafting resolutions and convening the NHA.
- The NHA Resolution Follow-up and Drive Committee is in charge of strategizing and facilitating implementation of NHA resolutions, monitoring and evaluating the implementation, reporting on the progress or outcomes at the NHA and revising the past resolutions (if needed).

The committees are referred to as D1 and D2. D 1 stands for developing policy proposals or so called resolutions and D 2 means driving policy of adopted resolutions in action (see Figure 1).

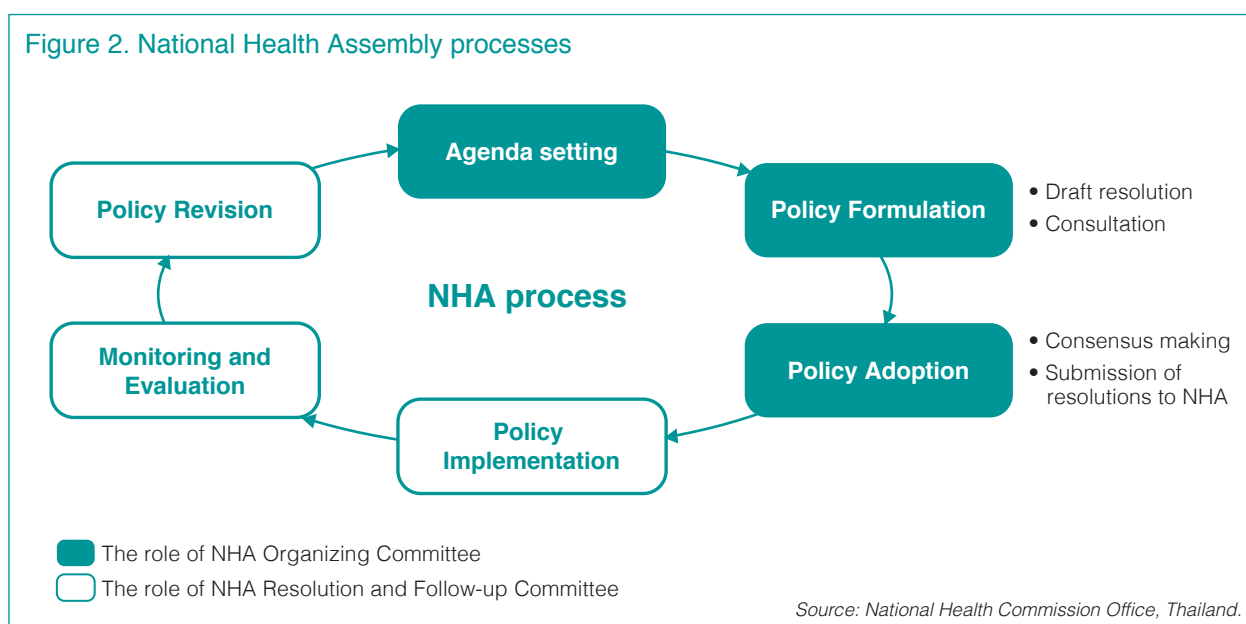
The composition of both committees is also strictly comprised of representatives of the three sectors, the same as the National Health Commission. Both committees operate through multisectoral working groups. The chairperson of each committee is rotated, which is not the

Figure 1. Thailand National Health Commission Governance



Source: National Health Commission Office, Thailand.

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case with the National Health Commission. Since 2008, the NHA Organizing Committee chairperson has had representatives from the health professions, academia, private sector, civil society and currently a government official from the Ministry of Public Health is the chairperson. The chairperson of the NHA Resolution Follow-up and Drive Committee is rotated from civil society to a public health minister most recently.

Mechanisms and processes

'Health Assembly' is defined in the National Health Act 2007 as a process in which the public and related state agencies exchange their knowledge and learn from each other through an organised systematic forum with public participation, leading to recommendations on healthy public policy and good health for the public. In practice Thailand has three types of health assemblies: (a) a national health assembly (b) provincial health assemblies, and (c) issue-based health assemblies. The purpose of this is to strengthen multisectoral action for health and/or Health in All Policies at all levels. Furthermore, it nurtures the culture of public consultation and participation from the grassroots level to the national level.

The National Health Act stipulates that the NHA is convened annually, normally in December. As of the ninth NHA held in 2016, seventy-three resolutions have been discussed and adopted. Drawing from this experience, the NHA process can be explained in the following six steps (see Figure 2):

1. Agenda setting

The NHA process starts from issues of concern or proposals submitted by (1) constituencies from all sectors and (2) the National Health Commission and other commissions under the National Health Commission, to the NHA Organizing Committee for consideration. The selection criteria used include: urgency, nationwide impacts, public interest, and the potential for issues to be progressed to implementation. In addition, unsuccessful previously submitted proposals can be brought up by the NHA Organizing Committee for reconsideration. Similarly, the NHA Resolution Follow-up and Drive Committee can submit revisions to adopted resolutions for consideration. All agenda items must comply with the National Health System Charter. Complex issues requiring multisectoral actions have a high tendency to be selected as NHA agenda items.

2. Policy Formulation

2.1 Drafting documents: background documents and draft resolutions

After the agenda setting, each item requires wide multisectoral participation to document current conditions, problems and potential solutions as inputs for drafting evidence-based resolutions. The process starts from a multi-stakeholder technical working group on each agenda item appointed by the NHA Organizing Committee. The members of working groups are drawn from persons/agencies who propose the issues, key stakeholders from the government, knowledge, and community sectors.

2.2 Consultation

Public hearing forums for stakeholders are held to consult on all agenda items, with background documents and draft resolutions. Afterwards, the revised draft resolutions (if any) are sent out to all constituencies for their consideration and preparation prior to the NHA. The National Health Commission Office also distributes media materials such as brochures and animations to help constituencies easily understand the key messages of resolutions.

Seventy-seven constituencies from all the provinces organise their public hearing forums to determine their provinces' positions and decide who will be their provincial delegates to attend the NHA.

3. Policy Adoption

3.1 Consensus making

During the three-day NHA, all constituencies dialogue and adopt each drafted resolution by consensus. In the case of no agreement on certain contents in a draft resolution, a drafting group is set up for discussions and to seek agreement. If there is no agreement on such a draft resolution, that agenda item will be reconsidered in the next NHA.

3.2 Submission of resolutions to National Health Commission

After adoption, resolutions are sent through two channels. The first channel is to submit to the National Health Commission for approval and then to the Cabinet for noting and/or approval for

further action. The second channel is to submit to all constituencies directly. The constituencies are encouraged to implement resolutions without waiting for Cabinet resolutions because resolutions are made based on their consensus and commitment.

4. Policy Implementation

After adopting resolutions at the NHA, the NHA Resolution Follow-up and Drive Committee analyses and manages each resolution into the implementation plan because each resolution involves many activities with various players. The entry point and key driver of a resolution requires clarification. The key driver may not be the key responsible agency. This Committee facilitates implementation of each resolution by setting up a multi-stakeholder working group; the memberships may be the same or different from the working group that drafted the resolution. The members of the latter working group are responsible for different aspects of the resolution but all have the common goal.

5. Policy Monitoring and Evaluation

The NHA Resolution Follow-up and Drive Committee monitors, evaluates and categorises the past resolutions into three categories by considering progress of the performance and commitment of the key drivers and/or key responsible agencies. The implementation of each category is then strategically facilitated in different approaches.

Category 1: Well Performing

A well-performing resolution falls in to at least one of three criteria: 1) all activities are implemented completely or, 2) significant progress has been made and there is potential to complete all activities or, 3) a key responsible player is committed to having a policy or a plan in response to a resolution. Sometimes, a well performing solution is revised or combined with other resolutions and has become a new resolution. Out of the eight NHA sessions from 2007 – 2015, 16 out of 69 resolutionsⁱ (23%) are considered high performing. The NHA Resolution Follow-up and Drive Committee monitor their progress from a distance.

ⁱ An additional four resolutions have not yet been categorised.

Category 2: In progress

Forty-eight resolutions are classified into the in progress category. The NHA Resolution Follow-up and Drive Committee not only monitors their progress, but also facilitates their implementation in different ways.

Category 3: Performance with challenge

Five resolutions face challenges in implementation for many reasons e.g. a resolution is considered irrelevant to the current situation or unrelated to an agency's role as specified in resolutions. Some problems are too complicated and complex to tackle by the agencies specified in resolutions. These resolutions are reviewed and revised becoming a new resolution for consideration at the NHA.

In addition, the NHA Resolution Follow-up and Drive Committee places importance on knowledge management as another way to monitor, evaluate and motivate implementation of resolutions. The committee often organises workshops or forums for knowledge exchange, as well as supporting studies to draw lessons learnt from resolutions where there has been tangible progress.

6. Policy Revision

As stated above, those resolutions with lower performance will be reviewed and revised, then proposed to the NHA again.

In summary, the NHA Organizing Committee (D1) is responsible for steps 1 - 3 which relate to policy development. The NHA Resolution Follow-up and Drive Committee (D2) is responsible for step 4 - 6, which involves driving policy. Both committees communicate to NHA constituencies and the public on draft resolutions, adopted resolutions and the progress of resolutions. The National Health Commission Office is a secretariat of these Committees facilitating the NHA process and the work of all committees, subcommittees and working groups.

Establishing and maintaining partnerships

Establishing and maintaining partnerships needs both a 'head and heart' approach. The National Health Commission Office, as the secretariat of the National Health Commission, NHA Organizing Committee and the NHA Resolution Follow-up and Drive Committee, applies the following strategies:

- **Understand partners and stakeholders**

Stakeholder analysis for each NHA agenda or policy is compulsory in order to understand the role, expertise and number of key stakeholders. Moreover, it is important to analyse and think strategically about who is a key driver, who is a key responsible agency and who is a key supporter. For example, in the case of agriculture and food safety related resolutions, the key driver is BIO Thai (NGO); the key responsible agency is the Ministry of Agriculture and Cooperative; and the key supporter is the Ministry of Public Health (see Box 1 for an example). In other resolutions such as children and youth related resolutions, the key driver and key responsible agency is the same agency, i.e. the Ministry of Public Health but the key supporters are NGOs and the Ministry of Education.

- **Provision of a neutral platform for all**

Partnerships should be built based on a common interest, despite people having different views. To maintain the partnership, each partner should have a role to play. As a result, the NHA process is driven by committees and working groups providing platforms for our partners and stakeholders to update on progress, exchange information and consult on solutions. NHCO must play a neutral role among partners and stakeholders since we provide the platform and the process.

Box 1. Resolutions on agriculture and food safety

From the first NHA to ninth NHA, there were three resolutions related to agriculture and food safety namely NHA1.5⁴ on agriculture and food in the era of economic and environmental crisis; NHA5.5⁵ on food safety: solving problems from agricultural chemicals and NHA5.8⁶ on coping with health impacts from entering the ASEAN community: a case of food and agriculture products. These resolutions reflect long-term unsolved problems on this matter. Although the resolutions were made with consultation with stakeholders and the public, implementation of the resolutions has made slow progress.

The NHA Resolution Follow-up and Drive Committee set up the working group on agriculture and food safety to drive these resolutions all together instead of driving each resolution separately. The working group consists of Ministry of Agriculture and Cooperatives, Ministry of Industry, Ministry of Public Health, Thai Health Promotion Foundation, Thai Chamber of Commerce, Thai Federation of Industries, Thai Fresh Market Association, National Farmer Council, Foundation for Consumers and BIO Thai to name but a few. Apart from updating who is doing what according to their organisations' mandates, the working group made a joint decision to close a legal loophole on control of agricultural chemicals, a leverage point in this agenda.

All chemical substances are under the control of the Ministry of Industry which is responsible for the Hazardous Substances Act. The measures to manage chemical substances in the Act are designed for a closed environment like a factory. Therefore, it does not apply easily to an open environment such as a paddy field. BIO Thai, an NGO working on organic agriculture, food safety and fair trade, became a key driver who ran a participatory process of drafting the Bill on Chemical Pesticides. However, this endeavour had been progressed at the technical and implementation level. NHCO therefore raised this issue with the Permanent Secretary for Agriculture and Cooperatives. Finally, the Ministry of Agriculture and Cooperatives agreed to take on responsibility from the working group and co-organise a public hearing on the Bill and potentially submit this Bill to the Cabinet.

- **Build understanding and networking among partners through capacity building**

NHCO organises a series of capacity building activities for partners, NHA constituencies and the stakeholders of each NHA resolution to ensure that they understand the philosophy, principle and process of the NHA including the content and context of NHA resolutions. Typically the participants of these capacity building activities are from mixed sectors, with both health and non-health backgrounds.

- **Inclusiveness**

The principle of inclusiveness for NHA constituencies is applied. It is permissible for any organisation or network to be NHA constituent.

Outcomes

The work of the NHA leads to a number of important outcomes. It creates:

A culture of horizontal multi-sectoral collaboration

Throughout the NHA process, across-sector and across-government agencies work together to reach each milestone, both drafting the resolutions for adoption and progressing the resolutions' implementation. The year-long process of the annually convened NHA helps create a culture of working across sectors in a horizontal manner.

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New champions for health

Following the new working culture, as explained above, new champions for health are created. The Ministry of Agriculture and Cooperatives is an example. In relation to the issue of agriculture and food safety, the health of the population is affected by agriculture policies and practices. The NHA process opened a neutral platform for the Ministry of Public Health, the Ministry of Agriculture and BIO Thai among other stakeholders to discuss issues and find solutions that may not be the role of any one organisation but require joint stewardship.

Changes in policies

Often there are several agencies working on the same issue with no guiding or consistent policy framework. As a result of the NHA process there can be changes in policies to meet multiple needs and have flow on effects. For example, recently the Ministry of Public Health has issued a policy to pilot the use of organic agricultural products as cooking materials in selected hospitals. The Bill on Safety from Chemical Pesticides was used as a leverage point to achieve this change.

A mechanism to achieve Sustainable Development Goals (SDGs)

Despite most NHA resolutions responding to Goal 3 of the SDGs, some resolutions are beyond health because NHA constituencies come from both health and non-health backgrounds. Of the 73 resolutions, examples of resolutions beyond health are shown in Table 1.

Table 1. Relationship between Sustainable Development Goals and National Health Assembly resolutions

Sustainable Development Goals	Related National Health Assembly Resolutions
SDG 5 on Gender equality	NHA Resolution 1.10 ⁷ on Sexual Health: sexual violence, unplanned pregnancy and sex issues relating to AIDS/ sexually transmitted diseases
SDG 6 on Clean water and sanitation	NHA Resolution 9.1 ⁸ on Safe drinking water for the people
SDG 7 on Affordable and clean energy	NHA Resolution 5.6 ⁹ on Prevention and mitigation of health impact from biomass power plant
SDG 11 on Sustainable cities and communities	NHA Resolution 9.2 ¹⁰ on Managing and developing healthy community and urban housing

Therefore, the NHA is a potential tool and mechanism towards achieving the SDGs.

Challenges and opportunities

Critical Success Factors

The critical success factors for implementing HiAP are summarised as follows:

- **A neutral role of policy facilitator**

The best working environment for HiAP is based on trust. NHCO, as the secretariat of the National Health Commission and the other two committees, plays a neutral role in gaining trust among partners and stakeholders, so that NHCO can successfully facilitate the participatory policy process.

- **Building a sense of ownership by stakeholders**

Throughout the NHA process, key stakeholders of each resolution are invited to draft the resolution and wider stakeholders are invited to participate in consultations. After the adoption of resolutions in the NHA, formal and informal monitoring either by a government agency, NGO or civil society organisation is arranged to continue the progression of resolutions. Best cases are highlighted and acknowledged and promoted in meetings. It is important to help stakeholders realise that if they participate in the NHA, everyone can gain from what they propose though not necessarily achieve all they hope. The government sector has supported the public and driven their work, while problems raised by the community sector get solved. Academia and professionals use their knowledge to serve the society.

- **Clear and measurable NHA resolutions**

Well-written resolutions help implementation and monitoring. A 'road map' for each resolution is created to ensure all stakeholders easily understand their roles and the milestones of success.

Challenges

There are challenges in the process:

- **A sense of representation**

Each constituency is expected to consult on resolutions among their organisations and networks and even organise a public hearing. Doing so requires a budget to support this which can be a barrier. It is not easy to ensure that NHA constituencies speak on behalf of their constituency.

- **Political commitment**

Despite the fact the NHA can call for multisectoral participation in the policy process, political commitment on each resolution is a necessity for successful implementation. NHCO has recently issued a door-knocking strategy to meet ministries whose policies impact on health such as the Ministry of Natural Resources and

Environment, Ministry of Industry and Ministry of Agriculture and Cooperatives, in order to unlock bottleneck situations.

- **Indicators for success**

Some resolutions involve a policy change or a structural change that may not quickly translate into improvements in outcomes. Without intermediate indicators this could lead to a wasted effort.

Reflections and conclusion

Based on the NHA experience of implementing HiAP, the three key messages for other countries, regions and Ministries of Health wishing to implement HiAP are:

- 1. Ensure a broad definition of health**

Health in Thailand was redefined as wellbeing covering physical, mental, spiritual and social dimensions according to the National Health Act in 2007. This broader definition opens a door for non-health sectors, and especially civil society, to collaborate with the health sector on an equal basis. This is why Thailand can apply the whole of society approach to achieve Health in All Policies.

- 2. Make an organisation responsible for HiAP**

The driving force that makes HiAP possible is the National Health Commission and NHCO both of which are required in the National Health Act to be accountable for this mission. Apart from the NHA, Thailand also organises provincial health assemblies, issue based health assemblies and health impact assessments.

- 3. Seize opportunities**

The political climate around health threats and challenges that require multisectoral collaboration to solve can be an opportunity to start HiAP. Thailand used these threats and challenges to health as an opportunity to rethink and reform the health system and introduce the concept of HiAP to the health system, despite the fact that it was not named HiAP at that time.

Key contact/s and further information

National Health Commission Office, Thailand
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