

Thai public invited to help shape health policies

A new Thai forum consults the public on the government's health agenda. The challenge will be to incorporate these diverse views into public health policies. Apiradee Treerutkuarkul reports.

For Dr Suwit Wibulpolprasert, chairman of the committee organizing Thailand's first National Health Assembly (NHA), which took place from 11 to 13 December 2008 in Bangkok, opening up the debate on public health is an essential part of developing effective national policy. "In the past, health policy has tended to be drawn up by politicians and officials," Wibulpolprasert says. "But the National Health Assembly is a forum for the public to pool views and initiate health agendas that truly address people's needs."

More than 1500 people attended the conference, the first of its kind to take place since the passing into law of the National Health Act of 2007, which also brought the NHA into existence.

A broad cross-section of Thai society was represented, including 178 delegations from government agencies and provincial authorities, the private sector and civil society. In addition, groups including stateless people living near the Myanmar border gave presentations at technical briefings for participants. Dr Kumanan Rasanathan, from WHO's Department of Ethics, Equity, Trade and Human Rights, described the meeting as "a very interesting exercise in participatory governance".

The 12 topics that were up for discussion were distilled from more than 68, including such familiar ones as universal access to medicines and equal access to basic public health services. Also addressed were matters as diverse as agriculture and food prices in the current economic crisis and safe media access for youth and family – an agenda that included a proposal for addressing problems of children addicted to online games and television.

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"The broad slate of topics reflects the intention to encourage input from everyone," says Rasanathan,

"and improve public participation as well as intersectoral collaboration." In other words, the assembly's organizers actively encouraged the participation of stakeholders from outside the field of public health – from education, agriculture and industry, to name but a few.

"The Thais have adapted much of the machinery of the World Health Assembly [WHO's supreme decision-making body] for their own context," says Rasanathan, who noted that each of the 178 constituent groups had equal speaking rights. Briefing papers were produced and resolutions were passed on each of the agendas. As with WHA resolutions, these resolutions are not binding.

According to Dr Amphon Jindawatthana, secretary-general of the National Health Commission Office, once the resolutions have been adopted they are considered by the National Health Commission, which reworks them for ministerial review and possible inclusion in national policy.

Given the hurdles that still need to be cleared once a resolution is passed at the Assembly, one might be forgiven for dismissing the body as something of a talking shop.

This is a charge that Wibulpolprasert firmly denies. He is convinced that NHA-formulated resolutions will certainly lead to policy, and policy that is closer to the needs of Thailand's 63 million people.

For Jutamas Paengwieng, a 22-year-old university student representing a network of children and youth, just to be included in discus-



Thailand's National Health Assembly organizing committee 2008, from left to right, Dr Pranom Cometieng, Dr Darunee Rujkorakarn, Dr Suwit Wibulpolprasert, Dr Amphon Jindawatthana and Mr Vichien Kuttawas.



Dr Amphon Jindawatthana, Secretary General of the National Health Commission.

sions about national public health is a major step forward: "Children and youth have never been able to participate in the problem-solving process with adults," she says. "The National Health Assembly is the first forum that lets us be involved in seeking solutions to youth problems. It's a starting point for young people like us to work as a network with adults to create better policies suitable for our way of living."

Wibulpolprasert and his colleagues looked to Brazil's experience in developing policy in this way. Dr Sarah Escorel, senior researcher at the National School of Public Health at the Oswaldo Cruz Foundation in Brazil, points out that community participation through a national health assembly has been part of Brazil's political system since 1986, involving 100 000 people in 5000 municipal health councils, 27 state health councils and the national health council.

Brazil took the process to the next level in 2004 with a National Conference on Science Technology and Innovation in Health that resulted in a health research agenda. The sheer size

of community involvement presented challenges as well as opportunities, as Escorel well remembers. "It's very difficult to come up with any resolutions as opinions from different groups of people are so diverse, leading to difficulties in the implementation process," she says.

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Escorel, who was also a member of the Social Exclusion Knowledge Network of the WHO Commis-

sion on the Social Determinants of Health, recommends that Thailand's NHA closely follow the policy-making process to ensure that workable health legislation is the final result.

Wibulpolprasert concedes that turning NHA resolutions into policy will be a challenging task and says that a working committee will be set up to follow up on the policy implementation process. Progress will be reviewed at the assembly on an annual basis. ■

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Recent news from WHO

- In January, following the outbreak of hostilities on 27 December, WHO warned that **Gaza's fragile health services** could collapse if steps were not taken to support them. As of 14 January, according to the Palestinian Ministry of Health, 1011 people, including 13 health workers, had been killed and over 4650, including 22 health workers, had been injured in Gaza – one of the world's most densely populated places.

To provide urgent health care, **WHO launched a US\$ 13.3 million response plan**. It has been coordinating the plan through its offices in Cairo, Gaza, Geneva and Jerusalem, and by working closely with the Palestinian Ministry of Health in Ramallah and with health cluster partners. Partners include the United Nations Relief and Works Agency (UNRWA), the International Committee of the Red Cross and Médecins Sans Frontières.

As part of the **Israeli government's humanitarian efforts** to assist the civilian population of Gaza, a forward emergency treatment centre was opened at the Erez crossing into Gaza on 18 January. According to the Israeli government, the Ministry of Health will operate the emergency treatment centre there through the Magen David Adom.

WHO warned of **possible outbreaks of disease in Gaza** – with its high population density and dire living conditions – following the serious disruption to the vaccination programme there. On 10 January, 203 tonnes of life-saving medical supplies and five new ambulances crossed from Rafah into Gaza. These were donated by Algeria, Jordan, the Libyan Arab Jamahiriya, Morocco, Qatar, Saudi Arabia, South Africa and Turkey, as well as the Arab Medical Society and the Egyptian Sharia Society. As of 14 January, 37 of Gaza's 58 primary health care centres managed by the Ministry of Health were functioning, with an average of 30% staff attendance.

WHO also raised concerns about **sanitation and water quality in Gaza**, noting that waste management had not been assured and garbage had not been collected since the end of December. Monitoring and surveillance of water quality had not been carried out, since the central public health laboratory closed due to its proximity to open conflict on 4 January. Health-care facilities were receiving 8–12 hours of electricity supply a day. Hospitals had received some fuel. On average all Ministry of Health hospitals and the Central Drug Store had 40–50% of their fuel storage capacity. UNRWA and WHO were working to ensure hospitals are receiving enough fuel.

- Hospitals reduced the **number of major complications following surgery** by one-third in eight cities around the globe by using a simple surgical checklist developed by WHO. These findings, published on the web site of the *New England Journal of Medicine*, were based on data collected from 7688 patients – 3733 before and 3955 after the checklist was introduced, WHO said on 14 January.

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