



## **“Triangle That Moves The Mountain” and Health Systems Reform Movement in Thailand**

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### **1. Focus on the Member Countries**

The World Health Organization (WHO) System is potentially a very good system. It consists of the Headquarter (HQ), the Regional Offices (ROs) and the member countries. If all the components worked well in an interactive manner, the System could be a dynamic inter-connected network vibrant with knowledge generation, learning and development, benefiting the health and well-being of mankind around the world.

Although there are some deficiencies in WHO such as bureaucracy and politics, the greatest strength of WHO lies in it being highly prestigious and its unlimited access to expertise around the world. The HQ and the ROs have generated and collected a lot of concepts and methods, but the most difficult part is to implement those concepts and methods in member countries. If knowledge-based health development can not be implemented successfully in member countries, this will be the bottleneck in the otherwise very good WHO System. The concepts and methods developed at the HQ and ROs will become congested there, untested by real practice in member countries and thus provide no appropriate feedback to the System. The System will not be as inter-active and as vibrant as expected. Thus more attention should be focused on the member countries. **How they can implement knowledge-based health development successfully is the crucial issue.**

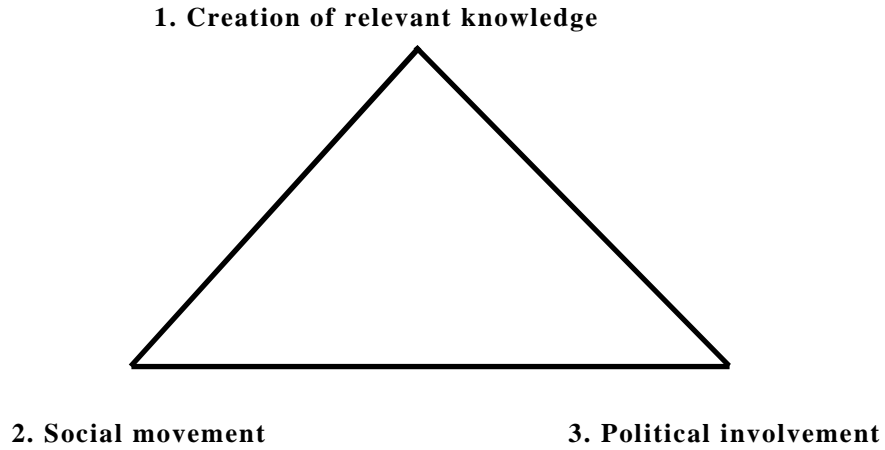
### **2. Triangle that Moves the Mountain**

Thailand, as many other countries, has faced extremely difficult problems-political, economic, social, cultural, environmental, etc., culminating in the phenomenon of social crisis, severely affecting health. The problems are inter-connected, complex and extremely difficult to solve. In fact, some feel that they are too big and too difficult and beyond imagination on how to solve them. But we have to find ways and means to get out of the crisis in order to be able to move forward positively. There is increasingly well known in Thailand an approach structure called **“Triangle that Moves the Mountain”**. The Mountain means a big and very difficult problem, usually unmovable. The Triangle, as illustrated in Figure 1, consists of: (1) Creation of relevant knowledge through research, (2) Social movement or social learning and (3) Political involvement.

Creation of relevant knowledge through research is very crucial, but not adequate by itself; it must interact with social movement or social learning. Without relevant knowledge, social movement cannot go very strong or may deviate to something else. Knowledge derived from research must be translated into forms and languages that can empower the public. Many academicians shun politicians, thinking that they are bad people and do not wish to do anything with them. But politicians have authority over utilization of state resources and in law promulgation, which are very often needed in



**Figure 1 Triangle that moves the mountain.**



development. Thus without political involvement the working structure is not complete. Politics without knowledge and social movement will not do. In developing countries, and sometimes even in developed countries, the lack of this “triad” leads to failure in solving difficult problems.

In Thailand this triangular approach has been used successfully to move a few “mountains”. The most difficult one was to rewrite the Constitution for political reform. This type of political reform is usually not possible without country losing a war or finding itself at the brink of a civil war. No political party really wanted to under take the reform because the new Constitution would limit their power. The author of this article was responsible for recommending that Thailand needed to write a new Constitution for political reform. When he was appointed chairman of the Democracy Development Committee which recommended political reform, the Committee implemented the “Triangle”. Research results were used to empower public movement which turned the New Constitution for political reform into a political issue that was nonstoppable and which finally led to promulgation of the New Constitution in 1997. The triangular approach has been used in drawing up the 8th National

Economic and Social Development Plan, which was reorientated from economy dominated development to human centered development. In 1999 the National Education Act for education reform was issued. Again this very difficult task was successful through the application of the “Triangle” approach.

The “Triangle that Moves the Mountain” approach is now being applied in health systems reform, another mountain to be moved. This will be briefly described as follows.

**3. Health Systems Reform Movement in Thailand**

*The crisis*

Thailand has a relatively good health care service infrastructure with hospitals in all its 76 provinces and over 700 districts, and health stations in all its 7,000 subdistricts or tambons. It has done well in communicable disease control; plague, small pox, cholera, leprosy, diphtheria, pertussis, yaws, poliomyelitis have disappeared or are very much reduced in prevalence. However, if looked at from a system dimension the Thai health system is in crisis. National health expenditure this year amounts to nearly 300,000 million Baht, increasing at a rate of over 10 per cent annually in the past several years. The excess

of the increase in the rates of expenditure over those of income indicates that the system is running into crisis, i.e. the country will run out of money while many people are ill or die of diseases or conditions which are preventable such as heart diseases, cancer, accidents, HIV/AIDs, drug addiction, etc. Access and quality of health care are not good enough, the people are not satisfied, while the health personnel are over-worked. In brief, the system is not cost-effective and is in need of reform.

### *Need*

The passive “ill-health-oriented” system needs to be reformed to a “good-health-oriented” system. For this, the health promotion system needs to be fully developed and the disease control and prevention system must be reformed to be fully efficient. Health care finance must be developed to guarantee access to adequate and quality health care for all. Consumers must be adequately protected and empowered. Health personnel development needs to be reformed as do the technology, the information and the research systems. In the reformed health system responsibility for good health will not solely lie with the Ministry of Public Health, but with all sectors of society — All For Health. Thus there is a need for a body to coordinate health policies for all sectors. Not all, but a good part of the reform components need to be put into law. Thus a National Health Act is needed. All these are extremely difficult or next to impossible. Much knowledge needs to be generated and social participation as well as political commitment are crucial to the process.

### *Research and development*

At this point the author wishes to give credit to WHO. His as well as other Thai’s involvement with WHO in various capacities caused a lot of inspiration that have led to a variety of health research and development activities in Thailand. Non-smoking campaign, health economics capacity building, and the idea for health systems reform, for example, are all traceable to WHO-led inspiration.

Health research capability building is most crucial for making health system reform possible. In the last two decades or so health research capability has been strengthened through different means. These include TDR research strengthening program, Rockefeller Foundation’s the Great Neglected Diseases of Mankind program, CDC collaborated Field Epidemiology Training program, the Rockefeller Foundation initiated INCLIN, the National Epidemiology Board supported by the Rockefeller Foundation, establishment of the College of Public Health at Chulalongkorn University under the leadership of Charas Suwanwela and Chitr Sithi-amorn and their, as well as other Thai academic leaders’, involvement with the international health research movement. The Health Care Reform project under the leadership of Dr.Sanguan Nitayarumphong, supported by EU, has pioneered research and development in health care system reform.

The chronic problem in most developing countries is the lack of good research management mechanisms. To overcome this deficit Thailand in 1992 established two effective national research promoting and funding agencies, namely the **Thailand Research Fund (TRF)** and the **Health Systems Research Institute (HSRI)**. It should be pointed out that both the TRF and the HSRI have been especially designed to be effective in research management. Both were established by special Acts which allow them to use the government budget but be independent. They are not bureaucratic organizations, but governed by independent boards. However, even though independent by law, in practice as in many developing countries, the organizations may suffer from creeping in bureaucratic politics and politically motivated politics. Having senior academics respected by politicians, bureaucrats and media is very crucial in helping the organizations to steer through such a scenario.

The **HSRI** has been established with an intention to be a tool for health system reform. In the past seven and a half years under able

leadership of two successive directors, Dr.Somsak Chunharas the former director, and Dr.Wiput Poolcharoen the current director, the institute has mobilized the creation of much health system knowledge. Although this knowledge is not yet complete, it is adequate to support a health systems reform movement.

The Board of the HSRI has the Minister of Public Health as its chairman, with members comprising permanent secretaries of relevant ministries and their equivalents and respected senior academics. Having the Minister of Public Health as its chairman the HSRI has a direct channel to the Cabinet. When the Board agreed recently that it was time for Thailand to launch a health system reform movement the matter went to the Cabinet. The **Prime Minister** has given whole hearted support and has issued the Prime Minister Office’s Regulation establishing the National Health System Reform Committee. The Committee has the Prime Minister as its chairman and the Minister of Public Health as deputy chairman. A National Health System Reform Office (**HSRO**) has been set up to catalyse the “Triangle”, i.e. research, social movement and political interaction, to issue a National Health Act for health system reform within 3 years. The government will be providing all necessary resources for the movement. Although a National Health Act is necessary for health system reform, not all the reform activities have to wait for the law. For example, an independent Office for Health Promotion Fund has already been established and the Ministry of Finance has sponsored a “Health Promotion Fund” bill, to provide 2 per cent of tobacco and alcohol excise taxes, amounting to 1,400 million Baht per year, for the Office to support innovative health promotion initiatives throughout the country.

Thus we are now witnessing the long desirable interaction between research, social participation and political support at work for health development of all Thai people - in the name of health systems reform.

#### 4. Conclusion and Recommendations

1. Concepts and methods for health developed at the global and international level are important, **but focus should be at real actions in the countries.**

The results from real actions in the countries and emerging needs for more knowledge will provide feedback into the global system, thus making the international networks for health research and development actively interacting in a most creative manner.

2. In the countries special attention should be paid to creation of **functionally effective research promotion and funding mechanisms.** The Thailand Research Fund (TRF) can be an example. To generate health system knowledge necessary for health system reform a research institute such as the Health Systems Research Institute (HSRI) may be necessary. The international health research promotion networks should give political support in creation of effective health research management mechanisms in member countries, if they do not exist.

3. Research is fun. But research should not just create more research and go on without end. **Research should lead to development and development lead to more research relevant to development needs.** Research should not be floating or ‘go to the shelf’, but tested and receive feedback from real applications.

4. Health development in the countries is extremely difficult. It depends on complex interactions between knowledge, culture, politics, bureaucracy, media, society, etc. Expertise in any one particular academic field is not adequate to mobilize health development. It needs leaders with systems perspectives and management skills with strong commitment and some charisma. Such persons are rare, if not lacking, in many societies.

5. Thus it is recommended to the international health research and development circles to pay more attention in finding and



developing health policy leaders who can mobilize resources for health development in the countries, whether it is to be labeled health system reform or not.

Regional or international courses in health policy leadership might be considered to provide opportunities for interactive learning through action and network building. With this it is hoped

that health research and development will really take place in the countries. Interaction between the countries and the international health research forum will form a vibrant global network with knowledge generation, learning and development to benefit the health and well-being of mankind around the world.

